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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)

2009

Open to Public Inspection

▶ 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 \$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.

Department of the Treasury
 Internal Revenue Service

A For the 2009 calendar year, or tax year beginning Jun 1, 2009, and ending May 31, 2010

B Check if applicable: <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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE BAY AREA CHORUS		D Employer identification number 74-1596200
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 890704		E Telephone number (281) 476-4703
		City or town, state or country, and ZIP + 4 HOUSTON TX 77289-0704		F Group Exemption Number

• 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 method: Cash Accrual
 Other (specify) ▶

I Website: ▶ www.bayareachorus.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 64,445.

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

SCANNED AUG 10 2010 RECEIVED 249 JUL 20 2010 RS-OSC OGDEN, UT	1 Contributions, gifts, grants, and similar amounts received	1	23,805.
	2 Program service revenue including government fees and contracts	2	24,186.
	3 Membership dues and assessments	3	
	4 Investment income	4	79.
	5a Gross amount from sale of assets other than inventory	5a	3,300.
	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)	5c	3,300.
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	13,075.
	b Less: direct expenses other than fundraising expenses	6b	7,872.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	5,203.	
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	56,573.	
10 Grants and similar amounts paid (attach schedule) See L-10 Stmt	10	2,350.	
11 Benefits paid to or for members	11		
12 Salaries, other compensation, and employee benefits	12	15,000.	
13 Professional fees and other payments to independent contractors	13	8,820.	
14 Occupancy, rent, utilities, and maintenance	14	3,424.	
15 Printing, publications, postage, and shipping	15	3,598.	
16 Other expenses (describe ▶ See Other Expenses Statement)	16	16,375.	
17 Total expenses. Add lines 10 through 16	17	49,567.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,006.	
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	14,709.	
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	21,715.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	15,173.	22,201.
23 Land and buildings	0.	0.
24 Other assets (describe ▶ _____)	0.	0.
25 Total assets	15,173.	22,201.
26 Total liabilities (describe ▶ ACCRUED PAYROLL TAXES)	464.	486.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,709.	21,715.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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21

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>PROMOTE APPRECIATION OF CHORAL ARTS</u>		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)	
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			
28	<u>BAC'S 60+ MEMBERS REHEARSED FOR AND PERFORMED AT NINE CHORAL CONCERTS, ATTENDANCE AT THE CONCERTS AVERAGED 100 PERSONS</u> (Grants \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	<u>34,805.</u>
29	<u>TWO SCHOLARSHIPS WERE AWARDED TO OUTSTANDING HIGH SCHOOL SENIORS TO PURSUE A DEGREE IN VOCAL PERFORMANCE OR CHORAL MUSIC EDUCATION</u> (Grants \$ <u>2,000.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	<u>2,225.</u>
30	<u>-----</u> <u>-----</u> (Grants \$ <u>-----</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ <u>-----</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	<u>37,030.</u>

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>BILL SURFACE</u> <u>4326 WILLOW HILL</u> <u>SEABROOK TX 77586</u>	PRESIDENT 3.00	0.	0.	
<u>PAUL BOEDER</u> <u>4302 LAKE GROVE DR</u> <u>SEABROOK TX 77586</u>	VICE PRESIDENT 1.00	0.	0.	
<u>GINGER COFFIN</u> <u>6189 GALLOWAY LANE</u> <u>LEAGUE CITY TX 77573</u>	VICE PRESIDENT 1.00	0.	0.	
<u>LARRY PETERSEN</u> <u>10314 BELFAST</u> <u>LA PORTE TX 77571</u>	VICE PRESIDENT 1.00	0.	0.	
<u>MARY W. LINS</u> <u>14207 SUN HARBOR</u> <u>HOUSTON TX 77062</u>	VICE PRESIDENT 1.00	0.	0.	
<u>ROB PHILLIPS</u> <u>5757 LIGHTSTONE LN</u> <u>LEAGUE CITY TX 77573</u>	VICE PRESIDENT 1.00	0.	0.	
<u>DANIEL PONCE</u> <u>10139 W. PALM LAKE DR</u> <u>HOUSTON TX 77034</u>	VICE PRESIDENT 1.00	0.	0.	
<u>MARSHA MAINS</u> <u>803 LEXINGTON</u> <u>FRIENDSWOOD TX 77546</u>	SECRETARY 1.00	0.	0.	
<u>W. BERRY SCOTT, JR.</u> <u>2210 W. SHANNON</u> <u>DEER PARK TX 77536</u>	TREASURER 2.00	0.	0.	
<u>JANIS PARISH</u> <u>4235 ROARING RAPIDS DR</u> <u>HOUSTON TX 77059</u>	SOPRANO SECTION LEADER 1.00	0.	0.	
<u>CYNTHIA DEPRANG</u> <u>2303 WINDCHESTER</u> <u>PEARLAND TX 77581</u>	ALTO SECTION LEADER 1.00	0.	0.	
<u>See List of Officers, Directors, Trustees, & Key Employees Stmt</u>				

