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OMB No 1545-1150

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)

Sponsonng 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. Open to Public Inspection

A	For th	ne 2008 calendar year, or tax year beginning $JUL 1$, 2008 and ending JUN	30,	2009
В	Check i applicat	t Please C Name of organization D Em	ployer	identification number
[]	Addre	S Use IRS FOND DU LAC MUSIC PARENTS		
	Name	INDICATION THEODODODATED	39-1	.491951
	Initia	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite, F. Te	lephon	e number
	Tem	nn- Specific 72 W 9TH ST	920	929-2760_
	Ame retur	nded Itions City or town, state or country, and ZIP + 4	oup Ex	emption
	Applic pendi	FOND DU LAC, WI 54935 Nu	ımber İ	>
	• Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting	nethod	X Cash Accrual
		Schedule A (Form 990 or 990-EZ). Other (speci		
			X ıf	the organization is not
<u>J</u>	Organi	ization type (check only one)—— 🔀 501(c) (3) ◀ (insert no) 🔲 4947(a)(1) or 🔲 527 required to attac	h Sche	dule B (Form 990, 990-EZ, or 990-PF)
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
		ed, but if the organization chooses to file a return, be sure to file a complete return		
		es 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	> \$	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction	s for Pa	
	1	Contributions, gifts, grants, and similar amounts received	1	2620.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income .	4	319.
	5a	Gross amount from sale of assets other than inventory . 5a 5a	4	
	b	Less cost or other basis and sales expenses . 5b	_	
Revenue	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		
	а	Gross revenue (not including \$ of contributions		
		reported on line 1)	_	
	b	Less direct expenses other than fundraising expenses	_	
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances 7a	1	
	b	Less cost of goods sold	-	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe	8	88216.
	9	Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	91155.
	10	Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	10	
	11	Benefits paid to or for members \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	11	
S	12	Salaries, other compensation, and employee benefits	12	
enses	13	Professional fees and other payments to independent contractors	13	
Expe	14	Occupancy, rent, utilities, and maintenance	14	
ш	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► See Statement 1)	16	91469.
	17	Total expenses. Add lines 10 through 16	17	91469.
10	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-314.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
Ass		(must agree with end-of-year figure reported on prior year's return)	19	24531.
Ę	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	24217.
P	art II		990-EZ	
		(See the instructions for Part II) (A) Beginning of year		(B) End of year
22	Cas	sh, savings, and investments 24531		24217.
23		nd and buildings	23	
24	Oth	er assets (describe)	24	
25		al assets 24531	_	24217.
26			26	
27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)	- 27	
432	171 17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990		Form 990-F7 (2008)

Form 990-EZ Department of the Treasury

Internal Revenue Service

SCANNED JUL 07 2016

Form 990-EZ (2008) ASSOCIATION INCORPORATED			39-	14919	51 Page 2
Part III Statement of Program Service Accomplishme	nts (See the instructions for	Part III)		Ex	penses
What is the organization's primary exempt purpose? See Statement				(Required	for 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purposes. In		escribe the services			ganizations and trusts, optional
provided, the number of persons benefited, or other relevant information for each p	rogram title	0501100 (110 50171005		for others	
28 See Statement 4					<u> </u>
20 Dec Deacement 1					
					9777.
(Grants \$) If this amount includes foreign				28a	91116
29 Provide Financial Support to the Fo					
District Music Program. Purchase of		ruments,			
classroom needs of a musical nature	<u> </u>				
(Grants \$) If this amount includes foreign	grants, check here	<u> </u>		29a	4596.
30 Provide financial support the for S	Senior Banquet	for all	of		
the Fond du Lac High School Graduat				!	
4					
(Grants \$) If this amount includes foreign	grants, shock here			30a	2931.
				300	
on other program ourses (union concerns)	•			24	1220
(Grants \$) If this amount includes foreign	grants, check here		<u> </u>	31a	1220.
32 Total program service expenses (add lines 28a through 31a)				32	18524.
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	(See the	instructions f	or Part IV)
	(h) Title and average hours	(a) Componentian		ontributions	(a) Evacaca
(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		mployee	(e) Expense account and
(a) Namo and address	per week devoted to	-0)		fit plans & eferred	other allowances
	pooliio	• • • • •	1	pensation	
WILLARD J JEWSON, 633 MUSTANG LANE,	PRESIDENT				
FOND DU LAC, WI 54935	2.00	0.		0.	0.
SALLY BOATMAN, 486 MUSTANG LANE,	VICE-PRESIDEN				
<u> </u>		o.	•	0.	0.
FOND DU LAC, WI 54935	1.00	0.		<u> </u>	
LISA SCHREIBER, 136 E 11TH STREET,	SECRETARY		1		•
FOND DU LAC, WI 54935	1.00	0.	ļ	0.	0.
KATHY HANSEN, N5526 DENEVEU LANE,	TREASURER				
FOND DU LAC, WI 54935	1.00	0.		0.	0.
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				-	_ ,

