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Application pending F Name and address of principal officer:    Tax-exempt status	lic er 1,635 No No
Under-section 501(c), 527; or 4947(a)(1) of the Internal Revenue Code (except private truggations)  ▶ Do not enter social security numbers on this form as it may be made public.  ▶ Go to wave.irs gov/FormS90 for instructions and the latest information.  A For the 2017 calendar year, or tax year beginning July 1 .2017, and ending June 30 .20 18  B Check if applicable:  □ Address change   Name change   Name of organization Bentonville High School Choir Boosters, Inc.   D Employer identification number and street (or P.O. box if mail is not delivered to street address)   Room/suite   E Telephone number   (479) 254-5100    □ Initial return  □ Application pending   F Name and address of principal officer:  □ Tax-exempt status   Sol1(c)(3)   Sol1(c)(1)   (insert no.)   4947(a)(1) or   \$272    □ Tax-exempt status   Sol1(c)(3)   Sol1(c)(1)   (insert no.)   4947(a)(1) or   \$272    ■ Briefly describe the organization's mission or most significant activities: To provide the advancement and development of the choral department at Bentonville High School (Part VI, line 1a)   A Number of independent voting members of the governing body (Part VI, line 1a)   A Number of independent voting members of the governing body (Part VI, line 1a)   A Number of independent voting members of the governing body (Part VI, line 2a)   A Number of individuals employed in calendar year 2017 (Part V, line 2a)   A Number of individuals employed in calendar year 2017 (Part V, line 2a)   A Number of individuals employed in calendar year 2017 (Part V, line 2a)   A Number of individuals employed in calendar year 2017 (Part V, line 2a)   A Number of individuals employed in calendar year 2017 (Part V, line 2a)   A Number of individuals employed in calendar year 2017 (Part V, line 2a)   A Number of individuals employed in calendar year 2017 (Part V, line 2a)   A Number of individuals employed in calendar year 2017 (Part V, line 2a)   A Number of individuals employed in calendar year 2017 (Part V, line 2a)   A Number of individuals employed in calendar	1,635 No No f the
Department of the Treasury Internal Revenue Service  A For the 2017 catendar year, or tax year beginning  B Check if applicable  Address change Name change Name change Name thange Name	1,635 No No f the
Department of the Ireasury Internal Reviews Service	1,635 No No f the
A For the 2017 catendar year, or tax year beginning   B Check if applicable   Address change   Initial return   Initial retur	11,635 No No F the
Address change   Number and street (or P.O. box if mail is not delawered to street address.)   Room/suite   ETelephone number   (479) 254-5100	1,635 No No R
Name change   Initial return   1901 SE J St   City or town, state or province, country, and ZIP or foreign postal code   G Gross receipts \$ 71,6	No No R f the
Initial return   1901 SE J St   City or town, state or province, country, and ZIP or foreign postal code   G Gross receipts \$ 71,6	No No R f the
Final return/terminated   Amended return   Amended return   Application pending   F Name and address of principal officer:   High is this a group return for subordinates?   Yes   No.   No.   Agriculture   No.   Agriculture   Yes   No.   Agriculture   Yes   No.   Agriculture   Yes   No.   Agriculture   Yes	No No R f the
Amended return Application pending Application	No No R f the
Application pending F Name and address of principal officer:    Tax-exempt status	No No R f the
Tax-exempt status   501(c)(3)   501(c) ( )   (insert no.)   4947(a)(1) or   527   Hi(b) Are all subordinates included?   Yes   No.   attach a fist. (see instructions)   Yes   Hi(c) Group exemption number   K Form of organization:   Corporation   Trust   Association   Other   L Year of formation:   2005   M State of legal domicile   AR	R f the
Tax-exempt status	f the
Website:	f the
L Year of formation:   Z005   M State of legal domicile   AR	f the
Briefly describe the organization's mission or most significant activities: To provide the advancement and development of the choral department at Bentonville High School  Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)	f the
Briefly describe the organization's mission or most significant activities: To provide the advancement and development of the choral department at Bentonville High School  Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)	 4
Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.  Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)	 4
b Net unrelated business taxable income from Form 990-T, line 34	 4 4
b Net unrelated business taxable income from Form 990-T, line 34	4 4
b Net unrelated business taxable income from Form 990-T, line 34	4 4
b Net unrelated business taxable income from Form 990-T, line 34	4
b Net unrelated business taxable income from Form 990-T, line 34	
b Net unrelated business taxable income from Form 990-T, line 34	0
b Net unrelated business taxable income from Form 990-T, line 34	0
Prior Year Current Year	0
	0
8 Contributions and grants (Part VIII, line 1h)	
8 Contributions and grants (Part VIII, line 1h)	<u>6874</u>
9 Program service revenue (Part VIII, line 2g)	
	5042
40 T. I. 1111 (21) 1444 1 12 13 14 14 14 15 15	1917
10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2500
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
0 1 4Ca Destancional fundacional fora (Doubly solume (A) line 14a)	
b Total fundraising expenses (Part IX, column (D), line 25)   Other expenses (Part IX column (A) lines 113-11d TT-7/8)   Other expenses (Part IX column (A) lines 113-11d TT-7/8)	
17 Outer expenses (i at it, column VI, lines 11a-11d, 11-2-49)	<u> 2591</u>
	<u>5091</u>
	<u>6826</u>
# NA	8053
21 Total liabilities (Part X, line 26)	<u> </u>
22 Net assets or fund balances. Subtract line 21 from line 20 OGDEN.	8053
Part II Signature Block	<del>5555</del>
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,	f, ntis
true, correct, and complete. Declaration of preparer other than officer) is based on all information of which preparer has any knowledge.	
Marcioth	
Sign   Signature of officer   Date   5-13-19	
Marce Dayles Co Treasman	
Type or print name and title/ Print/Type preparer's name Preparer's signature Date PTIN	
Paid Check it	
Preparer self-employed	
Use Only Firm's name Frim's EIN ►  Phone no.	
Firm's address ►   Phone no.	<u>—</u>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Yes No Form **990** (2017)



