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Form **990-EZ****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.

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 7/1/2009 , and ending 6/30/2010														
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization BRIAR WOODS HIGH SCHOOL MUSIC BOOSTERS ASSOCIATION</td> <td>D Employer identification number 68-0606984</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 22525 Belmont Ridge Road</td> <td>E Telephone number</td> </tr> <tr> <td>City, town, or country Ashburn</td> <td>State VA</td> <td>ZIP + 4 20148-6925</td> </tr> <tr> <td colspan="2"></td> <td>F Group Exemption Number . . . ►</td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BRIAR WOODS HIGH SCHOOL MUSIC BOOSTERS ASSOCIATION		D Employer identification number 68-0606984	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 22525 Belmont Ridge Road		E Telephone number	City, town, or country Ashburn	State VA	ZIP + 4 20148-6925			F Group Exemption Number . . . ►
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			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: ► See Attached Statement**J** Tax-exempt status (check only one)— ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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. **\$ 273,730**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	34,480
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	2,130
	4 Investment income	4	87
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	11,349
b Less: direct expenses other than fundraising expenses	6b	1,081	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	10,268	
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	0	
8 Other revenue (describe ► See Attached Statement)	8	225,684	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	272,649	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	225
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► See Attached Statement)	16	174,543
	17 Total expenses. Add lines 10 through 16	17	174,768
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	97,881
	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	29,342
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	127,223

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	22 29,342	22 127,223
23 Land and buildings	23	23
24 Other assets (describe ►)	24 0	24 0
25 Total assets	25 29,342	25 127,223
26 Total liabilities (describe ►)	26 0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 29,342	27 127,223

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

Form **990-EZ** (2009)

(HTA)

21P

SCANNED DEC 07 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? See Attached Statement

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.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 See Attached Statement		
(Grants \$ 0) If this amount includes foreign grants, check here ☐	28a	139,012
29 See Attached Statement		
(Grants \$ 0) If this amount includes foreign grants, check here ☐	29a	8,187
30 See Attached Statement		
(Grants \$ 0) If this amount includes foreign grants, check here ☐	30a	11,465
31 Other program services (attach schedule)		
(Grants \$ 0) If this amount includes foreign grants, check here ☐	31a	15,879
32 Total program service expenses. (add lines 28a through 31a) ☐	32	174,543

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

(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 & deferred compensation	(e) Expense account and other allowances
Carlton Geckler 21564 Glebe View Drive; Ashburn VA 20148	Title Pres & Tr Hr/WK as needed	0	0	0
Matthew Partlow 42441 Spring Splendor Drive; Ashburn, VA 20148	Title VP Hr/WK as needed	0	0	0
Tracy Mooradian 22819 Angelique Drive; Ashburn VA 20148	Title VP Hr/WK as needed	0	0	0
Sharon Wolf 22526 Airmont Woods Terrace; Ashburn VA 20148	Title Secy Hr/WK as needed	0	0	0
David Baroody 21514 Tithables Circle; Ashburn VA 20148	Title Pres - newly elected Hr/WK as needed	0	0	0
Sharon Wolf 22526 Airmont Wood Terrace Ashburn VA 20148	Title VP - newly elected Hr/WK as needed	0	0	0
Tracy Mooradian 22819 Angelique Drive Ashburn VA 20148	Title VP - newly elected Hr/WK as needed	0	0	0
Claire Jones 43207 Summithill Court; Ashburn, VA 20148	Title Tr - newly elected Hr/WK as needed	0	0	0
Cheryl Richardson 43181Thistledon Terrace, #439; Ashburn, VA 20148	Title Secy - newly elected Hr/WK as needed	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

Part V 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.		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		
a 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
b 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
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?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a		
b Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a 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 0		
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.		X
c 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. 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0		
e 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. VIRGINIA		
42 a The organization's books are in care of Claire Jones Telephone no. 000-000-0000 Located at 43207 Summithill Court City Ashburn ST VA ZIP + 4 20148		
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 account)?		X
If "Yes," enter the name of the foreign country: 0000000000 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.?		X
If "Yes," enter the name of the foreign country: 0000000000		
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 N/A		
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.

- 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. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47** **48** **49a** **49b**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **46** **47** **48** **49a** **49b**
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **46** **47** **48** **49a** **49b**
- b** If "Yes," was the related organization a section 527 organization? **46** **47** **48** **49a** **49b**
- 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 & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0

f Total number of other employees paid over \$100,000 **0**

- 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
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 **0**

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 <i>David M. Barboody</i>		Date <i>11/7/10</i>	
Type or print name and title <i>DAVID M BARBOODY, PRESIDENT</i>				
Paid Preparer's Use Only	Preparer's signature <i>Robert J Zwolak</i>	Date <i>10/14/2010</i>	Check if self-employed ☒	Preparer's identifying number (See instructions) <i>30-0499304</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>Robert J Zwolak / CPA</i>	EIN <i>P01079334</i>		Phone no <i>(703) 858-5755</i>
	Broadlands, VA 20148-4018			

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047.

