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Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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

▶ 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

A	For the	for the 2009 calendar year, or tax year beginning July 1 , 2009, and ending					June 3	30	, 20 10
В	Check if a				D Employer ı	dentif	fication number		
=		use IRS label or Lyman Hall High School Music Parents Association						54-21	169841
H	Name cha Initial retu	Print of 1 Hamber and Street (of 1 O Box), if main 3 not delivered to street address)   Hoofit/Suite   E Te							er
Ħ	Terminated See 70 Pond Hill Road								84-2589
$\Box$	Amended	Specific return Instruc-		nd ZIP + 4			F Group Ex	empt	ion
	Application	on pending tions.	Wallingford, CT 06492-4849	1			Number		
	• Sec	tion 501(c)(3) organi	nting Method	<b>7</b>	Cash				
			mpleted Schedule A (Form 9			1	(specify) ▶		_
		<del></del>				H Check	▶ ✓ if the	orga	nization is not
1.1	Nebsit	te: ▶							dule B (Form 990,
J 1	Гах-ехе	empt status (check o	only one) — ✓ 501(c) ( ) ◀	(insert no )	(a)(1) or 52	;	Z, or 990-PF)		,
K	Check I	if the organ	ization is not a section 509(a)(3	supporting organizati	on and its gross	receipts are r	ormally not n	nore t	than \$25,000 A
	Form 9	90-EZ or Form 990 re	eturn is not required, but if the	organization chooses	to file a return, l	be sure to file	a complete r	eturn	
			e 9 to determine gross receipts,			-		\$	40344
P	art I	Revenue, Exp	penses, and Changes in	n Net Assets or F	und Balance	es (See the	instruction	is fo	r Part I.)
	1	Contributions, gif	fts, grants, and similar amo	unts received .			. 1		236
	2	Program service	revenue including governm	ent fees and contra	cts		2		0
	3		s and assessments				. 3		0
	4	Investment incom	ne				4	İ	0
	5a	Gross amount fro	om sale of assets other than	ninventory	. 5a		0		
	b		er basis and sales expense	-	. 5b		0		
	С	Gain or (loss) fror	n sale of assets other than	inventory (Subtract	line 5b from lii	ne 5a)	5c		0
īe	6	Special events and ac	tivities (complete applicable parts	of Schedule G) If any am	ount is from gami	ng, check herel	▶ 🗆 🗀		
Revenue	а	Gross revenue (ne	ot including \$	236 of contrib	utions				
È		reported on line 1			.   6a		40108		
	Ь		nses other than fundraising	expenses	. 6b		23131		
	C		ss) from special events and			ine 6a)	6c		16977
	7a								
	b	Less cost of goo			7b		0		
	C		oss) from sales of inventory	(Subtract line 7b fro	المستنب		7c	1	0
	8		Other revenue (describe ► Apparel Reimbursement						300
	9		dd lines 1, 2, 3, 4, 5c, 6c, 7		SEWED.	<del>- • - •</del>	) <u>8</u> ▶ 9		17277
_	10		ar amounts paid (attach sch				10		4129
	11		or for members			)SO	11	1	0
S	12	Salaries, other co	empensation, and employee	e benefits FEB	0 8 2011	ì	12		0
nse	13	Professional fees	and other payments to ind	ependent contracto	rs	(C)	13	1	2550
Expenses	14		utilities, and maintenance	C		= 1	14		0
ŵ	15	Occupancy, rent, utilities, and maintenance OGDEN UT							968
	16	Other expenses (describe  Office Supplies, bank fees, transportation cost, props, entr. fees )							6942
	17	Total expenses.	Add lines 10 through 16 .				_ ▶ 17		14589
(s)	18	Excess or (deficit)	) for the year (Subtract line	17 from line 9) .			18		2688
set	19	Net assets or fur	nd balances at beginning of	of year (from line 27	, column (A))	(must agree	with		
As		end-of-year figure	e reported on prior year's re	eturn)			. 19		2610
Net Assets	20	Other changes in	net assets or fund balance	s (attach explanatio	n)		20	T	0
Z	21	Net assets or fund	d balances at end of year	Combine lines 18 th	rough 20 .		▶ 21		5298
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990							m 990 inste	ad o	f Form 990-EZ
			(See the instructions for	Part II)		(A) Beg	inning of year	T	(B) End of year
22	2 Ca	ash, savings, and ir	nvestments				2610	22	5298
23		and and buildings						23	0
24		•	pe ▶			,		24	0
25	5 To	otal assets					2610	_	5298
26		otal liabilities (desc				)		26	
27			balances (line 27 of column	(B) must agree wit	h line 21)	- ·	2610		5298

Form **990-EZ** (2009)

Form 990-EZ (2009)