A G-D

Part	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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		<b>✓</b>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	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	11b		<b>√</b>
c	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	11c		<b>√</b>
d	Did the organization report an amount for other assets 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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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 (see instructions)	17		1
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	1	
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		1
		F	- 000	/0017

Part	Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-		Ť
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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	}		Ì
	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		١,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			<b> </b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<del> </del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			<u> </u>
	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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>/</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	{		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	<del></del>	-
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	ł		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	<b>✓</b>
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			١,
	Schedule L, Part IV	28b	ļ	<b>✓</b>
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		7
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	<u> </u>
	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
00	complete Schedule N, Part II	32		✓
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>/</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
0.0	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	L	<b> </b> -
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	20		,
27		36		<b>✓</b>
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,			1
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			<del>                                     </del>
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	1

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c		1
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· · ·		<del>                                     </del>
	, , , , , , , , , , , , , , , , , , ,	}		
		ا ۱۰		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	35		
4 <del>a</del>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1 1		1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		Ì
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1 1		ł
	(FBAR).	1 1		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	$\vdash$		1
b		5b		-
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
<b>6</b> a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 1	i	1
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ė
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<del>                                     </del>		<del>                                     </del>
_	required to file Form 8282?	7c		1
_	·	1		<del>  •</del>
d		-}		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>\</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1 1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1 {		1
11	Section 501(c)(12) organizations. Enter:	1 1		1
	1 1	1 1		Į
a		-		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources	1 1		ł
	against amounts due of reserved from dients)	1 1		ŀ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	}		ŀ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans			l
С	Enter the amount of reserves on hand	1	į	l
14a	Did the organization receive any payments for indoor tanning services during the tax year?	140		1
h		14a		<del>                                     </del>

