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)

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

2019

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	or the	2019 calenda	r year, or tax year beginning	JULY 1	2019, and ending	JUNE	30 , 20 20
	Check if ap		C Name of organization		· · · · · · · · · · · · · · · · · · ·		dentification number
	Address c	hange	CHOIR-PARENT BOOSTER CLUB				311740030
	Name cha	inge	Number and street (or P O box if mail is not delive	ered to street address)	Room/suite	E Telephone	number
=	Initial retui		PO BOX 172082			 8	317-552-7661
=		n/terminated	City or town, state or province, country, and ZIP of	or foreign postal code	^2	F Group Ex	emption
=	Amended Applicatio	n pending	ARLINGTON, TX 76003-2082		03	Number	
		ting Method	☑ Cash ☐ Accrual Other (specify)	>	Н	Check ▶ ☑	if the organization is not
	Vebsite	•		· · · · · · · · · · · · · · · · · · ·			ttach Schedule B
			ck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 4947((a)(1) or 527	•	90-EZ, or 990-PF).
				Association 0			
			7b to line 9 to determine gross receipts. If gr	oss receipts are \$200,0	000 or more, or if total	al assets	<u>. </u>
(Pa	rt II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of Fo	rm 990-EZ		▶	\$ 65,475
Р	art I	Revenu	e, Expenses, and Changes in Net	Assets or Fund Ba	alances (see the	e instruction	s for Part I) 🔟
			the organization used Schedule O to				
.21	1		ns, gifts, grants, and similar amounts re				22,558
.?1	2	Program se	ervice revenue including government fee	es and contracts .		2	
.?1	3	Membersh	p dues and assessments			3	6,305
?1	4	Investment	income			4	
	5a	Gross amo	unt from sale of assets other than inven	itory	5a		
	b	Less: cost	or other basis and sales expenses		5b]	
	С	Gain or (los	s) from sale of assets other than invent	ory (subtract line 5b f	from line 5a)	5c	
	6	Gaming an	d fundraising events:				ECEIVED
	а	Gross inc	ome from gaming (attach Schedule	G if greater than			(ECEIVED)
Ģ		\$15,000) .			6a		1 2 2 2 2 2 2 2 2
Revenue	b	Gross inco	me from fundraising events (not includir	ng \$	of contributio	ns 52 /	JUG 0 5 2020 V
, é		from fundr	aising events reported on line 1) (attac	h Schedule G if the		1 10	
_		sum of suc	h gross income and contributions exce	eds \$15,000) . .	6b	31,383	GDEN, UT
SCAMME	С		expenses from gaming and fundraising		6c	1 V ,6 <u>92</u>	
2	d	Net incom	e or (loss) from gaming and fundraising	g events (add lines 6	6a and 6b and su	ubtract	
ပ္က		line 6c) .				6d	13,691
0)	7a	Gross sale	s of inventory, less returns and allowand	ces	7a	5,230	
	b	Less: cost	of goods sold		7b	2,715	
	С	Gross prof	t or (loss) from sales of inventory (subtr	act line 7b from line 7	7a)	<u>7c</u>	2,515
	8	Other reve	nue (describe in Schedule O)			8	
	9_		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and		<u></u>	. ▶ 9	45,069
	10		similar amounts paid (list in Schedule (TEOFW.	10	5,500
	11	•	id to or for members		RECEIV		
es	12		her compensation, and employee bene			· \ \&\12	
ŠĽ	13		al fees and other payments to independ	lent contractors, 🖼 🙀	AUG 062	020 // /21 3	5,000
Expenses	14		,	(- 2	3	1214	2,121
ú	15	•	blications, postage, and shipping	· · · · · · · · · · · · · · · · · · ·	OCDEN		337
	16		nses (describe in Schedule O) 🛂				12,476
	17	Total expe	nses. Add lines 10 through 16	<u></u>	<u> </u>	. > 17	25,656
ţ	18		deficit) for the year (subtract line 17 from			18	19,413
se	19		or fund balances at beginning of year				-
As		-	r figure reported on prior year's return)				11,847
Net Assets	20		ges in net assets or fund balances (exp				
_	21	Net assets	or fund balances at end of year. Combi	ne lines 18 through 2	<u> 20</u>	. ▶ 21	31,260

