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Form **990-EZ**

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 or organizations with gross recently less than \$2,500,000 at the end of the year may use this

OMB No 1545-1150

| | | | 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 us nue Service The organization may have to use a copy of this return to satisfy state reporting requirements. | | orm Open to Public Inspection | | | | | | | |
|---|-----------|--|---|--|---|--|--|--|--|--|--|--|
| Ā | F | or th | e 2008 calendar year, or tax year beginning AUG 1, 2008 and ending JUL 3 | | 2009 | | | | | | | |
| В | | neck if | C. Name of prognization | Employer identification number | | | | | | | | |
| | | Addre | USS IRS IR CHORIS DO INC | | | | | | | | | |
| | | Name chang | | 26-2628896 E Telephone number 941-923-1484 | | | | | | | | |
| | | Initial returi | | | | | | | | | | |
| | | Term | n- Specific D | | | | | | | | | |
| | 一 | | ded brons City or town state or country and 7IP + 4 | Group Exemption | | | | | | | | |
| | X | Applic | | umber > | | | | | | | | |
| _ | | | tion-501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting m | | | | | | | | | |
| | | | Schedule A (Form 990 or 990-EZ). Other (specify | | | | | | | | | |
| 1 | W | ebsit | e: ▶N/A H Check ▶ | X if | the organization is not | | | | | | | |
| J Organization type (check only one)— X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form | | | | | | | | | | | | |
| K | C | neck | eck In 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 | | | | | | | | | |
| _ | re | required, but if the organization chooses to file a return, be sure to file a complete return. | | | | | | | | | | |
| Ļ | | | s 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 | \$ | | | | | | | | |
| L | <u>Pa</u> | <u>rt I</u> | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions | for Pa | ırt l.) | | | | | | | |
| | | 1 | Contributions, gifts, grants, and similar amounts received | _1_ | 24 554 | | | | | | | |
| | | 2 | Program service revenue including government fees and contracts | 2 | 34,754. | | | | | | | |
| | | 3 | Membership dues and assessments | 3 | 16,071. | | | | | | | |
| | | 4 | Investment income | 4 | | | | | | | | |
| | - } | 5a | Gross amount from sale of assets other than inventory 5a | | | | | | | | | |
| | Ì | 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 | | | | | | | | |
| | неуепие | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here | | | | | | | | | |
| | e e | а | Gross revenue (not including \$ of contributions | | | | | | | | | |
| | Ī | | reported on line 1) Less; direct expenses other than fundraising expenses 6a | | | | | | | | | |
| 2010 | | b | • | e. | <122.3 | | | | | | | |
| | | C | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) Gross sales of inventory, less returns and allowances | 6c_ | <u> </u> | | | | | | | |
| 9 | | 7a | ,, | | | | | | | | | |
| | | b | Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | | | | | | | |
| JAN | | С 8 | Other revenue (describe | 8 | | | | | | | | |
| | | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 50,703. | | | | | | | |
| SCANNED | 一 | 10 | Grante and similar amounts paid (attach schedule) | 10 | 327.001 | | | | | | | |
| Z | | 11 | Benefits paid to or for members Salaries, other compensation, and employee benefits | 11 | | | | | | | | |
| Z, | ဖွ | 12 | Salaries, other compensation, and employee benefits | 12 | | | | | | | | |
| 0 | <u> </u> | 13 | Professional fees and other payments to independent contractors | 13 | | | | | | | | |
| W) | <u></u> | 14 | Occupancy, rent, utilities, and maintenance | 14_ | | | | | | | | |
| Ĺ | ן ב | 15 | Printing, publications, postage, and shipping | 15 | 60. | | | | | | | |
| | | 16 | Other expenses (describe SEE STATEMENT 1) | 16 | 44,633. | | | | | | | |
| | | 17 | Total expenses Add lines 10 through 16 | _17_ | 44,693. | | | | | | | |
| | ,, | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 6,010. | | | | | | | |
| | | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) | | | | | | | | | |
| | AS | | (must agree with end-of-year figure reported on prior year's return) | 19 | 0. | | | | | | | |
| | de l | 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 | 6,010. | | | | | | | |
| Ĺ | Pa | rt II | Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 9 (See the instructions for Part II.) (A) Beginning of year | 90-EZ | | | | | | | | |
| | | | 1,7 | | (B) End of year | | | | | | | |
| | 22 | | | . 22 | 6,010. | | | | | | | |
| | 23 | | d and buildings er assets (describe ▶) 0 | . 23 . 24 | | | | | | | | |
| | 24 | | | | 6,010. | | | | | | | |
| | 25 26 | | al assets Il iabilities (describe ▶ 0 | \neg | | | | | | | | |
| | 20 27 | | assets or fund balances (line 27 of column (B) must agree with line 21) | | | | | | | | | |
| - | 61 | 115 | Leading of their paralless (mile 2) of containt (D) intest agree with inte 21) | <u> </u> | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |

