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Department of the Treasury

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 \$500,000 and total
assets less than \$1,250,000 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

2009

Open to Public Inspection

_		2000									
A F	or the	2009 calendar year	r, or tax year beginning	March 1	, 2009, aı	nd ending	Februa	ry 28	, 20	10	
B	check if ap		D Employer	identri	fication number	er :					
닏	Address c	change use IRS		64-06	602143						
=	Name cha	ange print or	E Telephone	numb	er						
=	Initial retu Terminate			228-8	22-9434						
=	Amended	Specific		and ZIP + 4			F Group E	vemnt			
≓		return Instruc- on pending tions.	Long Beach, MS 39560				Number	•			
=						- C Assert			Cash 🗌 A		
	• 2eci		izations and 4947(a)(1) none Impleted Schedule A (Form		must attacn	I	_	a: [₹	Casn L A	ceruai	
			impleted Scriedale A (FOIII)	330 Or 330-LZ).			specify) ▶				
			_	nızatıon ıs no							
	Vebsit			dule B (Form	990,						
<u>J T</u>	ax-exe	empt status (check o	only one) — 🗸 501(c) (3)	◀ (insert no.)	i)(1) or 527	990-E	Z, or 990-PI	-).			
	Check		nization is not a section 509(a)(-	•	-			. A	
			eturn is not required, but if th					return			
$\overline{}$			ne 9 to determine gross receipts					\$		88,394	
P	art I		penses, and Changes				instruction	ns fo	r Part I.)		
	1	Contributions, gi	fts, grants, and similar ám	ounts received			1			88,345	
	2	Program service	revenue including governs	nent fees and contrac	ts		2				
	3	Membership due	es and assessments				3				
	4	Investment incor	ne				4			49	
	5a	Gross amount fr	on sale of assets other that	an inventory	. 5a						
	Ь		rer basis and sales expens								
	c		m sale of assets other than			e 5a)	50	.			
9	6	Special events and B	ctivities (complete applicable part	s of Schedule G). If any amor	unt is from gamin	a. check here	▶ini Hi	1			
Revenue	a	Gross-revenue (r		of contribu				- 1			
<u>§</u>	-			`	1 . 1						
α.	اط	Topologiji Ed	() . U.T		. 6b			l			
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)									
	l _										
	7a			illowances							
	b	Less: cost of goo		(Out to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. <u> 7b </u>			ı			
	C	•	oss) from sales of inventor	y (Subtract line /b fror	n line /a) .		70	`			
	8	Other revenue (d) 8	-			
_	9		Add lines 1, 2, 3, 4, 5c, 6c,							88,394	
	10		ar amounts paid (attach so	hedule)						1500	
	11	Benefits paid to					· · 11				
89	12		ompensation, and employe				12				
JE 8	13		s and other payments to in	•			13	3			
xpenses	14		, utilities, and maintenance				14	!			
Ð	15	Printing, publicat	tions, postage, and shippir	ng			15	5			
'n	16	Other expenses)	3	-	68,996	
<u>5</u>	17	Total expenses.	. Add lines 10 through 16	<u> </u>		. <u>.</u>	. ▶ 17			70,496	
D 8	18	Excess or (defici	t) for the year (Subtract line	e 17 from line 9)			18	3		17,898	
둟	19	Net assets or fu	nd balances at beginning	of year (from line 27,	column (A))	must agree)	with				
TØ		end-of-year figur	re reported on prior year's	return)			19	•		22,139	
ON TARBOTTON	20	Other changes in	n net assets or fund baland	es (attach explanation)		20				
3	21_	Net assets or fur	nd balances at end of year.	Combine lines 18 thre	ough 20 .		. > 2			40,037	
	art II	Balance She	ets. If Total assets on line	25, column (B) are \$1	,250,000 or m	ore, file For	m 990 ins	ead c	of Form 990	-EZ.	
5			(See the instructions for				inning of yea		(B) End of ye		
P ₂₂	2 Ca	ash, savinos. and i	investments				22,13	9 22		40,037	
22:		_						23			
= ==24			be ▶					24			
 25	. To	otal assets				-'	22.13	9 25		40,037	
26		otal liabilities (des				; 		26		,507	
27	7 Ne	et assets or fund	balances (line 27 of colum	nn (B) must agree with	line 21)	_'	22.13	9 27		40,037	
					· · · · · · · · · · · · · · · · · · ·	- 1	,			-,	

