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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 07-01-2010

C Name of organization

STONE BRIDGE HIGH SCHOOL MUSIC BOOS

As Filed Data -

DLN: 93492315004401

D Employer identification number

54-1997043

OMB No 1545-1150

.990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the

year may use this form

and ending 06-30-2011

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

Open to Public Inspection

_	ame ch iitial ret	-	Number and street (or P O box, if mail is not delivered to street address) Rock 43100 HAY ROAD	om/suite	E Telephone num	ber	
$\Gamma_{T^{\epsilon}}$	eminat	ted					
_		d return on pending	City or town, state or country, and ZIP + 4 ASHBURN, VA 20147		F Group Exemption Number ►	on	
			Cash Accrual Other (specify) ►				
		ing method •• N/A	Cash Accrual Other (specify) ₽		Check ► 🔽	if the oras	nization is not
			only one)— 501(c)(3) 501(c)() 4(insert no) 4947(a)(1) or	I .	required to att	_	
		_			(Form 990, 99		
\$5	0,000) A Form 990	inization is not a section 509(a)(3) supporting organization and its -EZ or Form 990 return is not required though Form 990-N (e-posi to file a return, be sure to file a complete return	-	•	•	
			line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if to d of Form 990-EZ	otal assets	(Part II, line 25, col	umn (B) be	low) are \$500,000 or 76,670
_	rt I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balle e organization used Schedule O to respond to any question in this		(See the instruct	ions for P	<u> </u>
	1		s, gifts, grants, and similar amounts received			1	21,655
	2	Program ser	vice revenue including government fees and contracts			2	43,751
	3	-	dues and assessments			3	·
	4	Investment				4	556
	5a	Gross amou	nt from sale of assets other than inventory	_{5a}			
<u>o</u>	ь		rother basis and sales expenses	5b		1	
Revenue		Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from lii			- 5c	
Š O	6		fundraising events	,			
_	a	-	rom gamıng (attach Schedule G ıf greater than \$15,000)	6a			
	ь		ne from fundraising events (not including \$ <u>10,708</u> of contributions line 1) (attach Schedule G if the sum of such gross income and con		-		
	c		expenses from gaming and fundraising events	6c	6,121	.	
	d	Net income	or (loss) from gaming and fundraising events (Add lines 6a and 6b a	and subt	ract line 6c)	6d	4,587
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b		1	
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7 _c	
	8	Other reven	ue (describe in Schedule O)			8	
	9	Total revenu	ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	70,549
	10	Grants and s	similar amounts paid (list in Schedule O)		•	10	1,500
	11	Benefits paid	d to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
ů,	13	Professional	fees and other payments to independent contractors			13	80
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	
줐	15	Printing, pub	lications, postage, and shipping			15	
	16	Otherexpen	ses (describe in Schedule O)			16	43,176
	17	Total expens	ses. Add lines 10 through 16			17	44,756
9	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	25,793
Net.Assets	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (mu	ıst agree	with		
ą,		end-of-year	figure reported on prior year's return)			19	67,941
Ž	20	O ther chang	es ın net assets or fund balances (explaın ın Schedule O)			20	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20 .		▶	21	93,734

101111 220 6	12 (2010)				raye	- 4
Part II	Balance Sheets					
	Check if the organization used Schedule O to respond to any question in this Part II				. \square	

