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epartment of the Treasury

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)

◆ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2009

Open to Public Inspection

_		general designation of the second sec			1110000000
<u>A</u>	For the 20	9 calendar year, or tax year beginning $07/01/09$, and ending $06/30$	/10		
В	Check if app			D Emplo	yer identification number
\Box	Address cha	use IR\$ Boosters, Inc.			
\equiv		label o Deine Business As		1 84-	1689514
닐	Name chang	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
\sqcup	Initial return	See 1901 SE J Street	1100,1100,110	1	
\Box	Termination	Specific Character state as a sent and 7/D and		G Gross red	eip\$s 34,837
\equiv		10000		G Gloss led	<u> 22/00/</u>
	Amended re			1,17,2, 1, 11, 1	
Ш	Application	ending Name and address of principal officer		1 ' '	a group return for
				affiliat H(b) Are al	Laffiliates 🖂 💢
				includ	ed? Yes No
				If "No,	" attach a list. (see instructions)
1	Tax-exempt	status X 501(c) (3) ♦ (Insert no) 4947(a)(1) or 527		1	
J_	Website:	NA		H(c) Group	exemption number 🗢
K	Type of orga	nizatid X Corporation Trust Association Other ◆	L Year of formation		M State of legal domicile
P	art I	Summary			
	T	y describe the organization's mission or most significant activities			
		provide the advancement and development of the ch	oral		
ည	1	epartment at Bentonville High School.			
па	۱ "	sparament at benconville high school.			
/er		. (**)			
30		lack this box $lacklack$ if the organization discontinued its operations or disposed of more that	n 25% of its net as	sets	
ಹ	3 Nun	ber of voting members of the governing body (Part VI, line 1a)		3	
ies	4 Nun	ber of independent voting members of the governing body (Part VI, line 1b)		4	
Σ̈́	5 Tota	number of employees (Part V, line 2a)		5	
Activities & Governance	6 Tota	number of volunteers (estimate if necessary)		6	
•	7a Tota	gross unrelated business revenue from Part VIII, column (C), line 12		7a	
	b Net	inrelated business taxable income from Form 990-T, line 34		7b	0
	1		Prior Y		Current Year
a)	8 Con	ributions and grants (Part VIII, line 1h)		1,596	<u>34,837</u>
Revenue	9 Prog	ram service revenue (Part VIII, line 2g)			
š	1	stment income (Part VIII, column (A), lines 3, 4, and 7d)			
ď		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	8,125	
	1	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,721	34,837
		ts and similar amounts paid (Part IX, column (A), lines 1–3)			
		fits-paid-to-or-for-members (Part IX, column (A), line 4)			
	1 1	nest other compensation, employee benefits (Part IX, column (A), lines 5–10)			
nses		issional fundraising fees (Part IX, column (A), line 11e)			_
ë	1 1/0	(f) . W 1 (5) 1 (5) A 30 636			
Expe	CO LOTS	fundraising expenses (Part IX, column (D), line 25) ◆ 30,626 Fexpenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4	0 520	21 426
-	1 14-12	r expenses (Earrix, column (A), lines 11a-11d, 11r-24t)		8,520	31,426
	11 -	expenses-Add lines-13=17 (must equal Part IX, column (A), line 25)		8,520	31,426
90	19 Rev	hue less expenses Subtract line 18 from line 12		1,201	3,411
Net Assets or Fund Balandes			Beginning of		
Ass	20 lota	assets (Part X, line 16)		2,692	16,103
Jet Jud	21 1012	liabilities (Part X, line 26)	J	0 600	16 102
777777	*************************************	ssets or fund balances Subtract line 21 from line 20		2,692	16,103
	art II	Signature Block			
		Under penalties of perjury/ declare that I have examined this return, including accompanying sched and belief, it is the, correct and complete Declaration of preparer (other than officer) is based on all	ules and statements, a	and to the bes	t of my knowledge
		and belief, it is tode, confection to orphical bedanation of preparer (other than officer) is based on all	i illioimation of which	preparer rias o	
Sig	gn	x / BUNDO		1 2/	131/2011
He	re	Signature of officer		Date	
j					
		Type or print name and title			
		Propagata Date	Check	ıf	Preparer's identifying number
Pa	id	Piepareis	ealf_		(see instructions)
	eparer's		08/10 employ		P00169983
ปร	e Only	Firm's name (or yours RIGGS & ASSOCIATES, C.P.A., P.	A	EIN ◆	
ઽૢૼૻ	· - ····	if self-employed), 1129 N.W. "J" STREET		Phone	480 080 0800
≝_		address, and ZIP+4 BENTONVILLE, AR 72712		no ◆	479-273-2539
		scuss this return with the preparer shown above? (see instructions)			X Yes No
For DAA		t and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
	-				1,1