Par	Statement of Program Service Accomp	plishments (See the instr	uctions for Part II	1.)		Expenses				
What	is the organization's primary exempt purpose?	"Booster club" for Long Bea	ach High School Ch	oral Dept.		ired for section				
	ribe what was achieved in carrying out the org)(3) and 501(c)(4) sizations and section				
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	mation for		a)(1) trusts, optional				
each	program title.				for ot					
28	Regional Trip to see a Broadway musical to further s	tudents education in musica	i theater							
					İ					
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	7,939				
29	End-of-the-year Award Banquet held for Concert Cho	oir students and a class party	y for Varsity studen	ts						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	4,039				
30	Scholarships given to two (2) senior students to furt	her their college education								

		includes foreign grants, che	eck here	. ▶ □	30a	1,500				
31										
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	31a	21,894				
	Total program service expenses (add lines 28a t				32	35,372				
Par	List of Officers, Directors, Trustees, and Key			`						
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit	plans &	(e) Expense account and				
		devoted to position	enter -0)	deferred compe	nsation	other allowances				
	ne Hansen	President, 10	_		_					
	Box 518, Long Beach, MS 39560-0518		-0-		-0-	-0-				
	Campbell No cosco osto	Vice President, 5				_				
	Box 518, Long Beach, MS 39560-0518		-0-		-0-	-0-				
	n Kneeland	Secretary, 5								
	Box 518, Long Beach, MS 39560-0518	<u> </u>	-0-		-0-	-0-				
	a Johnson	Treasurer, 20			-0-	-0-				
<u>F. U.</u>	Box 518, Long Beach, MS 39560-0518		-0-		-0-	-0-				
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						<u> </u>				
		1)							

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			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? 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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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. ▶ 37a -0-			
b	Did the organization file Form 1120-POL for this year?	37b	L	✓_
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 outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
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	ļ		l
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		L.
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed. ▶ Mississippi			
42a		28-86	4-531	7
	Located at ► P O Box 518, Long Beach, MS ZIP + 4 ►	39560	-0518	
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		Yes	No
	account)?	42b	<u> </u>	1
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	l	1
	If "Yes," enter the name of the foreign country: ▶	1420	ـــــــــــــــــــــــــــــــــــــ	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	, I	▶ ⊔
			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		1
)-E7	(2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	ection 4947(a)(1) no 7(a)(1) nonexempt ch d 51.	nexempt charita aritable trusts mu	ble trusts only. A st answer question	ll sect ns 46	ion -49b					
46	Did the organization engage in direct or indirect					es l	No				
	candidates for public office? If "Yes," complete Schedule C, Part I										
47											
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										
	•	•	•		49a	\dashv	<u>√</u>				
50	If "Yes," was the related organization a section 5 Complete this table for the organization's five hig employees) who each received more than \$100,0	ghest compensated emp	oloyees (other than	officers, directors, t			key				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) E	Expense ount and	d				
None											
	Total number of other employees paid over \$100	.000 ▶									
	Complete this table for the organization's five I \$100,000 of compensation from the organization (a) Name and address of each independent contractor	n. If there is none, enter	"None."		(c) Com						
None				,, <u>,,, ,,,</u>	.,						
d	Total number of other independent contractors e	each receiving over \$100),000 ▶								
	Under penalties of perjury, I declare that I have examine and belief, it strue, correct, and complete Declaration	ed this return, including accom- of preparer (other than officer)	panying schedules and s is based on all informati	tatements, and to the bes on of which preparer has	at of my l	knowled vledge.	ige				
Sign Here	$\sim 1000000000000000000000000000000000000$										
	Tekla Johnson, Treasurer Type or print name and title	-									
Paid	Preparer's signature	Date	Check if self- employed ► [Preparer's identifying nur	nber (See	_ instructio	xns)				
Prepare Use On	Firm S name (or			EIN ▶							
May th	e IRS discuss this return with the preparer shown	above? See instruction		🕨	Yes m 990	□ N					