Check if the organization used	Schedule O to lespond to	any question in tins	raitii	_	· · · · · · · · · · · · · · · · · · ·
(See the instruct	ions for Part II)	Г	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		🗀	67,941	22	93,734
23 Land and buildings		🗀		23	
24 Other assets (describe in Schedule O)				24	
25 Total assets		🗀	67,941	25	93,734
26 Total liabilities (describe in Schedule ())			26	
27 Net assets or fund balances (line 27 of	column (B) must agree wit	th line 21) .	67,941	27	93,734
Part III Statement of Program S			·	Ϊ	Expenses
Check if the organization used	Schedule O to respond to	any question in this	s Part III . 🔽		equired for section 501
What is the organization's primary exempt i	ourpose?)(3) and 501(c)(4) ganizations and section
FOSTER MUSIC EDUCATION	*h				947 (a)(1) trusts,
Describe what was achieved in carrying out describe the services provided, the number		• •	•	ор	tional for others)
program title					
28 PROVIDE HIGH SCHOOL STUDENTS					
PERFORM FOR THE PUBLIC AND COMPE (Grants \$ 1,500) If this	TE IN LOCAL, REGIONAL s amount includes foreign g	•		28a	20.740
29	, amount merades foreign g	grants, eneck here	• • • • •	200	39,748
23					
(C			. –		
· · · ·	s amount includes foreign g	Jrants, check here	<u> ► ┌</u>	29a	1
30					
(Grants \$) If this	s amount includes foreign g	grants, check here	<u>···</u>	30a	1
31 O ther program services (describe in Sch (Grants \$) If this	nedule O) s amount includes foreign g	rants shock horo	. .		
32 Total program service expenses (add line				31a	
Part IV List of Officers, Directors, Trus			ot compensated (See the ins		1
Check if the organization used					· · · · · · · · · · · · · · · · · · ·
	(b) Title and average	(c) Compensatio	n (d) Contributions		(e) Expense
(a) Name and address	hours per week	(If not paid,	employee benefit p		
	devoted to position	enter -0)	deferred compens	ation	other allowances
See Additional Data Table					

	Check if the organization used Schedule O to respond to any question in this	Part V			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Y description of each activity in Schedule O	33		No	
34	Were any significant changes made to the organizing or governing documents? If "You of the amended documents if they reflect a change to the organization's name. Other Schedule O (see instructions)	34		No	
35	If the organization had income from business activities, such as those reported on li others), but not reported on Form 990-T, explain in Schedule O why the organization Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or wa (c)(5), or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and p	35a		No	
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions) .		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant distinct the year? If "Yes," complete applicable parts of Schedule N		36		No
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		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee,	or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year c	overed by this return?	38a		No
ь	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	39a			
	Gross receipts, included on line 9, for public use of club facilities	39b	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization duri	ng the vear under	-		
	section 4911 ►, section 4912 ►, section 4955 ■				
Ь	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any sect transaction during the year or did it engage in an excess benefit transaction in a prior reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pa	or year that has not been			
			40Ь		No
С	Section $501(c)(3)$ and $501(c)(4)$ organizations. Enter amount of tax imposed on org 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 rein organization	nbursed by the			
е	All organizations. At any time during the tax year, was the organization a party to a programment of transaction? If "Yes," complete Form 8886-T		40e		No
41	List the states with which a copy of this return is filed 🕨				
42a	The organization's books are in care of ▶ <u>TONY GLASS</u>	Telephone no	(70	3)729	<u>-6534</u>
	43100 HAY RD 43100 HAY RD				
	Located at 🟲 ASHBURN, VA	ZIP + 4		0147	
b	At any time during the calendar year, did the organization have an interest in or a significant content of the calendar year.	gnature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities acc	ount, or other financial	42b	163	No
	account)?		420		NO
	If "Yes," enter the name of the foreign country	-			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, ReFinancial Accounts.	eport or Foreign Bank and			
c	At any time during the calendar year, did the organization maintain an office outside	of the U S ?	42c		No
	If "Yes," enter the name of the foreign country				_
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 and enter the amount of tax-exempt interest received or accrued during the tax year		· ·		<u>►</u> 1
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be co	ompleted instead of		Yes	No
	Form 990-EZ.		44a		Νο
h	Did the organization operate one or more hospital facilities during the year? If 'Yes,'	Form 990 must be completed	· · · ·		<u> </u>
_	instead of Form990-EZ	222 dot 20 compreted	44b		No
c	Did the organization receive any payments for indoor tanning services during the ye	ar [?]			110
			44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? in Schedule O	If 'No,' provide an explanation	44d		