500

Form 990 (2009)

4e Total program service expenses ◆

Part IV . Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A .	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	X
3	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	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			.,
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			x
-	complete Schedule D, Part I	6	<u> </u>	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		x
۵	complete Schedule D, Part III	 °		
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	i		
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	Ť		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	<u> </u>		
•	VII, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
•	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	40		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{\mathbf{x}}{\mathbf{x}}$
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
10	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
-	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			000	(0000)

P	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	· · · · · · · · · · · · · · · · · · ·			Ì
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
25a		J		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b				
	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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			7.5
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			7.7
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		•	37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	20-		x
20	Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-30		
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 '		
J_	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
• •	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
-	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X
_			~~~	

Pe	If V . Statements Regarding Other IRS Filings and Tax Compliance			
4 -	Establish and beautiful and the Boundary of Establish Association and Tanana that of	–	Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 40		
_	U.S. Information Returns. Enter -0- if not applicable	1a 1b		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	L	ı	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re		c	x
2-	gaming (gambling) winnings to prize winners?	ı ı —	<u> </u>	+
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a		
L	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return	<u> </u>	ь	1
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	113:		1
	instructions)		ı	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by		
Ja	this return?	3	a İ	x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	 	b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin			
	account)?	4	a	X
b	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	1	
	and Financial Accounts		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	a	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion? 5	b	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega			
	Prohibited Tax Shelter Transaction?	5	С	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e		
	organization solicit any contributions that were not tax deductible?	6	a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		
	gifts were not tax deductible?	6	b	ļ
7	Organizations that may receive deductible contributions under section 170(c).		1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods	-	
	and services provided to the payor?	7		↓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7	b	.
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		- [
	required to file Form 8282?		<u> </u>	-
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	į į	_ [
	benefit contract?	70 act? 70	_	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra- for all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7		\vdash
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		9	_
"	required?	71	,	İ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
	organization, have excess business holdings at any time during the year?	8	. [İ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9:	a İ]
b	Did the organization make a distribution to a donor, donor advisor, or related person?	91	ь	
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		I	
	amounts due or received from them)	11b	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		a	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		<u> </u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a		-		
þ	Enter the number of voting members that are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				Ī	
	any other officer, director, trustee, or key employee?			2	—	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			1		
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3	┼—	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	is filed?		4	├	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	—	X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a	<u> </u>	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				1	
	the year by the following				:	
а	The governing body?			8a	X	
þ	Each committee with authority to act on behalf of the governing body?			8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
	tion B. Policies (This Section B requests information about policies not required by the	Interna	1			
Rev	renue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				1	
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			l		
	form?			11	<u> </u> i	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	ļ	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this is done			12c		
13	Does the organization have a written whistleblower policy?			13	igsquare	X
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	17				_
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a	<u> </u>	X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ◆ None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)				
	available for public inspection. Indicate how you make these available. Check all that apply					
	Own website					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of i	nterest				
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the				

