Click on the question-mark icons to display help windows 2949226400607
The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No 1545-1150

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inspection

		nue Service			OV/FORM99UEZ	for instructions a		_		00		
				year beginning	07-01		, 2018,	and ending			, 2019	
B c	heck if ap	pplicable	C Name of org	_					D Emp	-	entification number	
_	Address c	·		-		AND BOOSTER				54-2045594		
_	vame cha	-				ed to street address)	?1	Room/suite	E Tele	phone n		
=	nitial retur	m m/terminated		O ASHBURN R						571	.918.1862	
=	Amended		_	ate or province, cou	-	oreign postal code		\sim 2			mption	
	Applicatio	n pending		URN, VA 2014			-	<u> </u>	Nur	mber I	> [?]	
G A	ccount	ting Method.		Accrual Oth	er (specify)						f the organization is	
	ebsite/		www.brhsbba						•		ach Schedule B	
J Ta	ax-exen	npt status (che	ck only one) -	☑ 501(c)(3)	501(c) ()	(insert no) ☐ 494		r 🔲 527	(Form 9	990, 99	0-EZ, or 990-PF)	
		•	✓ Corpora] Other					
						s receipts are \$200	0,000 or n	nore, or if to	otal assets			
		umn (B)) are \$	500,000 or mo	ore, file Form 990	instead of Forn	n 990-EZ				▶ \$	51,69	
Pa	art I	Revenue	e, Expense	s, and Chang	es in Net A	ssets or Fund	Balanc	es (see tl	he instru	ctions	for Part I) 🔃	
		Check if	the organiza	ation used Sche	edule O to re	spond to any qu	uestion i	ın this Par	tl			
?1	1	Contributio	ns, gifts, gra	nts, and sımılar	amounts rece	eived				1	39,09	
?1	2	Program se	ervice revenu	e including gove	ernment fees	and contracts				2		
?1	3	Membershi	ip dues and a	assessments .						3		
?1	4	Investment	income .							4	52	
	5a	Gross amo	unt from sale	of assets other	than invento	ry	5a	1	550			
	b	Less: cost	or other basi	s and sales exp	enses	· · · · · ·	5b		0			
	С			-		y (Subtract line 5	b from li	ine 5a) .		5c	59	
	6		d fundraising			, ,		,				
	а	Gross inco	ome from g	aming (attach	Schedule G	if greater that	n					
e n		\$15,000) .					6a					
ē	b	Gross inco	me from fund	draising events (not includina	\$	of	f contribut	ions			
Revenue						Schedule G if the	<u>——</u>					
_		sum of suc	h gross incoi	me and contribu	itions exceed	s \$15,000)	6b	1				
	С	Less: direc	t expenses fr	om gaming and	l fundraising e	events	6c					
	d					events (add lines	s 6a and	6b and	subtract		,	
		line 6c) .								6d		
	7a	Gross sales	s of inventory	. less returns ar	nd allowance:	s	7a		11,525			
	b		of goods sole				7b		1,924			
	С		-			t line 7b from line	e 7a) .			7c	9,60	
	8	•	• •		• •		•			8		
i	9									9	49,76	
	10			unts paid (list in						10	2,50	
	11		ud to or for m							11		
ဖွှ	12							 .		12		
Expenses	13	Professiona	al fees and of	ther payments to	o independer	t contractors of	IVED)		13	18,85	
필	14			s, and maintena		1 1		၂၀၂		14		
<u>~</u>	15			ostage, and shij		SEP 1	3 2019			15	12	
	16	•		oe in Schedule (2010			16	39,29	
ł	17	•	•	nes 10 through	,	CODE	A. 1.15			17	60,77	
	18			e year (Subtract		* * ** *** ****	N, U	<u></u>		18	(11,00	
ets	19					rom line 27, coli	 ۱/۱۵ umn	(must ad	ree with		(11,00	
Net Assets	. •			ted on prior yea				,,,,ase ag		19	92,33	
ا <u>پ</u> ا	20	-	-		-	n ın Schedule O)		•		20	52,33	
ž	21		-			lines 18 through				21	81,33	
- 1				see the separa				No 10642I			Form 990-EZ (20	