2009

**Open to Public
Inspection**

Name of the organization

Briar Woods High School Music Boosters Association

Employer identification number

68-0606984

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 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)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(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, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ 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 Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ 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).
- f ☐ 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. _____
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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 any "unusual grants.")	5,713	18,101	20,166	18,662	36,610	99,252
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	9,044	145,693	138,020	126,226	235,952	654,935
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	14,757	163,794	158,186	144,888	272,562	754,187
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.						754,187

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	14,757	163,794	158,186	144,888	272,562	754,187
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		12	32	40	87	171
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						754,358
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	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and 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 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.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
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	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%
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 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 ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☒		

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	34,480
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events).	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	34,480

Part I, Line 8 (990-EZ) - Other Revenue

225,684

Description		Amount
1	Clothing Income	5,170
2	London Festival deposits	149,515
3	Atlanta trip	68,885
4	Miscellaneous	2,114
5		
6		
7		
8		
9		
10		

Part I, Line 16 (990-EZ) - Other Expenses

174,543

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	4,853
9	Interest	9	
10	Supplies	10	4,655
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	London Festival deposits paid	13	63,600
14	Atlanta trip costs	14	72,835
15	"Tag Day" printing costs, etc	15	302
16	Clothing Expenses & Dry Cleaning	16	8,187
17	Competition Fees	17	2,577
18	Music Instruction	18	9,517
19	Music scores	19	1,948
20	Scholarships	20	2,250
21	Awards & Band Pictures	21	2,018
22	Miscellaneous	22	1,801
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	

BRIAR WOODS HIGH SCHOOL MUSIC BOOSTERS ASSOCIATION
EIN: 68-0606984

FORM 990-EZ
SHORT FORM RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

Page 1, Question I – Website

Website: <http://cmsweb1.loudoun.k12.va.us/bwhs/site/default.asp>
Click on "Community"; Click on "Music Boosters"

Part III – Statement of Program Service Accomplishments
Primary Exempt Purpose

The Briar Woods High School Music Boosters Association ("BWHSMBBA") was organized to provide support to the various music programs at Briar Woods High School. These include the Marching Band and Color Guard, Jazz Band I, Jazz Band II, Symphonic Wind Band, Symphonic Band, Winter Guard, Drum Line and Guitar Programs. This support is provided through the purchase of jazz uniforms, costumes, t-shirts/sweatshirts, competition fees, additional band equipment, music instruction and supplies. This is the fifth year of the high school which is part of the Loudoun County Virginia Public School District.

Funds raised by the BWHSMBBA were used to purchase travel uniforms for new members of the Marching Band and Color Guard – the "Falcon Regiment", costumes and props for the Fall Marching Band Program, Color Guard and Drum Line instruction, music arrangement, entrance fees and travel costs to inter-school competitions. Special event t-shirts and sweatshirts were also acquired for the students. Funds were used to purchase and maintain additional band equipment, marching band uniforms, concert attire and Jazz Band costumes. As a music program in only its fifth year, it is important for the music program to develop its own traditions and position within the Loudoun County School District. The support of the BWHSMBBA is evidenced by the fact that for the 2005-06 school year there were 51 students in the various programs. For the 2009-10 school year there were 176 students in the various music programs.

The BWHSMBBA supports the Marching Band and Color Guard, which in addition to performing at eight football games, performed in four area competitions. The BWHSMBBA paid entrance fees for the Winter Guard which performed in 4 area competitions and the Drum Line which performed in 2 area competitions.

The Symphonic Wind Band, Jazz Band I, Jazz Band II and the Falconaires Winterguard performed in competition in Atlanta, Georgia.

In addition to the above, the BWHSMBBA pays the audition fees for the over 80 students who auditioned for the various All District and All state bands.

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The BWHSMBA awarded \$2,250 in scholarships to graduating seniors who are continuing their music studies in college.

Finally, the BWHSMBA has been active raising funds to support the Symphonic Winds and Symphonic Band's participation in an international competition to be held in London, England on New Years Eve, December 31, 2010.

Part III – Statement of Program Service Accomplishments

Line 28 – In order to encourage performance excellence, the Marching Band and Color Guard entered 4 competitions against other area and statewide school. The Winter Guard and Drum Line also entered several competitive events. The Symphonic Bands and Jazz Bands also entered competitions including a nationwide competition held in Atlanta, GA. In recognition of the performance excellence, the Symphonic and Jazz Bands have been invited to and international competition to be held in London, England.

Line 29 – Clothing/Dry Cleaning expenses include the purchase of additional travel uniforms for the Marching Band, Color Guard, Winter Guard and Drum Line members. Clothing costs also include uniforms, t-shirts and sweatshirts. Dry cleaning is required of all School owned performance costumes.

Line 30 – Band equipment, music scores, equipment rental and additional music instruction costs are included in this total.