Form 990-EZ (2008)

Pε	art 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		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	34		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 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		_X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter:			
а	Initiation fees and capital contributions included on line 9]		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ► ; section 4912 ► ; section 4955 ► O .			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or			١
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
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			
8	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	L	X
41	List the states with which a copy of this return is filed None	33-2	701	
42 a	This books are in care of P	$\frac{3-2}{493}$		
		493	<u> </u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	40h	Yes	No X
	account)?	42b		
	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.	42c		х
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	746	L	_ **
40	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		•	
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		ш
	and enter the amount of tax-exempt interest received of accided during the tax year	11/ 11		
			Yee	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1
44	Form 990-EZ	44	1	Х
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	1		
70	completed instead of Form 990-EZ	45	1	X
	Completed metado VII anni ada LE		90-EZ	(2008)
				,/

ASSOCIATION INCORPORATED Form 990-EZ (2008)

office? If Yes, complete Schedule C, Part II 47	Part V	Section 501(c)(3) organizations only. All section tables for lines 50 and 51.	501(c)(3) organizations mu	st answer que	stions 46	-49 and co	mplet	e the	
Total number of other employees paid over \$100,000 NONE (a) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization if the rails is none, enter "None" (b) Tritle and average hours (c) Complete that table for the first highest compensated employees (paid over \$100,000 NONE (b) Tritle and average hours (c) Compensation from the organization of the employee paid more than \$100,000 (b) Tritle and average hours (c) Compensation from the organization of the employees paid over \$100,000 NONE (c) Compensation from the organization of the employees paid over \$100,000 NONE (b) Tritle and average hours (c) Compensation from the organization of the employees paid over \$100,000 NONE (c) Compensation (c) Compensatio	46, Did th	ne organization engage in direct or indirect political campaign activities o	n behalf of or in opposition to	candidates for p	ublic	_		Yes	No
April Did the organization engage in lobbying activates? If Yes, 'complete Schedule C, Part II 47 2492 2	-					. [X
48 Is the organization operating a school as described in section 17(0)(1)(4)(1)? If "Yes," complete Schedule E 19 If "Yes, was the validation make any transfers to an exempt non-chartable related organization? 10 Complete this table for the five highest compensated employees (other than officers, directors, trustices and key employees) who each received more than \$100.00 of compensation from the organization if there is none, enter *None. (a) Name and address of asch amployee paid more than \$100.000 (b) Title and average hours (c) Compensation (D) Contributions to employees and other allowance of than \$100.000 or to compensation from the organization. If this is none, enter *None* 10 Complete this table for the five highest compensated independent contractors who each received more than \$100.000 or compensation from the organization. If this is none, enter *None* 10 (a) Name and address of each independent contractors who each received more than \$100.000 or compensation from the organization. If it is none, enter *None* 10 (b) Type of service 10 (c) Compensation if the organization is none, enter *None* 10 (c) Compensation in the organization in		•	edule C, Part II			. [47		X
49 bit the organization make any transfers to an exampl non-charable related organization? bit "vis." was the related organization(s) a section 527 organization? day bit of complete this table for the five highest compensated employees (library time). (a) Name and address of each employee paid more than \$100,000 (b) Title and average hours (c) Compensation (library dependent contractors who each received to possition to employees benefit plans account and officers of their afformation of the employees paid over \$100,000 **Total number of other independent contractors paid more than \$100,000 **Dotate parallel paid of the paid over \$100,000 **Total number of other independent contractors paid more than \$100,000 **Dotate parallel paid of the paid over \$100,000 **Total number of other independent contractors paid more than \$100,000 **Dotate parallel paid over \$100,000 **Dotate pa		· · · · · · · · · · · · · · · · · · ·		dule E			48		X
b If "Yes," was the related organization(s) a section \$27 organization? 50 Complete this table for the five highest compensated employees (other finan officers, directors, trustees and key employees) who each received more than \$100.00 of compensation from the organization if there is none, enter "None." (a) Name and address of each employee paid more than \$100.000 NONE (b) Title and average hours per veice devoted to position (c) Compensation (d) Compensation (e) Compensation (f) Compensation (g) Compensation (h) Contributions to employees and other allowance of the relation of the employees account and compensation (g) Compensation (h) Title and average hours per veice devoted to position (g) Compensation		• • • •			•		49a		X