Pa	t II ' Balance Sheets (see the instructions					
•	Check if the organization used Schedule	O to respond to ar	ny question in this			<u> </u>
			_	(A) Beginning of year	<u> </u>) End of year
22	Cash, savings, and investments			92,339	22 23	81,335
23	Land and buildings			 	24	
24	Other assets (describe in Schedule O)		· · · · · ·	02 220	25	81,335
25	Total assets		· · · · · -	92,339	26	61,335
26 27	Net assets or fund balances (line 27 of column		· · · · ·	92,339	27	81,335
Par					21	01,000
ı aı	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?					red for section
	cribe the organization's program service accompl					3) and 501(c)(4) ations, optional for
as m	neasured by expenses. In a clear and concise n	nanner, describe the	e services provided	l. the number of	others	
	ons benefited, and other relevant information for e		5 00. 1.000 p. 0 1.00	,		
28	SUPPORT HIGH SCHOOL BAND PROGRAM					
-	79 STUDENTS PARTICIPATED. THEY PROVI	DED HALFTIME SH	OWS AT FOOTBAI	L GAMES AND		26,423
	PARTICIPATED IN AREA COMPETITIONS					20,423
?1	<u> </u>	t includes foreign gra	ints, check here .	<u> ▶ □</u>	28a	
29	WINTERGUARD GROUP					
	16 STUDENTS PARTICIPATED. THEY PARTIC	CIPATED IN AREA C	OMPETITIONS.			13,113
						,
		t includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	29a	
30	DRUMLINE GROUP					
	18 STUDENTS PARTICIPATED. THEY PARTIC	CIPATED IN AREA C	OMPETITIONS.	····		14,603
					202	
04		t includes foreign gra	ints, check here .	P <u></u>	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount	 t includes foreign gra	nte check here		31a	6,839
32	Total program service expenses (add lines 28a				32	60,979
Par						
	Check if the organization used Schedule					
		(b) Average	(c) Reportable ?	(d) Health benefits,	1	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		er compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	n	
GA	IL OGLE					
PR	ESIDENT	5	0	<u></u>		
КО	RY FIERSTINE	10	0			
TR	EASURER	10				
		_				
						
					-	
		 		<u> </u>	-	
					_	
	· · · · · · · · · · · · · · · · · · ·			 	-	
		+		 	+-	
		-				
				 	+	
		-				
		-				
		-				



Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П
	instructions for Fart v.) Check if the organization used Schedule O to respond to any question in the	o i ait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		х
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		X X
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a b 40a	Initiation fees and capital contributions included on line 9			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41 42a	List the states with which a copy of this return is filed ► VA The organization's books are in care of ► KORY FIERSTINE Located at ► 20698 POMEROY COURT, ASHBURN, VA ZIP + 4 ► 2014		862	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	Yes	No X
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43	• •	Yes	► □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		X X
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		X