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedulc O.	Sce in:	struct	ions.			
Socti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	. 🗆			
Secu	on A. Governing Body and Management		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	4					
ь 2	Enter the number of voting members included in line 1a, above, who are independent .  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	1 2		1			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓			
5	, , , , , , , , , , , , , , , , , , ,						
6 7a							
b							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,					
а	The governing body?	8a	1				
b	Each committee with authority to act on behalf of the governing body?	8b	✓				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<b>✓</b>			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C					
40-	Delate annointing have been been been been been delicated	40-	Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?	, 10a , 10b		✓			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	1			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1			
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13	<b></b> -	<b>/</b>			
14 15	Did the organization have a written document retention and destruction policy?	/ 14					
а	The organization's CEO, Executive Director, or top management official	15a	L	L			
b	Other officers or key employees of the organization	15b					
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		1			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	;		•			
Secti	on C. Disclosure		Щ	L			
17 18	List the states with which a copy of this Form 990 is required to be filed ► None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 6104 requires and 1024 if applicable).	on 501	c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	nterest	policy	, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and Marcie Bayles, 1901 SE J St, Bentonville, AR 72712, (479) 254-1500	records	•				

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Part VII	Compensation of Officers, Directors, Trustees	s, 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.
- 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, if any. 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.

Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ted any currer	t officer, directo	r, or trustee.
<b>a</b>	(7)				C) ution			<b>(</b>		m
(A) Name and Title	(B) Average hours per week (list any	box,	untes er and	s pe dad	rson	e than one is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Karen Sasine, President	2			1				o	0	
(2) Teresa Frazier, VP	2			1				O	0	
(3) Kendra Adair, Treasurer	2			1				0	0	
(4) Melanie Kettner, Secretary	2			1				0	0	
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										<u> </u>
(12)										
(13)							_			
(14)										

	(A) Name and title	(B) Average hours per week (list any	box, office	unies er and	Pos eck s pe	rson irect	than on the state of the state	ee)	(D)  Reportable compensation from	(E) - Reportab compensation related	ole Estim in from amou		(F) Estimated amount of other compensation	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-A		from organ and	ensation in the nization related nizations	1
(15)														
(16)													-	
(17)													-	
(18)													-	
(19)														
(20)						-								
(21)											-			
(22)														
(23)											<del></del>			
(24)								-			+			
(25)														
1b c	Sub-total	-		<u>.</u>			- •	<b>&gt;</b>	0	····	0			0
d	Total (add lines 1b and 1c)						above	<b>&gt;</b> :) w	ho received m		<u>0</u> 00,000	of		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						mp	oloyee, or high	est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,	000	? //	"Ye	s, "	complete Sch					<b>√</b>
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompei	nsat	ion	fror	n any	้นก	related organiz	ation or inc				/
	on B. Independent Contractors								·					<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.	•		•										ЭX
	· (A) Name and business add	tress							(B) Description of s	ervices	C	(C) Compens	ation	
		· · · · ·												_
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			<del></del>	

Part		Check if Schedule O contains a response or note	to any line in this	Part VIII		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ts	1a	Federated campaigns 1a				
aran oun	b	Membership dues 1b	]			Í
A, G	C	Fundraising events 1c	]			
ar ar	d	Related organizations 1d	]			
ωĒ	e	Government grants (contributions) 1e				
to re	f	All other contributions, gifts, grants,	1		1	
호		and simular amounts not included above 1f 687	4		ļ	
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$			ł	ł
	h	Total. Add lines 1a–1f	6874			
ᇐ		Business Code	4 1		İ	ļ
9.6	2a					
ě	þ		-			
<u>Ş</u>	C		-			
နို	d		1		<u> </u>	
Jran	e	All other program service revenue .	<del>                                     </del>			
Program Service Revenue	g	Total. Add lines 2a-2f	1		<u>l</u>	<u> </u>
	3	Investment income (including dividends, interest,	1		ł".	
		and other similar amounts)	1		ļ	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				Ì
	b	Less: rental expenses				
	С	Rental income or (loss)	_			
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other	4			
		assets other than inventory	4 1			
	b	Less cost or other basis and sales expenses .				
	_	Gain or (loss)	4 1			
	d	Net gain or (loss)	-		ł	
<u>o</u>	}					
venue	oa	Gross income from fundraising events (not including \$ 71635				
æ		of contributions reported on line 1c).				
Other Reve		See Part IV, line 18	<del>-1</del> 1			
ō	ľ	Less: direct expenses b 2659	<b>⊣</b> 1			}
		Net income or (loss) from fundraising events .	45042			
	94	Gross income from gaming activities. See Part IV, line 19				
	ь	Less: direct expenses b	-			
		Net income or (loss) from gaming activities	╡ [		1	}
		Gross sales of inventory, less	†		· · · · · · · · · · · · · · · · · · ·	
		returns and allowances a				
	ь	Less: cost of goods sold b	·			
	c	Net income or (loss) from sales of inventory	7 [			
		Miscellaneous Revenue Business Code				
	11a		*			<u> </u>
	ь					
	С					
	d	All other revenue		, , , , , , , , , , , , , , , , , , ,		ļ <u>.</u>
	е	<b>Total.</b> Add lines 11a–11d ▶		<u></u>		ļ
	1 17	Total revenue See instructions	·			1