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Open to Public Inspection Employer identification number

		each Concer	t Choir Associa	ation					64	(0602143	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	ee instru	ctions.	
The	orga	anization is no	ot a private four	ndation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box	.)		
1				rches, or association								
2				on 170(b)(1)(A)(ii). (At								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4				ation operated in conj)(A)(iii). Enter the	
		hospital's name, city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, sta	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v	·).		
7				y receives a substanti				=		-	the general public	
				(1)(A)(vi). (Complete F				. .			go p	
8		A community	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)					
9		An organizat	ion that normally	receives: (1) more th	an 331/3 %	of its su	pport fro	m contrib	utions, n	nembersh	ip fees, and gross	
		receipts from	n activities relate	ed to its exempt func-	tions—su	bject to d	certain e	xceptions	, and (2)	no more	than 331/3 % of its	
				ent income and unre						1 511 tax	from businesses	
		acquired by	the organization	after June 30, 1975.	See sec	tion 509((a)(2) . (Co	omplete F	Part III.)			
10		An organizat	ion organized a	nd operated exclusive	ely to test	t for publ	ic safety	. See sec	tion 50 9	(a)(4).		
11	\checkmark			and operated exclusiv								
				blicly supported orgai								
				at describes the type					=		•	
	_	a ☐ Type				e III-Fun					Type III-Other	
е	/			tify that the organizat								
				on managers and othe	r than on	e or more	publicly	supporte	ed organi	zations de	escribed in section	
_			section 509(a)(2)									
Í				a written determinati	on from	the IRS	that it is	a Type	l, Type II	l, or Type	Ill supporting	
		-	check this box								🛚	
g		Since Augus following per		the organization acce	epted any	gift or c	ontributio	on from a	iny of the	Э		
				r indirectly controls, e ning body of the sup				th persor	ns descri	bed in (ii) 	11g(i) ✓	
				erson described in (i) a							11g(ii) ✓	
				of a person described							11g(iii) ✓	
<u>h</u>				ation about the suppo					ī			
(i)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify	, , ,	Is the tion in col	(vii) Amount of support	
				above or IRC section		document?	the organization in col (i) of your		(i) organ	ized in the	Support	
				(see instructions))	Yes	No	Yes	No No	Yes	S?		
Lon	g Be	ach High		6 - school								
Sch		3	64-0444697		✓		✓		✓		35,372	
										ļ i		
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Tate			İ	İ	1	1	Ī	I	I .	1		

rai	(Complete only if you check					and 1/U(b)(1	I)(A)(VI)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support		<u> </u>		, <u> </u>		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(4) 2000	(5) 2000	(6) 200.	(4) 2555	(6) 2000	(i) iotal
8	Gross income from interest, dividends, payments received on securities 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 .	<u> </u>	J			1	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u></u>				
Sec	tion C. Computation of Public Su					, , ,	
14	Public support percentage for 2009 (line		-			14	
15	Public support percentage from 2008 Sci					15	<u>%</u>
	33%% support test—2009. If the organiand stop here. The organization qualifies	as a publicly	supported orga	nization , ,			▶ □
Ь	33% % support test—2008. If the organic box and stop here. The organization qua					33% % or more	, check this ▶ □
17a	10%-facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum"	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance organization did private foundation. If the organization did	acts-and-circunances" test. The	nstances" test, o organization qu	check this box	and stop here . cly supported or	Explain in Part ganization	IV how the

	dule A (Form 990 or 990-EZ) 2009							Page 3
Pai	Support Schedule for Organ (Complete only if you checke)(2)			
Sec	tion A. Public Support	u trie box of	n iiile 9 01 Pa	u t 1.)				
	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include							
2	any "unusual grants.")							
3	Gross receipts from activities that are not an unrelated trade or business under section 513					ļ		
4	Tax revenues levied for the organization'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 through 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 \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support							
Ca	ılendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e	2009	(f) Total
9 10a	Amounts from line 6							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b 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)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for toganization, check this box and stop I	nere		nd, third, fourth				
Sec	tion C. Computation of Public Sup		_					
15 16	Public support percentage for 2009 (Im Public support percentage from 2008 S	Schedule A, Pa	art III, line 15			15 16		% %
Sec	tion D. Computation of Investmen	t Income P	ercentage				,	
17	Investment income percentage for 2009	(line 10c, co	lumn (f) dıvide	d by line 13, co	olumn (f))	17		%

19a 331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 33½ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonup331/4 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/6 %, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗌

Investment income percentage from 2008 Schedule A, Part III, line 17

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

18

	m 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this Part III, line 12.	part to provide the Provide any other	e explanations required additional information.	by Part II, line 10; See instructions.
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Form 990-EZ

Part III, Line 31/31a - Other Program Services - \$21,894

Includes attire, costumes, honor choir registrations