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 per week devoted to position (b) Title and average hours per week devoted to position (c) Compensation (d) Title and average hours per week devoted to position (d) Compensation (e) Compensation (f) Compensation (g) Title and average hours (g) Compensation (g) Compensation (g) Compensation (g) Title and average hours (g) Compensation (g) Compensation (g) Compensation (g) Title and average hours (g) Compensation (g) Compensation (g) Title and average hours (g) Compensation (g) Compensation (g) Compensation (g) Title and average hours (g) Compensation (g) Compensation (g) Title and average hours (g) Compensation (g) Compensation (g) Title and average hours (g) Compensation (g) Compensation (g) Title and average hours (g) Compensation (g) Compensation (g) Title and average hours (g) Compensation (g) Compensation (g) Title and average hours (g) Compensation (g) Compensation (g) Title and average hours (g) Compensation (g) Compensation (g) Title and average hours (g) Compensation (g) Compensation (g) Title and average hours (g) Compensation (g) Compensation (g) Compensation (g) Title and average hours (g) Compensation (g) Compensation (g) Title and average hours (g) Compensation (g) Compensatio		· · ·		•		Ī			
(a) Name and address of each employee paid more than \$100,000 NONE Total number of other employees paid over \$100,000 Total number of other independent contractors paid more than \$100,000 (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Compensation (d) Represe benefit plans & deterred compensation from the organization if the first number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation if the first stable for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if the sone, enter None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 Under penalties of page, a cacyle and page the first search independent contractor paid more than \$100,000 Under penalties of page, a cacyle and page the page to	50 Comp	plete this table for the five highest compensated employees (other than o	officers, directors, trustees and	i key employees)) who each	n received m	ore tha	in \$10	0,000
Total number of other independent contractors again receiving over \$100,000 Under penalties of perigry of decigns that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cornect and complete decigns on the penalties of officer Williard Jewson, President Preparer's signature of officer Type or print name and title Preparer's signature of officer Type or print name and title Preparer's signature of officer Williard Jewson, President Firm's name for yours itself-employed itself-emp		than \$100,000	per week devoted to	(c) Compensa	ition to	employee nefit plans & deferred	(E	count	and
Total number of other independent contractors again receiving over \$100,000 Under penalties of perigry of decigns that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cornect and complete decigns on the penalties of officer Williard Jewson, President Preparer's signature of officer Type or print name and title Preparer's signature of officer Type or print name and title Preparer's signature of officer Williard Jewson, President Firm's name for yours itself-employed itself-emp									
Under penalties of perjury, declare that 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 repair (other than officer) is based on all information of which prepairer has any knowledge. Signature of officer	51 Comp	plete this table for the five highest compensated independent contractors ne, enter "None " NONE		 	- 				
Under penalties of perjuny deciare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete obtaination of meparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer									
Under penalties of perjury. I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete occurred to correct and complete occurred to the best of my knowledge and belief, it is true, correct, and complete occurred to the best of my knowledge and belief, it is true, correct, and complete occurred to the best of my knowledge and belief, it is true, correct, and complete occurred to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowl									
Paid Preparer's Use Only Firm's name (or yours it self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? See instructions Date Check if self-employed Preparer's Identifying Number (See instr)	Sign	Under penalties of perjury declare that have examined this return, including accorrect, and complete Dictaration of preparer (other than officer) is based on all in Signature of officer Willard Jewson, President	companying schedules and stateme formation of which preparer has an	ents, and to the bes y knowledge	t of my know Dat	wledge and bel	ief, it is	true,	2
Preparer's Use Only Film's name (or yours if self-employed), address, and ZIP + 4 Phone ▶ May the IRS discuss this return with the preparer shown above? See instructions	Paid				Preparer's	Identifying N	ımber (S	See inst	
Firm's name (or yours if self-employed), address, and ZIP+ 4 May the IRS discuss this return with the preparer shown above? See instructions	Preparer's	1 · · · · · · · · · · · · · · · · · · ·	en	nployed 🕨 🔙					
If self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? See instructions Phone ► no. Yes □	use Unly	Firm's name (or yours.)			EIN >				
Address, and ZIP+4 May the IRS discuss this return with the preparer shown above? See instructions Yes Yes					Phone >				
				L					
	May the IP	S discuss this return with the preparer shown above? See instructions				▶ 「	∏ Yρ	s	No
Form 990-EZ (20)		The second secon				F			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