Part IX	Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must cor				
	Check if Schedule O contains a respon	se or note to any lin	ne in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		<del></del>	<u> </u>	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2500	2500		_
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	•			
a	Management				
b	Legal			<u>-</u>	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4242		4242	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16 17	Occupancy			<u> </u>	<del></del>
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				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				:
	(A) amount, list line 24e expenses on Schedule O.)				
а	Program service expenses	38309	38309		
þ	Other services	40		40	
C			•		
d	All other expenses				
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	11/2001	40814	42-87	
26	Joint costs. Complete this line only if the	75071	1000 f	1-06-	
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	,			
	following SOP 98-2 (ASC 958-720)	45091	40809	4282	

Р	art X	Balance Sheet			
	•	Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	• 11227	1	18053
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	-	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
s	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11227	16	18053
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
jab		disqualified persons. Complete Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	<del> </del>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	<del>.</del>
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ės		complete lines 27 through 29, and lines 33 and 34.			
JIC.	27	Unrestricted net assets	11227	27	18053
ä	28	Temporarily restricted net assets	11227	28	10000
d E	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			· · · · · · · · · · · · · · · · · · ·
ş	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	<del></del>
ě	33	Total net assets or fund balances	11227	33	18053
_	34	Total liabilities and net assets/fund balances	11227		18053

	(2011)				га	iye iz
Pari	XI Reconciliation of Net Assets		<del>-</del>			
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1				51917
2	Total expenses (must equal Part IX, column (A), line 25)	2				45091
3	Revenue less expenses. Subtract line 2 from line 1	3				6826
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				11227
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10				18053
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
		-			Yes	No
1	Accounting method used to prepare the Form 990:  ☐ Cash ☐ Accrual ☐ Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in			j
	Schedule O.		1	-	1	i
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled (	or 🗀	$\neg$		
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. 2	ь		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a	丁		
	separate basis, consolidated basis, or both:			ŀ	- 1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versigl	ht	1		
	of the audit, review, or compilation of its financial statements and selection of an independent according	ıntant'	? 2	c		
	If the organization changed either its oversight process or selection process during the tax year, ex	olain :	in 🗔	寸		
	Schedule O.		ĺ	- [	j	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın	- [	- 1	
	the Single Audit Act and OMB Circular A-133?		i	al		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo th		$\tilde{\top}$		r <del>`</del>
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3	ь		
	· · · · · · · · · · · · · · · · · · ·			orm	990	(2017)
					_	,/