Page 2

What Desc manr each	What is the organization's primary exempt purpose?  Support of Band and Choir Music Programs at LHHS  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, and other relevant information for each program title.							
28	Support of Band and Music P	rograms						
29	(Grants \$		includes foreign grants, ch		. > 🗆 2	8a	4129	
30	(Grants \$		includes foreign grants, ch			9a		
31	(Grants \$ ) If this amount includes foreign grants, check here . ▶ □ Other program services (attach schedule)							
	(Grants \$	<u></u>	includes foreign grants, ch	eck here .	▶ □  3	1a		
	Total program service expe	enses (add lines 28a t	hrough 31a) .			32		
Par	List of Officers, Direct	ors, Trustees, and Key	Employees. List each one e	· · · · · · · · · · · · · · · · · · ·			tions for Part IV.)	
Wilia	(a) Name and addr	ess	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plan deterred compensate	ns &	(e) Expense account and other allowances	
	orento Road, Wallingford, CT(	06492	President, 15 hours	o		0	0	
15 C	Baldwin ardinal Drive, Wallingford, CT (	06492	Vice President, 15 hours	0		0	0	
68 S	on McManama eiter Hıll Road, Wallingford, CT ethy Whalen	06492	Secretary, 10 hours	0		0	0	
	arrison Road, Wallingford, CT (	06492	Treasurer, 10 hours	0		0	0	
					·			
<b>-</b>			<del></del>					
						-	<del></del>	
					<u>+</u>			

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		1
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 <b>not</b> 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		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	-	1
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		1
37a	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?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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 38b			
39	Section 501(c)(7) organizations Enter.			1
а	Initiation fees and capital contributions included on line 9	]	}	1
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year undersection 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		✓
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		/
41	List the states with which a copy of this return is filed ▶ Connecticut		<del></del>	<del></del>
42a	The organization's books are in care of ▶ Timothy Whalen Telephone no ▶	203-58	4-258	9
	Located at ▶ 21 Harrison Road, Wallingford, CT ZIP + 4 ▶	06492	4942	!
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			No
	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.			
_	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		1
С	If "Yes," enter the name of the foreign country:	42C	1	
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 • 43			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	<u> </u>	1.55	1
	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	Ė		<b>_</b>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1
				(2000)

Part	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and complete the tables for lines 60 and complete the first for lines 60 and complete for lines 60 and complete the first for lines 60 and complete for	17(a)(1) nonexempt cha	nexempt charit arıtable trusts m	able trusts only. A nust answer question	II section ins 46–49b
47	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete to Did the organization engage in lobbying activities	Schedule C, Part I s? If "Yes," complete Sci	 nedule C, Part II		Yes No 46 ✓ 47 ✓
49a b 50	Is the organization a school as described in section Did the organization make any transfers to an exif "Yes," was the related organization a section 5 Complete this table for the organization's five his employees) who each received more than \$100,000.	tempt non-charitable rela 527 organization? ghest compensated emp	ited organization? bloyees (other tha	? in officers, directors, t	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati		(e) Expense
	Total number of other employees paid over \$100	D,000 ►			
51	Complete this table for the organization's five \$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor	n If there is none, enter	"None "	actors who each rec	eived more than
d	Total number of other independent contractors of	each receiving over \$100	,000 ▶		
Sign	Under penalties of perjury, I declare that I have examinated and belief, it is true, correct, and complete Declaration	ed this return, including accomp of preparer (other than officer)	panying schedules and s based on all informa		
Here	Signature of officer  Timothy Whalen, Treasurer, Lyman Hall F  Type or print name and title	High School Music Parents	Association	pale 2	, 001
Paid Prepare	Preparer's signature Firm's name (or	Date	Check if self- employed ▶	r	mber (See instructions)
Use On		Phone no P			

May the IRS discuss this return with the preparer shown above? See instructions

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Name of the organization Employer identification number Lyman Hall High School Music Parents Association