orm 990-E	Z (2010)							Page 4
							Yes	No
	r related organization a controlle Form 990 and Schedule R must be			fsection 51	2(b)(13)? <i>If</i>	45		No
	ie organization receive any payn ing of section 512(b)(13)? <i>If 'Ye</i>		•		•	45-		,
6 Did th	e organization engage, directly of dates for public office? If "Yes,"	or indirectly, in political	campaign activities on b			45a		No
Part VI	Section 501(c)(3) orga			evemnt c	haritable tri	46	nly	No
ait VI	All section 501(c)(3) organ 47-49b and 52.							stions
	Check if the organization used	Schedule O to respond	to any question in this F	art VI .	<u> </u>	<u></u>		. <u>Г</u>
							Yes	No
7 Did th	e organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Pa	rt II		47		No
B Is the	organization a school described	d in section 170(b)(1)(A)(II)? If "Yes," complete S	Schedule E		48		No
9a Did th	ie organization make any transfe	ers to an exempt non-ch	arıtable related organıza	tion?		49a		Νο
b If "Ye	s," was the related organization	a section 527 organizat	ion?			49b		
•	lete this table for the organization				•			
· ·	yees) who each received more t	(b) Title and average	ensation from the organiz		re is none, ente		e " e) Expe	nse
	and address of each employee d more than \$100,000	hours per week devoted to position	(c) Compensation	employee b	penefit plans &	a	count a	and
		devoted to position		deletted c	.ompensation	Othe	i allowe	ances
ONE								
0(f) Tota	ıl number of other employees pa	ıd over \$100,000 .				•		
1 Comp	el number of other employees pa lete this table for the organization npensation from the organization nme and address of each indeper	on's five highest comper n Ifthere is none, enter	"None"	1			an \$10 Compen	
1 Comp of con (a) Na	lete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	1			-	
1 Comp of com (a) Na	lete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	1			-	
1 Comp of com (a) Na	lete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	1			-	
of Comp of con (a) Na	lete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	1			-	
1 Comp of com (a) Na	lete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	1			-	
of Compof con (a) Na	lete this table for the organization npensation from the organization ime and address of each indeper	on's five highest comper on If there is none, enter indent contractor paid mo	"None " ore than \$100,000	1			-	
of Compoficom (a) Na ONE	lete this table for the organization	on's five highest comper If there is none, enter indent contractor paid mo ontractors each receiving	"None " pre than \$100,000 ang over \$100,000	(b) Type	e of service	(c) C	Compen	sation
1 Compoficing (a) Na ONE 1(d) Tota 2 Did mus der penalt owledge ai	lete this table for the organization of the organization from the organization of the and address of each independent of the organization complete Sche	on's five highest comper If there is none, enterndent contractor paid mondent contractor paid mondent contractors each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 ong over \$100,000 on 501(c)(3) organization	(b) Type	a of service (a)(1) nonexer atements, and to	npt cha	aritable res C	trusts
1 Compoficion (a) Na ONE 1(d) Tota 2 Did mus der penalt owledge ai	lete this table for the organization of the organization of the organization of the and address of each independent of the organization complete Schest attach a completed Schedule of perjury, I declare that I have not belief, it is true, correct, and contact the organization of the organization of the organization complete Schedule of the organization of the organ	on's five highest comper If there is none, enterndent contractor paid mondent contractor paid mondent contractors each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 ong over \$100,000 on 501(c)(3) organization	(b) Type	(a)(1) nonexer	npt cha	aritable res C	trusts