### 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public

Inspection

Name of the organization

Employer identification number

	o. a.v o. gaa						
	onville High School Choir Boosters, I						89514
Par	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The c 1 2 3 4	organization is not a private foundar A church, convention of church A school described in section A hospital or a cooperative hospital A medical research organization hospital's name, city, and state	hes, or association 170(b)(1)(A)(ii). (spital service orgonomorated in co	on of churches descri (Attach Schedule E (F janization described i	ibed in se form 990 n sectior	ection 17 or 990-E 170(b)(1	<b>0(b)(1)(A)(i).</b> Z).) I <b>)(A)(iii).</b>	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organi or university or a non-land-gra university:						
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt ful t income and uni fter June 30, 197	nctions—subject to c related business taxal 75. See <b>section 509(</b> a	ertain exc ble incom a)(2). (Cor	ceptions, ie (less se nplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 331/3% of its
11	An organization organized and	•	•	-			
12	_ 5						
	of one or more publicly suppo	•		•		, , , ,	· · · ·
	Check the box in lines 12a thro	-			-	•	
а	☐ Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same		• •	
С		rated. A support	ting organization oper	rated in c			ally integrated with,
d	Type III non-functionally integrated that is not functionally integrequirement (see instructionally integrated).	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	• , ,
е	Check this box if the organ functionally integrated, or 1						e II, Type III
f	Enter the number of supported of						
g	Provide the following information	n about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	) /
	(Complete only if you checked th				-	•	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support					·	<u> </u>
	idar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017/	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				/		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support						
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	" <b>(c)</b> 2015	(d) 2016	(e) 2017	(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 VI.)	***					
11	Total support. Add lines 7 through 10		1		-		
12	Gross receipts from related activities, etc.	(see instructi	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re/ .		d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3) ▶ □
	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6	, ,	•			14	%
15	Public support percentage from 2016 Sch					15	<u>%</u>
16a	331/3% support test—2017. If the organi						
<b>a.</b> .	box and stop here. The organization qual						
b	331/x3% support test—2016. If the organization, this box and stop here. The organization,	qualifies as a	publicly suppo	rted organizat	ion		▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meets the "lorganization meets the "lorganization	ets the "facts facts-and-circ	-and-circumstaumstances" te	ances" test, clest. The organi	neck this box a zation qualifies	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets th	e "facts and d	circumstances	" tost, check	this box and s	top here.
18	Private foundation. If the organization did instructions						see ▶⊓
						edule A (Form 990	or 990-EZ) 2017

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support				<b>.</b>		
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	8283	250	5085	15643	6874	36135
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	-				ļ	
	organization's tax-exempt purpose	78941	48200	70046	53411	71635	322233
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities		İ				
•	furnished by a governmental unit to the			i		1	
	organization without charge			1			
6	Total. Add lines 1 through 5	87224	48450	75131	69054	78509	358368
7a	Amounts included on lines 1, 2, and 3	07224	48430	73131	03034	78303	336306
	received from disqualified persons .						
	Amounts included on lines 2 and 3						
b	received from other than disqualified				Ì		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		l		İ		
С	Add lines 7a and 7b			+		<del></del>	
8	Public support. (Subtract line 7c from			· · · · · · · · · · · · · · · · · · ·			
•	line 6.)	İ			1		358368
Secti	on B. Total Support					L	336366
	dar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	87224	48450	75131	69054	78509	358368
10a	Gross income from interest, dividends,				33331		
	payments received on securities loans, rents,				†	1	
	royalties, and income from similar sources .	ļ		ł	İ	1	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1	1	1			
	acquired after June 30, 1975	}		Ī	1	į	
С	Add lines 10a and 10b	***					·····
11	Net income from unrelated business	1					
	activities not included in line 10b, whether				1		
	or not the business is regularly carried on		}		1		
12	Other income. Do not include gain or						
	loss from the sale of capital assets		}		1	İ	
	(Explain in Part VI.)		Ì		İ		
13	Total support. (Add lines 9, 10c, 11,				Ť		
	and 12.)	87224	48450	75131	69054	78509	358368
14	First five years. If the Form 990 is for the	e organization	s first, second		or fifth tax ye	ar as a section	
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentage	)				
15	Public support percentage for 2017 (line 8		-			15	100 %
16	Public support percentage from 2016 Sch			<u> </u>	<u></u>	16	100 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2017 (					17	0 %
18	Investment income percentage from 2016					18	0 %
19a	331/2% support tests-2017. If the organi						
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	rted organizatio	n . 🕨 🗸
b	331/2% support tests - 2016. If the organiz						•
	line 18 is not more than 331/3%, check this t		-			-	_
20	Private foundation. If the organization di	d not check a b	ox on line 14,	19a, or 19b, cl	heck this box a	and see instruc	tions 🕨 🗌

### Part IV Suppor

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A.	Ali	Supporting Organ	izations