Form **990-EZ** (2008)

Form'990-EZ (2008)

Other Information (Note the statement requirements in the instructions for Part VI) Yes No X Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 X 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 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 X tax requirements? 35a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 35b Х Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N 36 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. **▶** 37a b Did the organization file Form 1120-POL for this year? 37ь 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 X 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 N/A 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 N/A 39a b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0 . ; section 4912 ► **0** • ; 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 Х 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 0. sections 4912, 4955, and 4958 0. d Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Х transaction? If "Yes," complete Form 8886-T 40e 41 List the states with which a copy of this return is filed. **NONE** 42a The books are in care of ► LAURA CROAK Telephone no. $\triangleright 941 - 923 - 1484$ ZIP + 4 > 34231Located at ► 4328 NELSON AVENUE, SARASOTA, FL b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b 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, Report of Foreign Bank and Financial Accounts 42c 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: 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 Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 X 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 X Form 990-EZ (2008)

| Part VI | tables for lines 50 and 51 | | or anomor quodilor | | | |
|---|--|--|---------------------------|--|-------------------|-------------------------------|
| 46 Did tÌ | he organization engage in direct or indirect political campaign activities o | on behalf of or in opposition to | candidates for public | : | Ye | es No |
| office | ? If "Yes," complete Schedule C, Part I | | | | 46 | X |
| 17 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | | | | 47 | X |
| 48 Is the | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | | | | X |
| | a Did the organization make any transfers to an exempt non-charitable related organization? | | | | | X_ |
| | s," was the related organization(s) a section 527 organization? | | | L | 49b | |
| - | plete this table for the five highest compensated employees (other than opensation from the organization. If there is none, enter "None." | officers, directors, trustees and | key employees) who | each received m | ore than \$ | ,100,000 |
| | (a) Name and address of each employee paid more than \$100,000 NONE | (b) Title and average hours per week devoted to position | (c) Compensation | (D) Contribution to employee benefit plans & deferred compensation | (E) E | xpense unt and lowances |
| | | | | | | |
| 51 Comp | per of other employees paid over \$100,000 plete this table for the five highest compensated independent contractors ne, enter "None." NONE | s who each received more than | \$100,000 of compe | nsation from the o | organizatio | on. If there |
| | (a) Name and address of each independent contractor paid more | than \$100,000 | (b) Type of ser | vice (c |) Comper | sation |
| | | | | | _ | |
| Total numb | per of other independent contractors each receiving over \$100,000 | • | | | | |
| Sign Here | Under penalties of perjury, I declare thet Thave examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all transporture of officer Laura Crook Treas Type or print name and title | nformation of which preparer has any | nts, and to the best of m | y knowledge and bel | ef, it is true | |
| Paid Preparer's | | | | | | |
| Use Only | Firm's name (or yours diself-employed), address, and ZIP + 4 A PA SOUR PI 34231 | | Phon no. | | 20-75 | 725 |
| May the ID | address, and ZIP+4 SARASOTA , FL 34231 S discuss this return with the preparer shown above? See instructions | | | | 29 - 7 / K Yes | <u>/ 45</u> □ N₀ |
| may are in | C GISCOSS THE LETTIN MITH THE PERPARET SHOWN ADOVE. SEE HIST DUTIONS | | | | orm 990 - | |

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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

Internal Revenue Service Inspection Name of the organization RHS CHORUS PO. INC. Employer identification number 26-2628896 RHS CHORUS BOOSTERS Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 \mathbf{x} An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c ____ Type III · Functionally integrated b ____ Type II ___ Type III · Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the organizations the organization supports. (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) organized in the U.S.? organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes Yes Yes (see instructions))