organization ♦ Lori Wood 703 NE J Street
Bentonville AR 72712

479-273-0719

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average	Pos	ition ((C) ion (check all that apply)				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Lori Wood										
President Darryl Mitchell		\vdash		_	-	<u> </u>	├—	0	0	0
Treasurer	-							О	o	o
Vicki Brown										_
Secretary								0	0	0
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Pa	rt VII Section A. Officers	, Directors, Tru	stees	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
	、 (A) Name and Title	(B) Average hours per			chec	C) k all t	that a		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	•	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other compensation from the organization and related organizations		
		-												
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					_									
		<u> </u>	-											
		1												
						<u></u>	_							
	Total	1	<u> </u>				<u> </u>	•						
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 in				
3	Did the organization list any fo				ruste	e k	ev ei	mpla	ovee or highest compensal	ted		Yes	No	
4	employee on line 1a? If "Yes," For any individual listed on lin the organization and related o	' complete Sche e 1a, is the sum	dule of re	J for	suc able	h ind	lividi ipens	ial satio	on and other compensation	from	3		<u> </u>	
5	individual Did any person listed on line 1 services rendered to the organ									or	5		X	
	tion B. Independent Contract	ors												
1	Complete this table for your fit compensation from the organi	zation		ted i	inde	pend	lent d	conti				(C))	
	Name a	(A) nd business addres	s		_				Descr	(B) uption of services		(C) Compe	nsation	
										····				
									· · · · · · · · · · · · · · · · · · ·					
									47					
					_				······································				·	
2	Total number of independent more than \$100,000 in compe	· · · · · · · · · · · · · · · · · · ·	_				ed to	tho	se listed above) who receiv	ved		0		
DAA											Fr	om 99	0 (2009)	

178	IT V	III Statement of Reve	nue		- 48	(5)	T (0)	1 (0)
	٠				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
N N	12	Federated campaigns	1a	<u> </u>		Tevende	<u> </u>	312, 313, 01 314
ant an	h	· · · · ·	1b	1,320				
ρĒ		Membership dues		24,724	i.		1	
ī, B	С	Fundraising events	1c	24,124				
<u>igi</u>	d	Related organizations	1d					
Sis	е	Government grants (contributions)	<u>1e</u>					
ĕË	f	All other contributions, gifts, grants	ł					
윤항		and similar amounts not included a	8,793					
ع	g	Noncash contributions included in I	ines 1a	3 1 f				
Program Service Revertion other similar amounts	h	Total. Add lines 1a-1f		•	34,837			
ě				Busn. Code				
e E	2a							
Ş	b							<u> </u>
e	С							
5	d							
ra	е							
o.	f	All other program service reve	nue					
P	g	Total. Add lines 2a-2f		•				
	3	Investment income (including	dıvıdeı	nds, interest, and	-	-		
		other similar amounts)		•				
	4	Income from investment of tax	-exem	pt bond proceeds ◆				
	5	Royalties		•				
		(ı) Real		(II) Personal				
	6a	Gross Rents						
	b	Less rental exps						
	С	Rental inc or (loss)						
		Net rental income or (loss)		•				[
		Gross amount from (i) Securities	<u> </u>	(II) Other				
		other than inventory					<u> </u>	
	ь	Less cost or other					Ī	
	_	basis & sales exps					‡	
	c	Gain or (loss)						
		Net gain or (loss)		•			Ì	
		Gross income from fundraisir	na eve	nts	, ,			
JU6	- Ou	(not including	.g 010				<u> </u>	
Š		of contributions reported on li	ne 1c				‡	
&		See Part IV, line 18	a				•	
Other Reven	h	Less direct expenses	b				1	
ŏ		Net income or (loss) from fund		events •			[ĺ
		Gross income from gaming a	1			7,	 	, , ,
	Ja	See Part IV, line 19	a	.5			<u> </u>	
	h	Less direct expenses	a b					
		Net income or (loss) from gam	- 1	tivities •			<u>. </u>	
		Gross sales of inventory, less	ing ac	tivities •				
	IVa	returns and allowances	•					
	_		a b					
		Less cost of goods sold	- '	vontani 🛕			†	1
	<u> </u>	Net income or (loss) from sale Miscellaneous Revenue		Busn. Code				
	44-	iviiscellarieous Revenue		Busii. Code	•		1	
	11a							
	b							
	C	All other recognition						
	d	All other revenue		L				
	e	Total Reserve Comments		▼	24 027	0		
	12	Total Revenue. See instruction	ns	♦	34,837	0	0	0

Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b.	_ (A)	(B)	(C)	_ (D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1		and	<u> </u>		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		•		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		• •		
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			· · · · · · · · · · · · · · · · · · ·	
	trustees, and key employees				
6	Compensation not included above, to disqua	lified			
	persons (as defined under section 4958(f)(1)) and			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 4	01(k)			
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	250		250	
d	Lobbying		,, 		
е	Professional fundraising services See Part I	V, line 17		-	
f	Investment management fees				
g	Other				·
12	Advertising and promotion				·
13	Office expenses	50		50	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	, ,			
•	Other services there is				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				20 626
a	Fundraising Scholarships	30,626 500	500		30,626
b	Scholaraulba	500	500		 -
C					
d					
e	All other expenses				
f 25	All other expenses	ough 24f 31,426	500	300	30,626
25	Total functional expenses. Add lines 1 the Joint costs. Check here I if following	ough 241 31, 420	300	300	30,020
26	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

	· · · · · · · · · · · · · · · · · · ·		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		12,692	1	16,103
2	Savings and temporary cash investments		22/002	2	
3	Pledges and grants receivable, net			3	,
4	Accounts receivable, net			4	
5		trustees kev		1	
"	employees, and highest compensated employees Com				
	Schedule L	picto i uit ii oi	1	5	
6		under section		- +	
١٣	4958(f)(1)) and persons described in section 4958(c)(3)(
	Part II of Schedule L	(b) Complete		6	
왕 7	Notes and loans receivable, net			7	
ر ا	Inventories for sale or use			8	
A AS				9	,
9	Prepaid expenses and deferred charges	1 1		9	
108	Land, buildings, and equipment cost or	40.5			
Ι.	other basis Complete Part VI of Schedule D	10a	 	40.	
	Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities			11	
12	Investments—other securities See Part IV, line 11		-	12	
13	Investments—program-related See Part IV, line 11		-,-	13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11		12 602	15	16 102
16	Total assets. Add lines 1 through 15 (must equal line 34	1)	12,692	16	16,103
17	Accounts payable and accrued expenses		17		
18	Grants payable			18	
19	Deferred revenue		-	19	
20	Tax-exempt bond liabilities			20	
S 21	Escrow or custodial account liability Complete Part IV o		·	21	
≟ 22	•				
Liabilities 21 22	employees, highest compensated employees, and disqu	ialified			
I	persons. Complete Part II of Schedule L			-22	
23	Secured mortgages and notes payable to unrelated third	•		23	
24	Unsecured notes and loans payable to unrelated third pa	arties		24	
25	Other liabilities Complete Part X of Schedule D		-	25	
26	Total liabilities. Add lines 17 through 25	i .		26	
8	Organizations that follow SFAS 117, check here ◆ X	and			
Ĕ	complete lines 27 through 29, and lines 33 and 34.		10 600		16 100
B 27	Unrestricted net assets		12,692	27	16,103
<u>m</u> 28	Temporarily restricted net assets			28	
29	Permanently restricted net assets	. 📇		29	
ፈ	Organizations that do not follow SFAS 117, check her	re ◆			
Net Assets or Fund Balances 25 28 29 30 31 32 33 34	and complete lines 30 through 34.				
के 30	Capital stock or trust principal, or current funds			30	
g 31	Paid-in or capital surplus, or land, building, or equipment			31	
X 32	Retained earnings, endowment, accumulated income, or	r other funds		32	
절 33	Total net assets or fund balances		12,692	33	16,103
Z 34	Total liabilities and net assets/fund balances		12,692	34	16,103

Form **990** (2009)

om	1 990 (2009) Bentonville High School Choir 84-1689514		Pa	ge 1 2
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Bentonville High School Choir Boosters, Inc.