Lym	an H		l Music Parents A							54-216		
Pa	rt I	Reason f	or Public Cha	<b>rity Status</b> (All orga	ınızatıon	s must c	omplete	this pa	rt.) See ıı	nstructio	ns.	
The				ition because it is: (Fo								
1				hes, or association of			ed in <b>sec</b>	tion 170	(b)(1)(A)(i)	).		
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or a	a cooperative ho	spital service organiza	ation desc	cribed in s	section <sup>-</sup>	170(b)(1)	(A)(iii).			
4			earch organizatione, city, and stat	on operated in conjuni e:	ction with	a hospit	al descri	bed in <b>se</b>	ction 170	)(b)(1)(A)(	iii). Enter	the
5			on operated for b)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or uni	versity ov	vned or	operated	by a go	vernment	al unit de	scribed in
6		A federal, stat	e, or local gover	nment or government	al unit de	scribed in	section	170(b)(1	I)(A)(v).			
7		An organization	on that normally	receives a substantia (A)(vi). (Complete Par	al part of					ut or from	the gene	eral public
8		A community	trust described i	n section 170(b)(1)(A	)(vi). (Cor	nplete Pa	rt II.)					
9				receives: (1) more that				om contr	butions.	membersl	hip fees.	and gross
		receipts from	activities related	to its exempt funct	ions—sul	bject to d	ertain e	xceptions	s, and (2)	no more	than 331	/3% of its
				ent income and unre						n 511 tax	x) from b	usinesses
		acquired by th	ne organization a	fter June 30, 1975 Se	ee <b>sectio</b>	n 509(a)(	<b>2).</b> (Com	plete Par	t III.)			
10		An organization	on organized and	operated exclusively	to test fo	or public s	safety. Se	e <b>sectio</b>	n 509(a)(	4).		
11				nd operated exclusive								
				licly supported organ								e <b>section</b>
		<b>509(a)(3).</b> Che	eck the box that	describes the type of	supportin	ng organiz	ation an	d comple	ete lines 1	1e throug	jh 11h	
		а 🗌 Туре	_		☐ Typ					d [	_ ,, .	II-Other
е				that the organization								
				ers and other than one	e or more	publicly	support	ed organ	izations c	lescribed	ın sectioi	n 509(a)(1)
		or section 509			_		_	_				
f				a written determination	on from	the IRS t	that it is	a Type	I, Type I	I, or Typ	e III supp	oorting
		•										· · 🗆
g		following pers	ons?	he organization acce							_	
	,			ndirectly controls, eithody of the supported of			her with	persons 	described	d in (ii) an 	11g(i)	Yes No
	1	(ii) A famıly m	ember of a pers	on described in (i) abo	ove?						11g(iı)	
	-	(iii) A 35% co	ntrolled entity of	a person described in	ı (ı) or (ıı) a	above? .					11g(nı)	
h		Provide the fo	llowing informat	on about the support	ed organi	zation(s).						
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(viı) An	nount of
	org	ganization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your	organizat	ion in col zed in the	sup	port
				(see instructions))			sup	port?	ļ	S?		
					Yes	No	Yes	No	Yes	No		
(A)					ļ							
		<del></del>		<del></del>		-			<del> </del>	<del>   </del>		
(B) 												
(C)												
(D)												
(E)												
		<del> </del>		<del></del>			·		<del> </del>			

Total

Part							
	(Complete only if you checked the Part III. If the organization fails to	e pox on inc	e o, 7, or 8 or or the tests lis	Part I or If the	e organizatio	n tailed to qu	ally under
Secti	ion A. Public Support	quality und	er trie tests na	sted below, p	lease comple	ele Part III.)	
	idar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support			I			L
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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.					12	
13	First five years. If the Form 990 is for th				-	ear as a sectio	on 501(c)(3)
<del></del>	organization, check this box and stop her		<u> </u>			<u> </u>	<u> </u>
	on C. Computation of Public Suppor			4 1 (0)			
14 15	Public support percentage for 2010 (line 6 Public support percentage from 2009 Sch					15	<u>%</u>
16a	331/3% support test—2010. If the organiz						
	box and <b>stop here.</b> The organization qual						
b	331/3% support test—2009. If the organ check this box and stop here. The organi	ization did no	ot check a box	c on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meet Part IV how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd <b>stop here.</b> E	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization	ion meets the	facts-and-ci	rcumstances"	test, check th	nis box and st	, and line op here.
18	Private foundation. If the organization did instructions				a, or 17b, chec	k this box and	
	<del></del>	<del></del>					

### 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	395	395	450	236		1476
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	66939	27701	23023	40108		134940
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0		0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	o	0		0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
6	Total. Add lines 1 through 5	67344	28096	23473	40344		159257
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		:				0
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 Add lines 7a and 7b						0
8	Public support (Subtract line 7c from				<del></del>		159257
Casti	line 6.)						
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	67344	28096	23473	40344	(6) 2010	159257
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	07344	28090	23473	40344		139237
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			, or fifth tax ye		
Secti	on C. Computation of Public Suppor				<u> </u>	<del></del>	
15	Public support percentage for 2010 (line to			3, column (f))		15	%
16	Public support percentage from 2009 Sci					16	%
Secti	on D. Computation of Investment In					<u> </u>	
17 18 19a	Investment income percentage for 2010 (Investment income percentage from 2009 331/3% support tests—2010. If the organization and the 2011/1/2 should the percentage from 2011/1/2 should the percentage from 2011/1/2 should be supported to the percentage for 2010 (Investment income percentage for 2010 (Investment income percentage for 2010 (Investment income percentage from 2009).	9 Schedule A, Fization did not	Part III, line 17 check the box	on line 14, ar	nd line 15 is m		
b	17 is not more than 331/3%, check this box 331/3% support tests – 2009. If the organization of the support tests – 2010 (contact the support tests)	ation did not cl	neck a box on	line 14 or line 1	9a, and line 16	is more than	331/3%, and
00	line 18 is not more than 33½%, check this						
20	Private foundation. If the organization di	и поселеска в	oux on line 14,	, 19a, or 19b, C	HECK UIS DOX	anu see instri	uctions 🟲

Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).							
/								
>	······································							

# Lyman Hall High School Music Parents Association 54-2169841 990 EZ Line 10

Grants:	
Students portion of Ad-Book Sales	608.80
Students portion of Pie Sales	1204.00
Students portion of Popcorn Sales	757.60
Students portion of Trojan Card Sales	492.00
Students portion of Butter Braid Sales	316.80
Scholarship Renee Minnocci	250.00
Scholarship Jeanie Marco	250.00
Scholarship Stephanie Griffin	250.00
	4129.00