FOND DU LAC MUSIC PARENTS ASSOCIATION INCORPORATED

Employer identification number 39-1491951

Part I	Reason	for Public Char	rity Status (All organiz	zations mu	st comple	te this par	t.) (see ins	tructions)				
The organi	ization is not a	a private foundation	because it is: (Please ch	eck only c	ne organi	zation.)						
1 🗀	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).				
2 🔲	A school des	cribed in section 17	7 0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hosp	rtal service organization (described	ın section	170(b)(1)	(A) (iii). (At	tach Sche	dule H.)			
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter th	ne hospital's	s nam	e,
	city, and stat	e:										
5 🗔	_	ion operated for the (b)(1)(A)(iv). (Compl	benefit of a college or un ete Part II.)	niversity o	wned or or	perated by	a governi	mental uni	t describe	d ın		
6			nent or governmental uni	t describe	dın sectio	n 170(b)(1	I)(A)(v).					
7 🗔	An organizati		ceives a substantial part					or from the	general p	ublic descr	ibed ir	n
			section 170(b)(1)(A)(vi).	(Complete	Port II)							
8			ceives: (1) more than 33			rom contr	butions n	nambarehi	n fees and	d aross roc	ainte f	from
9 📖	~											
		•	nctions - subject to certa									
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquirea o	y the orga	mization at	iter June 30	J, 197	э.
🗀		509(a)(2). (Complete)i	- F00/-\/	4) (000 1000				
10			perated exclusively to te									
11 X	-		perated exclusively for the									or
	• •	• • •	ations described in secti				2). See se	etion 509(a)(3). Ched	ck the box	tnat	
			organization and compl						. তে	T 0		
	a Type I		• •	с 🗀 Тур		-	-			Type III - O		
e			at the organization is not									n
		-	than one or more publicly						9(a)(1) or s	ection 509(a)(2).	
f	If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
		rganization, check ti			•				_	-		
9			organization accepted ar									
	(i) A perso	n who directly or inc	directly controls, either al	lone or tog	ether with	persons o	described	in (ii) and (III) below,		Yes	No_
	the gove	erning body of the s	upported organization?		•		•			11g(i)		<u>X</u>
	(ii) A family	member of a perso	n described in (i) above?				٠			11g(ii)		X
	(iii) A 35% (controlled entity of a	a person described in (i) o	or (ii) abov	e? .					11g(iii)		X
h	Provide the f	ollowing information	about the organizations	the organ	ızation su	oports. 						
• •	of supported nization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	in col (i) li	organization sted in your document?	organizat		(vi) Is organizatı (i) organız U S	on in col	(vii) Ame supp		t
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1							-	
			-						-			
								<u> </u>				
								_	+ +			
Total												

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

832022 12-17-08

Section A. Public Support Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization'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 · 5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b	-					
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		<u> </u>	•	<u> </u>	1	
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	(0) 200 :	(-,	197,200	(-,	1,57,222	V :
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						
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, and 12)				,		
14 First five years. If the Form 990 is for the	ne organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	ation,
check this box and stop here		•			. <u> </u>	▶□
Section C. Computation of Public	Support Po	ercentage				
15 Public support percentage for 2008 (line	e 8, column (f)	divided by line 13,	column (f))		15	
16 Public support percentage from 2007 S	chedule A, Par	rt IV-A, line 27g			16	
Section D. Computation of Invest	ment Incon	ne Percentage	1			
17 Investment income percentage for 2008					17	
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2008. If the or				e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and						. ▶[
b 33 1/3% support tests - 2007. If the or						and
line 18 is not more than 33 1/3%, checl						. ▶[
					. -	_

Form 990-EZ	Other Expenses	Statement
Description		Amount
Awards		1220
Scholarships		9777
Concession Stand Expenses Wish List - Assist School	District in purchase of Music Class	
Room Needs		4595
SCRIP Expense		67619
Senior Banquet		2930
Bank Fees		17
Insurance		352 10
WI Annual Report		
Total to Form 990-EZ, line	e 16	91469
Form 990-EZ	Other Revenue	Statement
Description		Amount
Concession Stand Income		10325
SCRIP Gross Income		76045
Senior Banquet		1836
T-Shirt		10

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Statement

Provide Scholarships to Music (Band, Choral, Orchestra) Camps to the students of the Fond du Lac School District. Also provide a Senior Class Music Scholarship in the amount of \$500 to a student who is going towards a music degree in college.

990-EZ Pg 2 Statement 5

Support K-12 Music Education in the Fond du Lac School District

Form 990-EZ Other Program Services		S	tatement	6
Description		Grants	Expenses	S
	tanding Music Students and the Fond du Lac School District	0.	122	20.
Total to Form 990-EZ,	line 31		122	20.