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I



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Pa						
	rt II Balance Sheets (see the instructions	for Part II)				ö
	Check if the organization used Schedule	O to respond to a	ny question in this l	Part II	<u></u>	<u>»</u> 🗆
		•		(A) Beginning of year	L	(B) End of year
22	Cash, savings, and investments			11,848	-	13,260
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			11,848	-	31,260
26	Total liabilities (describe in Schedule O)		 	1 24 243	26	01.040
27	Net assets or fund balances (line 27 of column			11,847	27	31,260
Par	t III Statement of Program Service Accommode Check if the organization used Schedule	-				Expenses
\//ho	t is the organization's primary exempt purpose?			Part III 🔟	(Red	quired for section
						(c)(3) and 501(c)(4)
	cribe the organization's program service accompl neasured by expenses. In a clear and concise n				othe	inizations, optional for ers.)
	ons benefited, and other relevant information for e		services provided	, the number of		,
28	PROVIDE FUNDS TO ALLOW STUDENTS TO ATTEN		., STATE AND & INTE	RNATIONAL		T
	COMPETITION & PERFORMANCE TO HIGHLIT STU					
	HIGH SCHOOL FINE ART PROGRAM.		••••••			
?:	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	9,100
29	PROVIDE SCHOLARSHIPS TO CHOIR STUDENTS F					
	PROGRAM					
					ļ	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	29a	5,500
30					•	
						1
		includes foreign gra			30a	<u> </u>
31	Other program services (describe in Schedule O)					
20		includes foreign gra			31a	
	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Ke				32	
Га	Check if the organization used Schedule		n one even ir not comi			
		O to recoond to a				<u> </u>
	Office in the organization used Schedule		ny question in this			<u> </u>
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation	Part IV	 /ee (e)	Estimated amount of
		(b) Average	ny question in this	Part IV (d) Health benefits, contributions to employ benefit plans, and	 /ee (e)	· · · · <u> </u>
SHE		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and	 /ee (e)	Estimated amount of
	[?] (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and	 /ee (e)	Estimated amount of
PRE	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and	 /ee (e)	Estimated amount of
PRE	(a) Name and title RYL MYRICK SIDENT	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	 /ee (e)	Estimated amount of
PRE BET VICE	(a) Name and title RYL MYRICK SIDENT H ANNE WOODARD	(b) Average hours per week devoted to position 4	ny question in this (c) Reportable ?: compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio		Estimated amount of other compensation
PRE BET VICE ALL	(a) Name and title RYL MYRICK SIDENT H ANNE WOODARD E PRESIDENT	(b) Average hours per week devoted to position	ny question in this (c) Reportable ?: compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio		Estimated amount of other compensation
PRE BET VICE ALL VP -	(a) Name and title RYL MYRICK SIDENT H ANNE WOODARD E PRESIDENT ISON PETERS	(b) Average hours per week devoted to position 4 2	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio		Estimated amount of other compensation
PRE BET VICE ALL VP -	(a) Name and title RYL MYRICK SIDENT H ANNE WOODARD E PRESIDENT ISON PETERS MEMBERSHIP	(b) Average hours per week devoted to position 4	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio		Estimated amount of other compensation
PRE BET VICE ALL VP - AMA SEC DIAM	(a) Name and title RYL MYRICK SIDENT H ANNE WOODARD E PRESIDENT ISON PETERS MEMBERSHIP ANDA PARKER RETARY NE NORRIS	(b) Average hours per week devoted to position 4 2 2	ny question in this (c) Reportable ?: compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio		Estimated amount of other compensation -0-
PRE BET VICE ALL VP - AMA SEC DIAI	(a) Name and title RYL MYRICK SIDENT H ANNE WOODARD E PRESIDENT ISON PETERS MEMBERSHIP INDA PARKER RETARY	(b) Average hours per week devoted to position 4 2	ny question in this (c) Reportable ?: compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio		Estimated amount of other compensation -0-
PRE BET VICE ALL VP - AMA SEC DIAI	(a) Name and title RYL MYRICK SIDENT H ANNE WOODARD E PRESIDENT ISON PETERS MEMBERSHIP ANDA PARKER RETARY NE NORRIS	(b) Average hours per week devoted to position 4 2 2	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio		Estimated amount of other compensation -00-
PRE BET VICE ALL VP - AMA SEC DIAI	(a) Name and title RYL MYRICK SIDENT H ANNE WOODARD E PRESIDENT ISON PETERS MEMBERSHIP INDA PARKER RETARY NE NORRIS ASURER	(b) Average hours per week devoted to position 4 2 2	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio		Estimated amount of other compensation -00-
PRE BET VICE ALL VP - AMA SEC DIAM	(a) Name and title RYL MYRICK SIDENT H ANNE WOODARD E PRESIDENT ISON PETERS MEMBERSHIP INDA PARKER RETARY NE NORRIS ASURER	(b) Average hours per week devoted to position 4 2 2	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio		Estimated amount of other compensation -00-
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PRE BET VICE ALL VP - AMA SEC DIAI	(a) Name and title RYL MYRICK SIDENT H ANNE WOODARD E PRESIDENT ISON PETERS MEMBERSHIP INDA PARKER RETARY NE NORRIS ASURER	(b) Average hours per week devoted to position 4 2 2	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio		Estimated amount of other compensation -00-