Employer identification number 84-1689514

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). A 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 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). 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) X An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete 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 b Type II c Type III-Functionally integrated d | Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization(v) Did you notify (vi) Is the (vii) Amount of organization in col (i) organized in the in col (i) listed in youthe organization organization (described on lines 1-9 support governing document? col (i) of your above or IRC section support? US? (see instructions)) Yes Yes Yes

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 2009 Ben	tonville	High Scho	ool Choir	84	-1689514	Page 2
11 1111	rt II Support Schedule for O	rganizations D	escribed in S	ections 170(b))(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you che	cked the box	<u>on line 5, 7, o</u>	8 of Part I.)			
	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 benefit and either paid to or expended of 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 of publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	r					
6	Public support. Subtract line 5 from lin	p 4					
	tion B. Total Support						
Ca	lendar 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	/o.o				12	
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the	•	cocond third for	uth or fifth toy you	r ac a castion EO1		
13	organization, check this box and stop here	•	, second, tilid, lot	iitii, oi iiitii tax yea	ir as a section son	(0)(3)	
Sec	tion C. Computation of Public Su		age				
<u> 14</u>	Public support percentage for 2009 (line 6)	• •		n (f))		14	%
15	Public support percentage from 2008 Sche	• • •	•	·· (///		15	<u> </u>
16a	33 1/3 % support test—2009. If the organ			13. and line 14 is 3	33 1/3 % or more		
	and stop here. The organization qualifies			,		and and wall	▶□
b	33 1/3 % support test—2008. If the organ		•	or 16a, and line 1	5 is 33 1/3 % or m	nore, 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

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

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

1-1689514 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sec	ction A. Public Support	conca the box	011 1110 0 011 0	ar (.)			
	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 incluany "unusual grants")		3,308		250	34,837	40,349
2	Gross receipts from admissions, mercha sold or services performed, or facilities furnished in any activity that is related to organization's tax-exempt purpose		41,975	51,325	34,635		144,571
3	Gross receipts from activities that are no unrelated trade or business under section						
4	Tax revenues levied for the organization benefit and either paid to or expended o its behalf						<u></u>
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	18,290	45,283	51,625	34,885	34,837	184,920
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 recei	ived					
	from other than disqualified persons that	t !					
	exceed the greater of \$5,000 or 1% of the	e				,	
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						184,920
	tion B. Total Support alendar year (or fiscal year beginning	in) 4-1 2005	(F) 200C	(c) 2007	(4) 2000	(=) 2000	(f) Total
	* ` * * *	- ` `	(b) 2006		(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6	18,290	45,283	51,625	34,885	34,837	184,920
104	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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)	18,290		51,625	34,885	34,837	184,920
14	First five years. If the Form 990 is for the organization, check this box and stop here	e		ırth, or fifth tax yea	r as a section 501	(c)(3)	> [
Sec	tion C. Computation of Public Su	upport Percent	tage		***		
15	Public support percentage for 2009 (line 8	, column (f) divided	d by line 13, colum	n (f))		15	100.00%
16	Public support percentage from 2008 Scho					16	100.00%
Sec	tion D. Computation of Investme			· · · · ·			
17						<u>%</u>	
18	Investment income percentage from 2008					18	<u>%</u>
19a	33 1/3 % support tests—2009. If the orga 17 is not more than 33 1/3 %, check this b	oox and stop here.	The organization of	qualifies as a public	cly supported orga	nızatıon	► X
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						<u> </u>
20_	Private foundation. If the organization did	I not check a box o	n line 14, 19a, or 1	19b, check this box	and see instruction	ns	▶ 📘

Schedule A (Form 990 or 990-EZ) 2009 Bentonville High School Choir

84-1689514

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding**

OMB No 1545-0047

Open To Public

Internal Revenue Service

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions. Department of the Treasury Bentonville High School Choir Name of the organization