Page	4

_				-
Form	990)-EZ	(201	181

	,							_	
46		ne organization engage, directly or in ndidates for public office? If "Yes," o					******		V
art		Section 501(c)(3) Organizations		, raiti	•		46		<u> </u>
ai t		All section 501(c)(3) organization 50 and 51.		estions 47–49b and	52, and co	mplete th	e tables	for line	es
		Check if the organization used Sci	hedule O to respond	d to any question in	this Part VI				
								Yes	No
7	year?	he organization engage in lobbying If "Yes," complete Schedule C, Par	t II						Х
8		organization a school as described in						1	X
9a b		ne organization make any transfers t is," was the related organization a se	•				. 49a	+ +	X
0		olete this table for the organization's							d kev
	emplo	oyees) who each received more than	\$100,000 of compe	nsation from the orga	ınızatıon. If th	nere is non	e, enter "	None."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, comper	to employee and deferred	(e) Estimate other co	ed amou mpensati	
NO	NE								
						·			
								-	
	Comp	number of other employees paid ov plete this table for the organization, 000 of compensation from the orga	s five highest comp	ensated independent	t contractors	who each	n received	i more	than
	Comp \$100,	olete this table for the organization	s five highest comp inization. If there is no	ensated independent			received		than
1	Comp \$100, (a)	olete this table for the organization, 000 of compensation from the organization	s five highest comp inization. If there is no	ensated independent one, enter "None."					than
1	Comp \$100, (a)	olete this table for the organization, 000 of compensation from the organization	s five highest comp inization. If there is no	ensated independent one, enter "None."					than
1	Comp \$100, (a)	olete this table for the organization, 000 of compensation from the organization	s five highest comp inization. If there is no	ensated independent one, enter "None."					than
f 1	Comp \$100, (a)	olete this table for the organization, 000 of compensation from the organization	s five highest comp inization. If there is no	ensated independent one, enter "None."					than
1	Comp \$100, (a)	olete this table for the organization, 000 of compensation from the organization	s five highest comp inization. If there is no	ensated independent one, enter "None."					than
NO	Comp \$100, (a) NE	Dete this table for the organization 000 of compensation from the organization from the	s five highest compunization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of ser	vice	(c)) Compensa		than
NO d	Comp \$100, (a) NE Total Did t	number of other independent contra	s five highest compunization. If there is no dent contractor d	ensated independent one, enter "None." (b) Type of ser over \$100,000	vice Anizations m	(c)) Compensa	tion	
NO d	Comp \$100, (a) NE Total Did t comp	number of other independent contraction conganization conganization from the organization from the organization from the organization from the organization complete Scheduleted Schedule A	s five highest compunization. If there is not dent contractor actors each receiving alle A? Note: All se	ensated independent one, enter "None." (b) Type of ser over \$100,000	vice anizations m	nust attach) Compensa	s	lo
NO d	Comp \$100, (a) NE Total Did t comp	number of other independent contra	s five highest compunization. If there is not dent contractor actors each receiving alle A? Note: All secureturn, including accompar	ensated independent one, enter "None." (b) Type of ser over \$100,000	anizations m	nust attach) Compensa	s	lo
d der p	Comp \$100, (a) NE Total Did t comp	number of other independent contraction organization complete Schedule A	s five highest compunization. If there is not dent contractor actors each receiving alle A? Note: All secureturn, including accompar	ensated independent one, enter "None." (b) Type of ser over \$100,000	anizations m	nust attach) Compensa	s	lo
d d der p	Comp \$100, (a) NE Total Did t comp	number of other independent contraction conganization complete Schedule A	s five highest compunization. If there is not dent contractor actors each receiving alle A? Note: All secureturn, including accompar	ensated independent one, enter "None." (b) Type of ser over \$100,000	anizations m	nust attach	n a .►☑ Ye	s	lo
d 2 der p er e	Comp \$100, (a) NE Total Did t comp enalties rect, and	number of other independent contraction of perior deglare that I have examined this domprete Declaration of preparer (other than smaller to port of perior of preparer (other than smaller of perior of perior of preparer (other than smaller of perior of perior of preparer (other than smaller of perior of perior of preparer (other than smaller of perior of period of perior of period of	actors each receiving le A? Note: All se return, including accompar	ensated independent one, enter "None." (b) Type of ser over \$100,000	anizations m	nust attach best of my kr dge e 8/31/20	n a .▶☑ Ye nowledge ar	s	do
d d 2 der p	Comp \$100, (a) NE Total Did t comp enalties rect, and	number of other independent contraction conganization complete Schedule A	s five highest compunization. If there is not dent contractor actors each receiving alle A? Note: All secureturn, including accompar	ensated independent one, enter "None." (b) Type of ser over \$100,000	anizations m	nust attach	n a .▶☑ Ye nowledge ar	s	
d d 2 gn ere	Comp \$100, (a) NE Total Did t comp enalties rect, and	number of other independent contraction of perior deglare that I have examined this domprete Declaration of preparer (other than smaller to port of perior of preparer (other than smaller of perior of perior of preparer (other than smaller of perior of perior of preparer (other than smaller of perior of perior of preparer (other than smaller of perior of period of perior of period of	actors each receiving le A? Note: All se return, including accompar	ensated independent one, enter "None." (b) Type of ser over \$100,000	anizations ments, and to the has any knowle	nust attach best of my kridge 8/31/20	n a .▶☑ Ye nowledge ar	s	