Part				_
, _	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	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	100	···
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		~
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		~
b 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		V
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		/
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? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	37b		~
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	38a		~
39 a b	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	- -		•
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►; section 4912 ►; section 4955 ►		4	
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		· ·
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	.,.	1,	
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	· : ·	··
41	List the states with which a copy of this return is filed ► NONE - FEDERAL ONLY .			
42a	The digalization 3 books are in our of P	817-55	2-766	1
	Located at ► 6113 CALENDER RD, ARLINGTON TX ZIP + 4 ►	76001	-5437	
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)?	42b	Yes	No
	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).			· · ·
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		~
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		. I	► □
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		~
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		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c v 7 44d		<i></i>
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a	-	
	Form 990-EZ. See instructions	45b		

	2019)			· ·				Page No
Dıd t	the organization engage, directly or in	ndirectly in political c	ampaign activities or	n behalf of or ii	n opposit	ion [-	1
	andidates for public office? If "Yes," of						<u>-</u>	7
rt VI	Section 501(c)(3) Organizations							1
	All section 501(c)(3) organization		stions 47-49b and	52, and com	plete the	e tables	for lin	es
	50 and 51.	•		, ·	•			
	Check if the organization used Sci	hedule O to respond	I to any guestion in t	this Part VI				. г
	Onock ii and organization document		, , , , , , , , , , , , , , , , , , ,				Yes	No
Did t	the organization engage in lobbying	activities or have a	section 501(h) election	on in effect du	ring the	tax		
	? If "Yes," complete Schedule C, Par						7	\ \
ls the	e organization a school as described ii	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E		. 4	3	~
a Did t	the organization make any transfers t	o an exempt non-cha	ritable related organi	zation?		. 49	а	~
	es," was the related organization a se					. 49	b	T
	plete this table for the organization's					ors, trus	ees, ar	nd ke
emp	loyees) who each received more than	1 \$100,000 of compe	nsation from the orga	ınization. If the	re is non	e, enter	"None.	,
		(b) Average	(c) Reportable	(d) Health be				
(a)) Name and title of each employee	hours per week	compensation	contributions to benefit plans, ar		(e) Estim other c	ated amo ompensa	
		devoted to position	(Forms W-2/1099-MISC)	compens				
VE			•			-	,	
							•	
				-				
								_
-								
		1	1					
f Tota	I number of other employees paid ov	er \$100,000	. ▶					
Com	plete this table for the organization	's five highest comp	ensated independent	t contractors	who each	n receive	ed mor	e tha
Com		's five highest comp	ensated independent	t contractors	who each	n receive	ed mor	e tha
Com \$100	pplete this table for the organization 0,000 of compensation from the organization from	's five highest companization. If there is no	ensated independent one, enter "None."				·	e tha
Com \$100	plete this table for the organization	's five highest companization. If there is no	ensated independent			receive	·	e tha
Com \$100 (a	pplete this table for the organization 0,000 of compensation from the organization from	's five highest companization. If there is no	ensated independent one, enter "None."				·	e tha
Com \$100 (a	pplete this table for the organization 0,000 of compensation from the organization from	's five highest companization. If there is no	ensated independent one, enter "None."				·	e tha
Com \$100 (a	pplete this table for the organization 0,000 of compensation from the organization from	's five highest companization. If there is no	ensated independent one, enter "None."				·	e tha
Com \$100 (a	pplete this table for the organization 0,000 of compensation from the organization from	's five highest companization. If there is no	ensated independent one, enter "None."				·	e tha
Com \$100 (a	pplete this table for the organization 0,000 of compensation from the organization from	's five highest companization. If there is no	ensated independent one, enter "None."				·	e tha
Com \$100 (a	pplete this table for the organization 0,000 of compensation from the organization from	's five highest companization. If there is no	ensated independent one, enter "None."				·	e tha
Com \$100 (a	pplete this table for the organization 0,000 of compensation from the organization from	's five highest companization. If there is no	ensated independent one, enter "None."				·	e tha
Com \$100 (a	pplete this table for the organization 0,000 of compensation from the organization from	's five highest companization. If there is no	ensated independent one, enter "None."				·	e tha
Com \$100 (a	pplete this table for the organization 0,000 of compensation from the organization from	's five highest companization. If there is no	ensated independent one, enter "None."				·	e tha
Com \$100 (a	nplete this table for the organization 0,000 of compensation from the organization from	's five highest companization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of ser	vice			·	e tha
Com \$100 (a	nplete this table for the organization 0,000 of compensation from the organization from	's five highest companization. If there is not dent contractor	ensated independent one, enter "None." (b) Type of ser	vice	(c)) Compens	·	e tha
Com \$100 (a NE	nplete this table for the organization 0,000 of compensation from the organization of compensation from the organization of compensation from the organization complete Scheduler of the organization complete Scheduler of the organization complete Scheduler organization complete complete complete complete complete comp	's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All se	ensated independent one, enter "None." (b) Type of ser over \$100,000 ection 501(c)(3) orga	. ► anizations mu	(c)) Compens	ation	
Com \$100 (a NE	al number of other independent control the organization complete Schedule A	's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All seconds	ensated independent one, enter "None." (b) Type of ser over \$100,000	. ►anizations mu	st attach	h a .▶☑ Y	ation es	No
Com \$100 (a NE d Tota Did com	al number of other independent control the organization complete Schedule A	's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All seconds	ensated independent one, enter "None." (b) Type of ser over \$100,000	. ►anizations mu	st attach	h a .▶☑ Y	ation es	No
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d Tota Did com er penaltie correct, a	In plete this table for the organization 0,000 of compensation from the organization of compensation from the organization of the organization complete Schedule A	's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All seconds	over \$100,000 over \$101(c)(3) organization of which preparer	anizations municipal to the bilines any knowledge	st attach	n a .▶☑ Y nowledge a	es 🗌	No