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

Schedule A (Form 990 or 990-EZ) 2008

| 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 | | | | | | |
| ınclude any "unusual grants ") | | | | | | |
| 2 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | <u> </u> |
| 3 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | ļ |
| the organization without charge | | | | | | |
| 4 Total. Add lines 1 · 3 | | | | | | |
| 5 The portion of total contributions | | | | | | |
| by each person (other than a | | i | İ | j | | į |
| governmental unit or publicly | | | | | | |
| supported organization) included | | | | | | |
| on line 1 that exceeds 2% of the | | | | | - | |
| amount shown on line 11, | | | | | | |
| column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | <u> </u> | | |
| Section B. Total Support | | T | | T | | |
| Calendar year (or fiscal year beginning in)▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, | | | | | | |
| dividends, payments received on | | | | | | |
| secunties loans, rents, royalties | | | | | | |
| and income from similar sources | | | | | | |
| 9 Net income from unrelated business | | | | | | |
| activities, whether or not the | | | | | | |
| business is regularly carried on | | | | | | |
| 10 Other income Do not include gain | | | | | | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part IV) | | | | _ | | |
| 11 Total support. Add lines 7 through 10 | | | | L | | <u> </u> |
| 12 Gross receipts from related activities, e | tc (see instructi | ions) | • | | 12 | |
| 13 First five years. If the Form 990 is for t | he organization' | s first, second, the | ird, fourth, or fifth t | ax year as a section | on 501(c)(3) | . – |
| organization, check this box and stop to | | roontogo | | | | ▶∟ |
| Section C. Computation of Public | · | | | | 14 | |
| ** * * | Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | | | | | |
| 15 Public support percentage from 2007 S | | | | | 15 | |
| 16a 33 1/3% support test - 2008. If the org | | | | 14 is 33 1/3% or i | more, check this bo | ox and |
| stop here. The organization qualifies as | | _ | | 45 00 4/00 | | P L |
| b 33 1/3% support test - 2007. If the org | | | | 1 line 15 is 33 1/3% | 6 or more, check to | nis dox |
| and stop here. The organization qualification | | | | 10 10 10 | | > L |
| 17a 10% -facts-and-circumstances test | | | | | | |
| and if the organization meets the "facts | | | | | ıπ iv now the orga | nization |
| meets the "facts-and-circumstances" to | | | | | | ▶∟ |
| b 10% -facts-and-circumstances test - | | | | | | |
| more, and if the organization meets the | | | | | | e ⊾ ┌ |
| organization meets the "facts-and-circu | | | | | | |

| T. | HS CHORUS | י אר דאר | | | | |
|---|----------------------|-----------------------|------------------------|--------------------|-----------------------|-------------|
| Schedule A (Form 990 or 990-FZ) 2008 🗛 | K.A. RHS | CHORUS B | COSTERS | | 26-2628 | 3896 Page 3 |
| Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) | | | | | | |
| 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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | 47,722. | 47,722. |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness 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 | | | | | 47,722. | 47,722. |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | <u> </u> | |
| 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 | | | | | | 45 500 |
| 8 Public support (Subtract line 7c from line 6) Section B. Total Support | <u> </u> | | | | .1. | 47,722. |
| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 Amounts from line 6 | | | | | 47,722. | 47,722. |
| 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 | | | | 1 | | |
| 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 | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | <122. | <122. |
| 13 Total support (Add lines 9, 10c, 11, and 12) | | | | | | 47,600. |
| 14 First five years. If the Form 990 is fo | r the organization's | s first, second, thir | rd, fourth, or fifth t | ax year as a secti | on 501(c)(3) organiza | |
| check this box and stop here | | ,, | _, | | (-/(-/ 9 112 | ▶ |
| Section C. Computation of Publ | ic Support Pe | rcentage | <u> </u> | | | |
| 15 Public support percentage for 2008 (| | | column (fl) | | 15 | L00.26 % |
| 16 Public support percentage from 2007 | | | | | 16 | % |
| Section D. Computation of Inve | | | | | <u> </u> | |

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

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19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)

18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

| FORM 990-EZ | OTHER EXPENSES | STATEMENT 1 |
|---|----------------|---------------------------------------|
| DESCRIPTION | | AMOUNT |
| CHORUS BOOSTER EXPENSES COSTUMES AND UNIFORMS MUSIC EXPENSES PROGRAM SERVICE EXPENSES | | 3,282. 1,534. 1,453. 38,364. |
| TOTAL TO FORM 990-EZ, LINE 16 | | 44,633. |

FORM 990-EZ INFORMATION REGARDING INCLUDE ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO 990-EZ PG 2

STATEMENT 3

TO ASSIST THE CHORUS AND ITS DIRECTOR WITH THEIR PROJECTS, LEND FINANACIAL ASSISTANCE TO THE CHORUS FOR EXTRA CURRICULAR NEEDS AND ACTIVITIES, AND PROMOTE A COOPERATIVE SPIRIT AMONG ITS MEMBERS.