1 Composition of contract of the contract of t	lete this table for the organization of the organization from the organization of the and address of each independent of the organization complete Schest attach a completed Schedule	on's five highest comper If there is none, enterndent contractor paid mondent contractor paid mondent contractors each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 ong over \$100,000 on 501(c)(3) organization	(b) Type	a of service (a)(1) nonexer atements, and to	npt cha	aritable res C	trusts
1 Composition of contract of the contract of t	lete this table for the organization pensation from the organization ame and address of each independent of the organization complete Schest attach a completed Schedule cies of perjury, I declare that I have not belief, it is true, correct, and complete for the organization complete Schedule cies of perjury, I declare that I have not belief, it is true, correct, and complete schedule cies of perjury, I declare that I have not belief, it is true, correct, and complete schedule cies of perjury is true, correct cies of cies of cies of cies of cies	on's five highest comper If there is none, enterndent contractor paid mondent contractor paid mondent contractors each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 ong over \$100,000 on 501(c)(3) organization	(b) Type	a of service (a)(1) nonexer atements, and to	npt cha	aritable res C	trusts
1 Compoficing (a) Na ONE 1(d) Tota 2 Did mus owledge an owledge.	lete this table for the organization pensation from the organization me and address of each independent of the organization complete Schest attach a completed Schedule sies of perjury, I declare that I have not belief, it is true, correct, and complete it is true, correct, and	on's five highest comperation of property of the property on tractors each receiving the property of the prope	"None " ore than \$100,000 on 501(c)(3) organization of the companying scheparer (other than officer) oate O11-11-11 Character of the companying scheparer (other than officer)	(b) Type ons and 4947 ons and 4947 ons and st is based on a	a of service (a)(1) nonexer atements, and to	npt cha	aritable fes (set of my prepare	trusts No r has a
of compof com (a) Na ONE i1(d) Total conder penalt cowledge and cowledge. ign ere	lete this table for the organization pensation from the organization and address of each independent of the organization complete. Schest attach a completed Schedule cles of perjury, I declare that I have not belief, it is true, correct, and complete of officer TONY GLASS TREASURER Type or print name and title Preparer's DAVID G UPDEGROVE Time's name (or yours UPDEGROVE UP	on's five highest comperation of property of the property on tractors each receiving the property of the prope	"None " ore than \$100,000 on 501(c)(3) organization of the companying scheparer (other than officer) oate O11-11-11 Character of the companying scheparer (other than officer)	(b) Type	r (a)(1) nonexer atements, and to ill information of te Preparer's taxpay (See instructions)	npt cha	aritable fes (set of my prepare	trusts No r has ar
of Compof com (a) Na ONE of Compof com (a) Na ONE of Compof com (b) Na ONE	lete this table for the organization pensation from the organization from the organization from and address of each independent of the organization complete. Scheet attach a completed Schedule files of perjury, I declare that I have not belief, it is true, correct, and contains the contains a signature of officer. TONY GLASS TREASURER Type or print name and title. Preparer's signature DAVID G UPDEGROVE Firm's name (or yours UPDEGROVE)	on's five highest comperation on tractors each receiving dule A? NOTE: All Section A	"None " ore than \$100,000 on 501(c)(3) organization of the companying scheparer (other than officer) oate O11-11-11 Character of the companying scheparer (other than officer)	(b) Type	r of service (a)(1) nonexer atements, and to all information of the tee	npt cha the best which	aritable fes st of my prepare	trusts No r has ar