Use Only

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 201**9**

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Employer identification number Name of the organization 31-1740030 CHOIR-PARENT BOOSTER CLUB Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (n) EIN (iii) Type of organization (i) Name of supported organization other support (see (described on lines 1-10 listed in your governing support (see document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E) **Total**

	e A (Form 990 or 990-EZ) 2019						Page 2	
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)								
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)							
Section A. Public Support								
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and	,	(-,	(0) 20		35,		
	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							
	on B. Total Support				· · · · · ·	···		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	—				<u> </u>	 	
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							
12	Gross receipts from related activities, etc		•	: .:. : .: \		12		
13	First five years. If the Form 990 is for the organization, check this box and stop he	_			1			
Secti	on C. Computation of Public Suppo			· · · · ·	· · · · · ·		· · · - U	
14	Public support percentage for 2019 (line			1. column (fl)		14	%	
15	Public support percentage from 2018 Sci		-			15	%	
16a	331/3% support test—2019. If the organ box and stop here. The organization qua				nd line 14 is 3	3 ¹ /3% or more,	check this	
b	331/3% support test—2018. If the organithis box and stop here. The organization					is 331/3% or m	nore, check ▶ □	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	eets the "facts	-and-circumst	ances" test, cl	neck this box	and stop here	. Explain ın	
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization is supported organization.	ation meets th	ne "facts-and-	circumstances	" test, check	this box and	stop here.	
18	Private foundation. If the organization d instructions							

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.)