	The state of the s			
4	Are all of the appropriate and appropriate listed by account of the appropriate of		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3ь		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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Part	V Supporting Organizations (continued)		r.	
44	Lies the every retire appearance or eff or exactly then from any of the fallowing process?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations	<del>1</del>		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
<u>Secti</u>	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see the context of the context</li></ul>	sec ın:	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <b>Provide details in Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	Ω					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8					
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other		· · · · · · · · · · · · · · · · · · ·				
factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2	-				
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<del></del>			
6 Multiply line 5 by .035.	6					
7 Recoveries of prior-year distributions	7		<del> </del>			
8 Minimum Asset Amount (add line 7 to line 6)	8		<del>                                     </del>			
Section C - Distributable Amount			Current Year			
1 Adjusted net income for pnor year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4		-			
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	$\Box$					
emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III supporti	ng organization (see			
instructions).		,	= =			

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D - Distributions		·	Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	(	(::\	/:::\
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
_3	Excess distributions carryover, if any, to 2017			
<u>a</u>				
b	From 2013			
C	From 2014			
d	From 2015			
<u>e</u>	From 2016			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
_ <u>i</u>	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2017 from		· · · · · · · · · · · · · · · · · · ·	
4	Section D, line 7:			
a	Applied to underdistributions of prior years			······································
<u>b</u>	Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	<b>,</b>		
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017		· · · · · · · · · · · · · · · · · · ·	

Part VI ·	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				
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# SCHEDULE G

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for the latest instructions.

0MB No 1545-0047

Open to Public

Name of the organization **Employer identification number** Bentonville High School Choir Boosters, Inc. 84-1689514 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants ☐ Internet and email solicitations ☐ Solicitation of government grants ☐ Phone solicitations Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes 🗸 No b If "Yes." list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (iii) Did fundraiser have (i) Name and address of individual or entity (fundraiser) (vi) Amount paid to (iv) Gross receipts (ii) Activity custody or control of contributions? (or retained by) from activity col (i) Yes No 1 2 3 5 8 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
_			(a) Event #1 Promotional Items (event type)	(b) Event #2  Concert (event type)	(c) Other events  2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	28238	29139	14257	71635
	2 3	Less: Contributions Gross income (line 1 minus line 2)	28238	29139	14257	71635
	4	Cash prizes	2420		300	2720
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs		`		
	7	Food and beverages			7079	7079
	8	Entertainment				
	9	Other direct expenses .	8775	8019	7379	16794
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Subtra <b>Gaming.</b> Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answei	olumn (d)	0, Part IV, line 19, or	26593 45042 reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
<u>_</u>	1	Gross revenue	,			••
Expenses	2	Cash prizes				
	3	Noncash prizes				
Direct	4	Rent/facility costs		_		
	5	Other direct expenses .	☐ Yes %	□ Yes %	□ Ves %	
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes%	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain	-	s in each of these states		
10		ere any of the organization's g "Yes," explain:	amıng licenses revoked		\	? .    Yes    No

le G (Form 990 or 990-EZ) 2017 Page <b>3</b>					
Does the organization conduct gaming activities with nonmembers?					
Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?					
Indicate the percentage of gaming activity conducted in:					
The organization's facility					
An outside facility					
Enter the name and address of the person who prepares the organization's gaming/special events books and records:					
Name ▶					
Address ▶					
Does the organization have a contract with a third party from whom the organization receives gaming revenue?					
If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$					
If "Yes," enter name and address of the third party:					
Name ►					
Address ▶					
Gaming manager information:					
Name ▶					
Gaming manager compensation ▶ \$					
Description of services provided ▶					
□ Director/officer □ Employee □ Independent contractor					
Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?					
Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$					
· · ·					
spent in the organization's own exempt activities during the tax year ▶ \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.					
spent in the organization's own exempt activities during the tax year ▶ \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.					
spent in the organization's own exempt activities during the tax year ▶ \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.					
spent in the organization's own exempt activities during the tax year ▶ \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					
spent in the organization's own exempt activities during the tax year ▶ \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					
spent in the organization's own exempt activities during the tax year ▶ \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					
spent in the organization's own exempt activities during the tax year ▶ \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					
spent in the organization's own exempt activities during the tax year ▶ \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					
spent in the organization's own exempt activities during the tax year ▶ \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					
spent in the organization's own exempt activities during the tax year ▶ \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					

### SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

- Open to Public Inspection

Employer identification number

Bentonville High School Choir Boosters, Inc	84-1689514
Form 990, Part VI, Line 11B and 19. Form 990 was reviewed by an officer of the organization. To	
request.	
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