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

2018

Open to Public Inspection

	AD RUN HIGH SCHOOL BAND BOOS	STERS				54-20	45594		
Par	rt I Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.		
The	organization is not a private founda	tion because it is	s (For lines 1 through	12, chec	k only or	ne box)			
1	A church, convention of church						α		
2	A school described in section								
3	☐ A hospital or a cooperative hos						(:::) Enter the		
4	A medical research organization hospital's name, city, and state	•	onjunction with a nost	oitai desc	nbed in s	ection 170(b)(1)(A)((III). Enter the		
5			college or university	owned o	r operate	ed by a government	al unit described in		
	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local govern	nment or governi	mental unit described	ın sectio	on 170(b)	(1)(A)(v).			
7	An organization that normally	•			٠,		n the general public		
	described in section 170(b)(1)	(A)(vi). (Complet	e Part II)						
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9	\square An agricultural research organi	zation described	in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college		
	or university or a non-land-grai university:	nt college of agr	iculture (see instructio	ons) Ente	r the nan	ne, city, and state of	the college or		
10	An organization that normally r	occures (1) more	o than 221,00% of its si	upport fro	m contrib	outions membershi	n fees and gross		
10	receipts from activities related	to its exempt fur	nctions—subject to co	ertain exc	eptions.	and (2) no more that	n 331/3% of its		
	support from gross investment acquired by the organization at	income and uni	related business taxal	ole incom	e (less se	ection 511 tax) from	businesses		
11	An organization organized and		-						
12	An organization organized and	•		-			ry out the purposes		
	of one or more publicly suppo								
	Check the box in lines 12a throi	ugh 12d that des	scribes the type of sup	porting o	rganizatio	on and complete line	es 12e, 12f, and 12g		
а	☐ Type I. A supporting organ	ızatıon operated	, supervised, or contr	olled by i	ts suppoi	rted organization(s),	typically by giving		
	the supported organization		• • • •			he directors or trust	ees of the		
	supporting organization Yo								
b	_ ;; ;;	•				• •			
	control or management of to organization(s) You must o		•		persons	that control or man	age the supported		
С		-			onnection	with and functions	ally integrated with		
·	its supported organization(s						any intogration vittin,		
d		-					orted organization(s)		
	that is not functionally integ	_							
	requirement (see instruction	ns) You must c	omplete Part IV, Sec	tions A a	nd D, an	nd Part V.			
е							e II, Type III		
	functionally integrated, or T	* *		oporting o	organizati	ion			
f	Enter the number of supported o Provide the following information			•	•	•	•		
9	(i) Name of supported organization			fud to the c	rganization	(v) Amount of monetary	(vi) Amount of		
	(i) Name or supported organization	(II) EIN	(III) Type of organization (described on lines 1-10	listed in you	r governing	support (see	other support (see		
			above (see instructions))	docui	nent?	instructions)	instructions)		
				Yes	No				
(A)	-								
(~) 				_					
(B)									
(C)									
				-					
(D)									
/E\		-	-						
(E)				1					

Total

Schedule A (Form 990 or 990-EZ) 2018

Part	(Complete only if you checked the	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Cost.	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	·/·
	on A. Public Support	(-) 0014	(h) 2015		(4) 2017	(-) 2019	(f) Total
. 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(a) 2014	(b) 2015 ₁	(c) 2016	(d) 2017	(e) 2018	- ,
ຸ2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			- -	ı		
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) .	1450			1	100	
6	Public support. Subtract line 5 from line 4	AND STATE		12.17	KID SPACE	#651883S	ι .
Secti	on B. Total Support		e !		•		
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017 -	(e) 2018	(f) Total
٠7٠	Amounts from line 4			•			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			4			
9	Net income from unrelated business activities, whether or not the business is regularly carried on ""			ī	•		,
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	./.			•		
11 -12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	•		d, third, fourth	n, or fifth tax y	12 ear as a sectio	n 501(c)(3)
-	organization, check this box and stop he	re				٠.	. ▶ 🗆
Secti	on C. Computation of Public Support						,
14 ,15 16a	Public support percentage for 2018 (line Public support percentage from 2017 Sci 331/3% support test—2018. If the organ box and stop here. The organization qua	hedule A, Part lization did not	II, line 14 check the box	c on line 13, ar	nd line 14 is 33	14 15 31/3% or more,	% check this
b	331/3% support test—2017. If the organithis box and stop here. The organization					ıs 33 ¹ /3% or m	ore, check
17a .	10%-facts-and-circumstances test—2: 10% or more, and if the organization meets the organization.	eets the "facts-	-and-circumst	ances" test, cl	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	ation meets the	e "facts-and-d	circumstances	" test, check	this box and	stop here.
18,	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a; or 17b, chec	k this box and	see . '▶ □

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.)