<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	28,274	24,879	24,071	23,207	22,557	122,988
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	33,175	36,049	31,213	35,477	42,918	178,832
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 furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5	61,449	60,928	55,284	58,684	65,475	301,820
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	, ,					
	line 6.)	A a		V 4 1	<u> </u>		301,820
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10a	Amounts from line 6	61,449	60,928	55,284	58,684	65,475	301,820
_	royalties, and income from similar sources .						
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		4	2		•	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			·			
13	Total support. (Add lines 9, 10c, 11, and 12.)	61,449	60,928	55,284	58,684	65,475	30,820
14	First five years. If the Form 990 is for the		,L		, or fifth tax ye	ar as a section	
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Support	rt Percentage					
15	Public support percentage for 2019 (line	B, column (f), di	vided by line 1	3, column (f))		15	100 %
16	Public support percentage from 2018 Sci	hedule A, Part I	II, line 15 <u>.</u>	<u></u>	<u> </u>	16	100 %
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (17	%
18	Investment income percentage from 2018	3 Schedule A, F	Part III, line 17			18	%
19a	331/3% support tests - 2019. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/3%	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2018. If the organize line 18 is not more than 331/3%, check this	zation did not cl box and stop h e	neck a box on l e re. The organi	line 14 or line 1 zation qualifies	9a, and line 16 as a publicly si	is more than 3 apported organi	31/3%, and zation ► □
						and see instruc	tions 🕨 🗌

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.)

ecu	on A. All Supporting Organizations			
			Yes	No
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.	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 Part VI 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	 		1
- Ou	(b) and (c) below.			
L		_ Sa		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	- 05		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	עד		1
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			· · · · · I
	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).	 5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			ĺ
	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 Part VI .			
7		6		í
•	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?	7		
U	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	_		
0-		8		
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	9a		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	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 Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			Ì
	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			i
	determine whether the organization had excess business holdings.)	10h		

Part	Supporting Organizations (continued)				_
			Yes	No	_
11"	Has the organization accepted a gift or contribution from any of the following persons?			1	۱
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			
	A family member of a person described in (a) above?	11b		<u> </u>	_
	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			_
<u>Secti</u>	on B. Type I Supporting Organizations				_
			Yes	No	_
1	Did the directors, trustees, or membership of one or more supported organizations have the power to				١
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the				l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or				I
	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				I
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				J
		1			7
2	Did the organization operate for the benefit of any supported organization other than the supported				١
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part				I
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.				j
		2		<u> </u>	-
Secti	on C. Type II Supporting Organizations		2.5		_
			Yes	No	7
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			ļ	I
	or management of the supporting organization was vested in the same persons that controlled or managed				l
	the supported organization(s).	1		ļ	1
Cooti	on D. All Type III Supporting Organizations			<u> </u>	-
Secu	on b. All Type in 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		163	140	Ī
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				l
	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				Ī
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				١
	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				Ī
	significant voice in the organization's investment policies and in directing the use of the organization's				İ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				J
	supported organizations played in this regard.	3			
Secti	on 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	ction	s).	
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.				
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).	_
2	Activities Test. Answer (a) and (b) below.		Yes	No	7
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				١
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				1
	those supported organizations and explain how these activities directly furthered their exempt purposes,				١
	how the organization was responsive to those supported organizations, and how the organization determined				j
	that these activities constituted substantially all of its activities.	2a		ļ	7
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			ĺ	۱
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the				ł
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u></u>		ļ	j
	activities but for the organization's involvement.	2b		ļ	7
3	Parent of Supported Organizations. Answer (a) and (b) below.			1	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				Į
	trustees of each of the supported organizations? Provide details in Part VI.	3a		-	ī
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2L			J
	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 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)	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):	L.,	<u> </u>			
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):	L_,				
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				
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					
emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functionally	y ınt	egrated Type III support	ng organization (see		
instructions).	•	3,1	5 5		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)			
Segti	on D-Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations			
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.					
7	Total annual distributions. Add lines 1 through 6.	· · · · · · · · · · · · · · · · · · ·				
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	ponsive			
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	on E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015					
С	From 2016					
d	From 2017					
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7:					
а	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount			<u>-</u> .		
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2015 .					
b	Excess from 2016					
C	Excess from 2017					
d	Excess from 2018					
	Excess from 2019			-		

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 0 (Form 990 or 990-EZ)

ンラ Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

CHOIR - PARENT BOOSTER CLUB	31-1740030
PART I; LINE 10 SCHOLARSHIPS	
PART I; line 16: \$9,100 CHOIR TRIPS, \$435 INSURANCE, \$2,941 MISC.	
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