Inspection **Employer identification number**

Boosters, Inc.					84-16895	
Part I Fundraising Activities. Complete i Form 990-EZ filers are not required				ered "Yes" to For	m 990, Part IV, liı	ne 17.
Indicate whether the organization raised funds through				Check all that apply		-
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation	of go	vernn	ent grants		
c Phone solicitations	g Special fun	draisi	ng ev	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity	rith any individual (i in connection with	nclud profes	ing of	ficers, directors, truste Il fundraising services	es	Yes No
b If "Yes," list the ten highest paid individuals or entities (to be compensated at least \$5,000 by the organization	fundraisers) pursua	int to	agree	ments under which the	fundraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	raise cust conf	old funder have ody or trol of bution	from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		Ì		:		
						
		\vdash				
						-
						
Total			•			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

DAA

84-1689514

Schedule G (Form 990 or 990-EZ) 2009

Page 2

P	art I	•	Events. Complete if the org 5,000 on Form 990-EZ, line					port:	ed
		more than \$10	(a) Event #1 990PtVIIIc (event type)	(b) Event #2	(c) Other events None (total number)		(d) Total add col (a	a) throu	
Revenue	1	Gross receipts	24,724					24,	 724
~	3	Less Charitable contributions Gross revenue (line 1	24,724					24,	
		minus line 2)							
	4	Cash prizes							
ses	5	Noncash prizes				+			
	6	Rent/facility costs				-			
Direct Expenses	7	Food and beverages							
Direc	8	Entertainment				<u> </u>			
	9	Other direct expenses			j				
	10	·	y Add lines 4 through 9 in column		.	·			
n	11 art i		ombine line 3, column (d), and line plete if the organization an		00 Dort IV line 10 or r		1 22		
F	art :		on Form 990-EZ, line 6a.	swered res to rollings	50, Fait IV, iiile 19, 01 le	sportet	אווטופ	;	
enue			(a) Bingo (b) Pull tabs/instant (c) Other gamin				(d) Total gaming (Add col (a) through col (c))		
Revenue	1	Gross revenue							
	·	STOSS TO VOITAGE							
nses	2	Cash prizes				-			
Expenses:	3	Noncash prizes			3				
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes %	Yes %	Yes %	5			
	7	Direct expense summary	y Add lines 2 through 5 in column	(d)	•	, (
	8	Net gaming income sum	mary Combine line 1, column d, a	and line 7	•			,	
9	Ent	er the state(s) in which th	e organization operates gaming ac	ctivities				Yes	No
а	ls t	he organization licensed t	to operate gaming activities in each				9a		
b	If "I	No," Explain							
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?								
b	If "Y	Yes," Explain:							•
11	Doe	es the organization opera	te gaming activities with nonmemb	pers?			11		
12	ls t	•	, beneficiary or trustee of a trust or		ther entity		12		

Is the organization required under state law to make charitable distributions from the gaming proceeds to

Enter the amount of distributions required under state law distributed to other exempt organizations or spent

Schedule G (Form 990 or 990-EZ) 2009

17a

17

Mandatory distributions

retain the state gaming license?

in the organization's own exempt activities during the tax year • \$

BEN21

SCHEDULĘ O (Form 990) Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

2009 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Bentonville High School Choir Boosters, Inc.

Employer identification number 84-1689514

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990		2009				
Form 3,30	For calendar year 2009, or t	/30/10				
Name •					Employer Ide	entification Number
Bentonville	High School Ch	oir				
Boosters, I	nc.				84-168	9514
	(A)	(B)	(C)	Others		Total
Gross receipts	O	0	0		<u> </u>	0
Less contributions	0	0	0		<u> </u>	0
Gross revenue	0	0	0		0	0
Less direct expenses	0	0	0		0	0
Net income (loss)	0	0	0		0	0
(,						
Description (A)	Madrigal Choi	ir Event				

ion	(A)	Madrigal Choir Event					
	(B)	Other General Fundraising					
	(C)						
	Others						