	if the organization falls to qualify	under the te	sis listed bei	JW, please Co	implete Fart I	<u></u>	
	on A. Public Support				· ,		
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						272 722
_	received (Do not include any "unusual grants")	49,888	64,462	57,971	59,374	39,095	270,790
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	17,675	25	0	0	0	17,700
3	Gross receipts from activities that are not an			· ·			
	unrelated trade or business under section 513	16,712	15,614	30,451	14,296	11,525	88,598
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						
3	furnished by a governmental unit to the						
	organization without charge						
e	· · · · · · · · · · · · · · · · · · ·	84,276	80,101	88,422	73,671	55,620	377,089
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	04,270		00,422			
7a	* *						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b .						
8	Public support. (Subtract line 7c from	36.98 92.3		18.4			
	line 6.)						377,089
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 .	84,276	80,101	88,422	73,671	50,619	377,089
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	88	62	60	101	521	831
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					i	
С	Add lines 10a and 10b	88	62	60	101	521	831
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on					(
12	Other income. Do not include gain or						
	loss from the sale of capital assets	l ,				1	
	(Explain in Part VI.)	'				1	
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)	84,363	80,163	88,482	73,771	51,104	377,921
14	First five years. If the Form 990 is for the	he organization	ı's fırst, secon	d. third. fourth	or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop he	-					```` □
Secti	on C. Computation of Public Suppo		e				
15	Public support percentage for 2018 (line			13. column (fl)		15	99.8 %
16	Public support percentage from 2017 Sc					16	99.8 %
	on D. Computation of Investment In					1 · · · · ·	
17	Investment income percentage for 2018			ov line 13. colu	mn (fl)	17	0.2 %
18	Investment income percentage from 201					18	0.2 %
19a	331/3% support tests—2018. If the organ				nd line 15 is m		
130	17 is not more than 331/3%, check this box						
h	331/3% support tests—2017. If the organiz		_				
. b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	· ·	-	•			
20	rivate foundation. If the organization of	io not check a	DOX OH IIIIE 14	<u>, 13a, UL 13D, C</u>	WOOL HIIS DOX	and see modul	ALIOHO P

Part IV 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	ı. Ali	Support	ting Org	ganizations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (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
- **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 **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 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
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c 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 **Part VI** 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
- 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 **Part VI**, 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 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)
- 9a 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 Part VI.
- **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 **Part VI**.
- c 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 Part VI.
- 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
 - **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.)

		Yes	No
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Part	Supporting Organizations (continued)		T.
11	Has the organization accepted a gift or contribution from any of the following persons?	Ye	s No
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
C	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	
Secti	on B. Type I Supporting Organizations		
_		Ye	s 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 Part VI 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.		
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 carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2	
Secti	on C. Type II Supporting Organizations		_
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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Ye was a second of the second	s No
	the supported organization(s).	1	<u> </u>
Secti	on D. All Type III Supporting Organizations		
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?	Ye E W	s No
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 Part VI 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 Part VI the role the organization's supported organizations played in this regard	3	
Secti	on E. Type III Functionally Integrated Supporting Organizations	1 • 1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructio	ns)
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below		
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (
2	Activities Test Answer (a) and (b) below.	Ye	s 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 Part VI identify those supported organizations and explain 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 Part VI 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	Parent of Supported Organizations. Answer (a) and (b) below.		
a	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? <i>Provide details in Part VI.</i>	3a	
ь	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 Part VI the role played by the organization in this regard	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nizat	tions must complete Section	ns 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)	3		
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)	類		
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		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	THE TELEPHONE OF THE PARTY OF T	
2 Enter 85% of line 1	2	心事的"我们"中心事实现的"有效"	
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			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	g organization (see
instructions)	*		-

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izations (continued)	
Section D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			•
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6.		-	
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive	
	(provide details in Part VI) See instructions	g		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See	Legit of Marie Legit of State Control of		Spiriture de l'Amerikante de l'Amerikante de l'Amerikante de l'Amerikante de l'Amerikante de l'Amerikante de l Amerikante de l'Amerikante de l
	Instructions		:	
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
<u> b </u>	From 2014			
<u>c</u>	From 2015			
d	From 2016			
<u>е</u>	From 2017		Hara Balana Balana	
<u>f</u>	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years	ZEGZENIA ZEGZENIA	COAD 1976 III DEEL ARA	
<u></u>	Applied to 2018 distributable amount			
_ <u>i</u>	Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D, line 7:			and the second s
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount	E/A-2024年1982年19		
С	Remainder Subtract lines 4a and 4b from 4		銀行機能與四級	HART SECTION
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8_	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			ara solionada a cara a canada da manada
С	Excess from 2016			
d	Excess from 2017		ati karaman andar karawa sa na maniya hada da	
е	Excess from 2018			

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 O (Form 990 or 990-EZ)

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.

20**18**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

BROAD RUN HIGH SCHOOL BAND BOOSTERS 54-2045594 Part 1 Line 16. Other expenses. \$39,295 Specific program operating expenses to include Marching Band, Indoor Drum Line, or Winter Guard for uniforms/wardrobe, props, music and choreography design, music licenses, awards, food, transportation, competition fees, and equipment. Part 1. Line 10. Grants: \$ 2,502 Annual scholarship award and financial aid to low income families Part 3. Line 31. \$6,839 Non-program specific administrative and operating expenses to include supplies, accounting fees/software, tax preparation fees, government fees, regional membership fees, uniform/wardrobe, cleaning and repair, and other fees and expenses.