Employer identification number

SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

STONE BRIDGE HIGH SCHOOL MUSIC BOOS

Department of the Treasury Internal Revenue Service

h

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.

2010

Open to Public Inspection

54-1997043 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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) 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 ┌ Type I b Type II 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) No and (III) below, the governing body of the the supported organization? 11g(i) Nο 11g(ii) Νo (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? 11g(iii) Νo

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(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 US?		(vii) A mount of support		
				instructions))	Yes	No	Yes	No	Yes	No	
(A) STONE BRIDGE HIGH SCHOOL STONE BRIDGE HIGH SCHOOL	546001395	2	Yes		Yes		Yes		75,980		
Total									75,980		

Provide the following information about the supported organization(s)

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

	ection A. Public Support	o. gameadon i	ano to quanty o			acc complete	
				1			
Cale	endar year (or fiscal year beginning in)	(a) 2006	(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						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
3	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						
S	ection B. Total Support						
	endar year (or fiscal year beginning	(a) 2006	/b) 2007	(a) 2008	(4) 2000	(a) 2010	/6\ Total
	ın) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts 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						
4.7	through 10)	as ata (Casunat	rustions \				
12	Gross receipts from related activition					12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or t	fifth tax year as a !	501(c)(3) organı	'
	check this box and stop here						►
	ection C. Computation of Pub					, , , , , , , , , , , , , , , , , , , 	
14	Public Support Percentage for 2010) (line 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A, Pai	t II, line 14			15	
162	33 1/3% support test-2010. If the			v on line 13 and	lina 14 is 33 1/20%		this box
IUa	and stop here. The organization qua				IIIIe 14 13 33 1/370	or more, check	▶ □
h	33 1/3% support test—2009. If the	•			sa and line 15 is 3	3 1/3% or more	
	box and stop here. The organization	•			, a, and this 13 is a	. 5 1,5 % OF HIOTE,	, check this ▶□
17a	10%-facts-and-circumstances test-				ne 13.16a or 16h	and line 14	F
_, u	is 10% or more, and if the organizat	•			, ,		
	in Part IV how the organization mee						rted
	organization	the facts and		organiz	444111165 45	_ pasci, suppoi	▶ □
ь	10%-facts-and-circumstances test-	-2009. If the oras	anization did not o	check a box on li	ne 13, 16a. 16b. o	r 17a and line	• •
_	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		-	у
	supported organization				- ·	•	▶ □
18	Private Foundation If the organizati	on did not check	a box on line 13,	16a, 16b, 17a o	r 17b, check this l	box and see	
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2010 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 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (f) Total (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part 13 Total support (Add lines 9, 10c, 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 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15

16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492315004401

Employer identification number

54-1997043

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

STONE BRIDGE HIGH SCHOOL MUSIC BOOS

PART I, LINE 16

Department of the Treasury Internal Revenue Service

EXPENSES

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

		34 1337 043
ldentifier	Return Reference	Explanation
OTHER	FORM 990-EZ,	EXPENSES OFFICE SUPPLIES 473 SUPPLIES 181 MISCELLANEOUS 303 INSURANCE 903 ATTIRE 13.460

SUPPLIES AND EQUIPMENT 8,812 INSTRUCTION AND STAFF 9,600 TOTAL 43,176

DIRECTOR FUNDS 495 BAND EXPENSE 3,166 CHORAL EXPENSE 1,732 MARCHING BANDT EXPENSE 4,051

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349	2315004401
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TY 2010 Compensation Explanation

Name: STONE BRIDGE HIGH SCHOOL MUSIC BOOS

EIN: 54-1997043

Person Name	Explanation	
CATHY FINOTTI		
LY NN SALLEY		
TONY GLASS		
ELLEN VICEK		
CINDY GOOD		
ROBBIE BARDENETTE		
LINDA BROTHERS		
LESLIE DARR		
CATHY SMILEY		
AMY TOMS		

Software ID: Software Version:

EIN: 54-1997043

Name: STONE BRIDGE HIGH SCHOOL MUSIC BOOS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
CATHY FINOTTI 43100 HAY ROAD 43100 HAY ROAD ASHBURN,VA 20147	TREASURER 1 00	0		
LYNN SALLEY 5 43100 HAY ROAD 43100 HAY ROAD ASHBURN,VA 20147	SECRETARY 1 00	0		
TONY GLASS TO 43100 HAY ROAD 43100 HAY ROAD ASHBURN, VA 20147	PRESIDENT 1 00	0		
ELLEN VICEK 43100 HAY ROAD 43100 HAY ROAD 43100 HAY ROAD ASHBURN,VA 20147	VP BAND 0 20	0		
CINDY GOOD 43100 HAY ROAD 43100 HAY ROAD ASHBURN, VA 20147	VP BAND FUND 0 20	0		
ROBBIE BARDENETTE 43100 HAY ROAD 43100 HAY ROAD ASHBURN, VA 20147	VP CHORUS FU 0 20	0		
LINDA BROTHERS 43100 HAY ROAD 43100 HAY ROAD 43100 HAY ROAD ASHBURN,VA 20147	VP CHORUS 0 20	0		
LESLIE DARR 20 43100 HAY ROAD 43100 HAY ROAD ASHBURN,VA 20147	VP GUITAR 0 20	0		
CATHY SMILEY A3100 HAY ROAD 43100 HAY ROAD ASHBURN, VA 20147	VP GUITAR FU 0 20	0		
AMY TOMS A 43100 HAY ROAD 43100 HAY ROAD ASHBURN,VA 20147	VP ORCHESTRA 0 20	0		