Part V Other Information (Note the statement requirements in the instrs 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		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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 why the organization did not report the income on Form 990-T.		
35a	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?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0."/> 0.		
37b	Did the organization file Form 1120-POL for this year?		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 in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
40b	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		X
40c	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 <input type="text"/>		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
40e	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		X
41	List the states with which a copy of this return is filed <input type="text"/>		

42a The organization's books are in care of W. BERRY SCOTT, JR. Telephone no (281) 476-4703
 Located at 2210 W. SHANNON DEER PARK TX ZIP + 4 77536

		Yes	No
42b	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 <input type="text"/>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts			
42c	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 <input type="text"/>		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	X	
49b If 'Yes,' was the related organization a section 527 organization?		X

50 Complete this table for the organization's 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 and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's 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
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here

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.

Signature of officer: *Kathy Cruse* Date: 7/13/2010

Type or print name and title: *Kathy Cruse, Treasurer*

Paid Preparer's Use Only

Preparer's signature: STACY ROMINE, CPA Date: 07/12/10 Check if self-employed: Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: STACY ROMINE CPA
601 PINE NEEDLE DR
FRIENDSWOOD TX 77546-5264 EIN: Phone no: (281) 648-3245

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar 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 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
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						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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 yr 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 'unusual grants')	12,379.	12,379.	21,576.	19,834.	23,805.	89,973.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	22,922.	22,505.	30,672.	26,400.	37,261.	139,760.
3 Gross receipts from activities that are not an unrelated trade or business under section 513					3,300.	3,300.
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	35,301.	34,884.	52,248.	46,234.	64,366.	233,033.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	960.	960.	2,700.	6,250.	2,625.	13,495.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	960.	960.	2,700.	6,250.	2,625.	13,495.
8 Public support (Subtract line 7c from line 6)						219,538.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	35,301.	34,884.	52,248.	46,234.	64,366.	233,033.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	190.	190.	300.	205.	79.	964.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	190.	190.	300.	205.	79.	964.
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)						
13 Total support. (add lns 9, 10c, 11, and 12)						233,997.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	93.82%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	93.71%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.41%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.50%

19a 33-1/3 support tests – 2009. 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 more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 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

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

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
ACCOMPANIST AND INSTRUMENTALISTS	2,238.
CONCERT SOLOISTS	500.
SCHOLARSHIP JUDGE	225.
MEMBERSHIP DUES	315.
RECEPTION AND DECORATIONS	115.
SHEET MUSIC	4,124.
OFFICE SUPPLIES	1,451.
PAYROLL TAXES	1,251.
PUBLICITY	2,439.
RECORDING/REPRODUCTION	3,717.
Total	16,375.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> BRIAN MCCARTY 4406 CENTER ST HOUSTON TX 77007 Foreign city _____ Foreign country _____	Title TENOR SECTION LEA Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STEVE SEMERAK 2525 BARRY ROSE RD #1001 PEARLAND TX 77581 Foreign city _____ Foreign country _____	Title BASS SECTION LEAD Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JEANETTE CHASE 418 BAYOU VIEW DR SEABROOK TX 77586 Foreign city _____ Foreign country _____	Title HISTORIAN Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KEITH DIXON 1715 RED OAK TERRACE KINGWOOD TX 77339 Foreign city _____ Foreign country _____	Title MUSICAL DIRECTOR Hours/Week 10.00	15,000.	0.	

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Purpose of Payment Priscilla Ennis Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	None	1,000.
	Boston University fbo Crystal Taber 881 Commonwealth Avenue Boston MA 02215		

If property other than cash was given, the following additional information needs to be provided

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Elizabeth Dennard Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	None	1,000.
	University of North Texas fbo Alexandra Gadsby 1155 Union Circle #311370 Denton TX 76203		

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Barbara Eads Memorial Scholarship Fund

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Donation	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	Common membership	100.
	Texas Orchestra Directors Association 7900 Centre Park Dr. Ste A Austin TX 78754		

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment		<u>Bay Area Youth Singers Summer Camp</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Donation	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	<u>Common officers</u>	250.
	<u>Bay Area Youth Singers</u>		
	<u>P.O. Box 1004</u>		
	<u>Seabrook TX 77586</u>		

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined