SCANNED JUL 0

20

21

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)

2020

OMB No 1545-0047

Open to Public

▶ Do not enter social security numbers on this form, as it may be made public. Inspection Department of the Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2020 calendar year, or tax year beginning . 2020, and ending July 1 June 30, 2021 20 C Name of organization B Check if applicable D Employer identification number Address change **Broad Run High School Band Boosters** 54-2045594 Name change E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return 21670 Ashburn Road 571-313-9249 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Application pending Ashburn, VA 20147 G Accounting Method H Check ► ☑ if the organization is not I Website: ▶ http://www.brhsbba.org required to attach Schedule B J Tax-exempt status (check only one) - 501(c)(3) (Form 990, 990-EZ, or 990-PF) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527 501(c) (K Form of organization. Corporation Trust ☐ Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. 18,384 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. 18,187 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments . . . 3 Investment income 4 8 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses. Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . 6 Gaming and fundraising events. Gross income from gaming (attach Schedule G if greater than **3evenue** \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances . . . 7a 7b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 18,384 10 Grants and similar amounts paid (list in Schedule O) 10 2,250 11 Benefits paid to or for members . 11 Salaries, other compensation, and employee benefits . 12 12 13 Professional fees and other payments to independent contractors 13 4,250 14 Occupancy, rent, utilities, and maintenance . . . 14 15 Printing, publications, postage, and shipping 15 190 16 Other expenses (describe in Schedule O) 16 9,221 17 **Total expenses.** Add lines 10 through 16 17 15,911 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 2,473 **Net Assets** 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19

Other changes in net assets or fund balances (explain in Schedule O) .

Net assets or fund balances at end of year. Combine lines 18 through 20

20

21

83,231

85,704

Pa	rt II Balance Sheets (see the instruction	,				
	. Check if the organization used Sche	edule O to respond to a	ny question in this			<u></u> . \square
				(A) Beginning of year		B) End of year
22	Cash, savings, and investments			83,231		85,704
23	Land and buildings				23	
24	Other assets (describe in Schedule O) .				24	
25	Total assets			83,231		85,704
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of co			83,231	27	85,704
Par	t III Statement of Program Service Acc Check if the organization used Sche	•		•		Expenses
\A/ha	t is the organization's primary exempt purpose	_ 		Part III 🗹		ired for section
	, , , , , ,)(3) and 501(c)(4) izations, optional for
as n	cribe the organization's program service acco neasured by expenses. In a clear and concisons ons benefited, and other relevant information f	se manner, describe the			others	
28	Marching Band program. 37 students participate	ed. They provided exhibiti	on performances.			
)	
	(Grants \$) If this am	ount includes foreign gra	ants, check here .	<u> ▶ □</u>	28a	10,964
29						
	•					
	(Grants \$) If this amount	ount includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	29a	
30						
			····			
	(Grants \$) If this amo	ount includes foreign av	oto shook bara		30a	
24	Other program services (describe in Schedule	ount includes foreign gra	ants, check here .	· · · ·	Jua	
31		ount includes foreign gra	nte check hore	▶ □	31a	7.020
32	Total program service expenses (add lines a				32	7,928 18,892
	t IV List of Officers, Directors, Trustees, and					
	Check if the organization used Sche					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e) E	
			(if not paid, enter -0-)	deferred compensation	ן י	
Phill	Exel - President		_			
	-		0			
Lisa	Taylor - Treasurer					
	mie Willenbrock - VP Communications	10	0			
ı anıı	me whenbrock - vP communications	10	0			
		10		,	+	
	•••••••••••••••••••••••••••••••••••••••					
				-		
					<u> </u>	
					\bot	
		ı				

A 0

Part				<u> </u>
	, instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Parl	_	
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	Yes	No
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		V
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	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 ill	35c		~
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	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a]	37b		~
ь 38а	Did the organization file Form 1120-POL for this year?	37b		~
b	If "Yes," complete Schedule L. Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter			
a b	Initiation fees and capital contributions included on line 9	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶			
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 have not been repeated on any of the prior Forms 200 or 200 F72 If "You" complete School II. Both			
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		/
J	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	-	~
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Lisa Taylor Located at ► 20897 Fowlers Mill Circle, Ashburn VA 20147 ZIP + 4 ►	571-31	3-9249	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	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 ▶	42b		~
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	atorium	≠åerrit —	
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		V
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	•	. •	▶ □
442	Did the organization maintain any denor educed funds during the year? If "Vee," Form 900 must be		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	-	~
	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		<u> </u>
c d	Did the organization receive any payments for indoor tanning services during the year? . If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		<u> </u>
4-	explanation in Schedule O	44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
	Form 990-EZ. See instructions	45h	J	~

46	Did, the organization engage, dire to candidates for public office? If	ectly or in	ndirectly, in political o	ampaign activities o	n behalf of c	r ın opposı	1	40	.5 110
Part		izations	s Only		1 52, and co	mplete th		es for l	ines
_	Check if the organization u	used Sch	nedule O to respond	I to any question in	this Part VI			<u>.</u>	. 🗆
47	Did the organization engage in least 15 cm.			section 501(h) electi	on in effect	during the	I	Ye	es No
48 49a b 50	year? If "Yes," complete Schedul Is the organization a school as des Did the organization make any tra If "Yes," was the related organiza Complete this table for the organ employees) who each received m	scribed in ansfers to ition a se ization's	n section 170(b)(1)(A)(io an exempt non-cha ection 527 organization five highest compen	intable related organ on? sated employees (ot	ization? her than offic	cers, direct	ors, tru	47 48 49a 49b stees, a	and key
	(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	benefits, to employee and deferred	(e) Esti	mated an	nount of
None									
						1			
f 51	Total number of other employees Complete this table for the organ	•	· ·	. ►	t contractors	who each	, rocou	and mo	ro than
	\$100,000 of compensation from t	he organ	nization. If there is no	ne, enter "None."		wild each			re mai
	(a) Name and business address of each	n independe	ent contractor	(b) Type of ser	vice	(c)	Comper	nsation	
None									
						<u></u>			
				,					
d 52	Total number of other independent Did the organization complete completed Schedule A		_		►anizations m	ust attach	ı a ▶ 🗸 Y	 ∕es	No
Under petrue, con	enalties of perjury, I declare that I have exam rrect, and complete Declaration of preparer (ined this re	eturn, including accompany officer) is based on all info	ring schedules and statem	ents, and to the	best of my kn	owledge	and belie	ef, it is
·	free M. T	aut 1				7/10	1202	<u>ı — </u>	
Sign Here	Signature of officer Lisa M Taylor - Treasurer				Date	,		1	
	Type or print name and title Print/Type preparer's name		Preparer's signature	l De	ate		PT	INI	
Paid Prepa						Check self-employ	if		
Use C	Only Firm's name					's EIN ▶	•		
May th	Firm's address ► ne IRS discuss this return with the p	reparer	shown above? See ii	nstructions	Pho	ne no	► □ Y	∕es □	No
					<u> </u>				.10

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2020

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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number								
Broad	Broad Run High School Band Boosters 54-2045594							
Pai							ons	
The o	organization is not a private founda						26	
1	A church, convention of church						f 1 1	
2	A school described in section						\cup	
3	A hospital or a cooperative ho							
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desci	ribed in s	section 170(b)(1)(A)	(iii). Enter the	
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in	
6	A federal, state, or local gover							
7	☐ An organization that normally	receives a subs	tantial part of its sup	port from	a gover	nmental unit or fron	n the general public	
	described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)					
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	☐ An agricultural research organ	zation described	d in section 170(b)(1)	(A)(ix) ope	erated in	conjunction with a l	and-grant college	
	or university or a non-land-gra	int college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or	
	university:							
10	An organization that normally	receives (1) more	e than 331/3% of its su	pport fror	n contrib	outions, membership	fees, and gross	
	receipts from activities related support from gross investmen	to its exempt tu	nctions, subject to ce related business taxa	rtain exce ble incom	eptions; a e (less se	ind (2) no more than ection 511 tax) from	businesses	
	acquired by the organization a	fter June 30, 19	75. See section 509(a	a)(2). (Con	nplete Pa	art III.)	Dud00000	
11	☐ An organization organized and	d operated exclus	sively to test for public	c safety. S	See sect i	ion 509(a)(4).		
12	☐ An organization organized and	operated exclus	sively for the benefit o	f, to perfo	rm the fu	unctions of, or to cai	ry out the purposes	
	of one or more publicly suppo							
	Check the box in lines 12a thro	ough 12d that des	scribes the type of sur	oporting o	rganızatı	on and complete line	es 12e, 12f, and 12g.	
а								
	the supported organization					he directors or trust	ees of the	
	supporting organization. Y	•						
b								
	control or management of				persons	that control or man	age the supported	
	organization(s) You must	•						
С	Type III functionally integ						ally integrated with,	
	its supported organization		•					
d	☐ Type III non-functionally							
	that is not functionally inte						d an attentiveness	
	requirement (see instruction	•	•		-			
е	Check this box if the organ	nization received	a written determination	on from th	ie IRS th	at it is a Type I, Type	e II, Type III	
	functionally integrated, or			pporting c	organizat	ion.		
f	Enter the number of supported							
g	Provide the following informatio	T .		i e				
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–10	(iv) Is the or		(v) Amount of monetary support (see	(vi) Amount of other support (see	
			above (see instructions))	docun		instructions)	instructions)	
				Yes	No			
		 		163	140			
(A)								
				 	-			
(B)								
	 	_		+ -				
(C)								
				 				
(D)								
		-		 	-			
(E)								
Tota								

D	
Page	

Part							
	(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	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	1	T	1 4 1 2 2 2 2 2	1 1 2 2 2 2	() 2222	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						,
3	The value of services or facilities furnished by a governmental unit to the organization without charge		,				
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4	1997 - 1884 - 18					
Secti	on B. Total Support	, , , , , , , , , , , , , , , , , , , ,					
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(ć) 2018	· (d) 2019	(e) 2020	(f) Total
7	Amounts from line 4		1	/			
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 12 13	Total support. Add line's 7 through 10 Gross receipts from related activities, etc First 5 years. If the Form 990 is for the	organization's	s first, second		-		
<u> </u>	organization, check this box and stop he						
14	on C. Computation of Public Suppor Public support percentage for 2020 (line 6			11 oolumn (A)		14	%
15 16a	Public support percentage from 2019 Sch 331/3% support test—2020. If the organi box and stop here. The organization qua	nedule A, Part ization did not	II, line 14 check the box			15 31/3% or more,	%
, b	331/3% support test—2019. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization means the Part VI how the organization meets the organization.	eets the facts	-and-circumsta	ances test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa	cts-and-circur cumstances te	mstances test,	check this box	x and stop he	re. Explain
18	Private foundation. If the organization of instructions		a box on line	13, 16a, 16b			

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

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

Secti	on A. Public Support				_		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants.")	57971	59374	39095	62198	18187	236825
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.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	30451	14296	11525	11435	189	67896
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 Amounts included on lines 1, 2, and 3 received from disqualified persons	88422	73671	50619	73633	. 18376	304721
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 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6)						. \$
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	88422	73671	50619	73633	18376	304721
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60	101	521	106	8	795
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				:		
С	Add lines 10a and 10b .	60	101	521	106	8	795
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 (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	88482	73771	51140	73739	18384	305516
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's	fırst, second,		or fifth tax ye		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8		_	3, column (f))		15	99.7 %
16	Public support percentage from 2019 Sch	nedule A, Part II	II, line 15			16	99.8 %
Secti	on D. Computation of Investment Inc	come Percen	tage				
17	Investment income percentage for 2020 (ine 10c, colum	n (f), divided b	y line 13, colur	mn (f)) .	17	03%
18	Investment income percentage from 2019					18	02%
19a	331/3% support tests—2020. If the organi						_
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2019. If the organize line 18 is not more than 331/3%, check this back this						
20	Private foundation. If the organization di	d not check a b	ox on line 14,	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🗌

Supporting Organizations Part IV

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

Secti	ion A. All Supporting Organizations		<u>. v.,</u>	
			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 lines 3b and 3c below	3a	,	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in 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) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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	-	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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		~
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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 designated in the organization's organizing document?	5b	-	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		-
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	. 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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in 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 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	_ 10a	_	

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	- -	-	.
		11a 11b	<u>-</u> -	ļ
b	A family member of a person described in line 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	H		
C	detail in Part VI.	11c	-	
Secti	on B. Type I Supporting Organizations			!
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the		-	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		ŀ	'
	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			L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			'
	or management of the supporting organization was vested in the same persons that controlled or managed		_	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	'	'	, ,
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			l .
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		_ ~
3	By reason of the relationship described in line 2, above, 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		
	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 in the organization satisfied the Activities Test Complete line 2 below.	nstru	ctions	s).
a 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 governmental entity (see in	struct	tions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	_
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		<u> </u>
b	Did the activities described in line 2a, above, 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. <i>Answer lines 3a and 3b below.</i>	20		
о 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? If "Yes" or "No," provide details in Part VI.	 3a		1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nzat	ions must complete Secti	ions A through E.
Sec	tion 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		
Sec	tion 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).		•	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
-8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0 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-functional		ntegrated Type III suppor	ting organization
-	(see instructions).		g.acca /ypo iii oappor	

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continue	d)	
Sect	on D'-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish		1		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity	· · · · · · · · · · · · · · · · · · ·		2	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	ınızatıons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	<i>VI</i>)	5	
6	Other distributions (describe in Part VI). See instructions.	<u></u>		6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive		
	(provide details in Part VI) See instructions			8	·
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	, <u>-</u>		10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				-
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required—explain in Part VI) See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015 .				•
b	From 2016 .				0.10
	From 2017	· · · · · · · · · · · · · · · · · · ·			
d	From 2018				•
<u>e</u>	From 2019				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			_	<u> </u>
<u>h</u>	Applied to 2020 distributable amount				·
<u> i </u>	Carryover from 2015 not applied (see instructions)				
	Remainder Subtract lines 3g, 3h, and 3i from line 3f				
4	Distributions for 2020 from				
	Section D, line 7. \$			_	
<u>a</u>	Applied to underdistributions of prior years			_	
<u>b</u>	Applied to 2020 distributable amount			\dashv	
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.			\dashv	•
5	Remaining underdistributions for years prior to 2020, if			ł	,
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions	-		-	
7	Excess distributions carryover to 2021. Add lines 3		ium.		
•	and 4c				
8	Breakdown of line 7		· • · · · · · · · · · · · · · · · · · ·	_	
- <u></u> а	Excess from 2016				<u> </u>
b	Excess from 2017 .			\dashv	1
С	Excess from 2018 .			$\neg \uparrow$,
d	Excess from 2019 .			\dashv	,
е	Excess from 2020	,		一	

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.)
	······································
••••	
· · · · · · · · · · · · · · · · · · ·	
-	
•	

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.

Employer identification number

OMB No 1545-0047

Open to Public Inspection

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 \$9,221	
Specific program operating expenses to include Marching Band, Indoor Drum Line or Winter Guard for uni	ıforms/wardrobe, props, music
and choreography design, music licenses, awards, food, transportation, competition fees and equipment	
Part 1. Line 10. Grants: \$2,250	
Annual scholarship award and financial aid to low income families	
Part 3 Line 31. \$7,928	
Non-program specific administrative and operating expenses to include supplies, accounting fees/softwar	e, tax preparation fees,
government fees, regional membership fees, uniform/wardrobe cleaning and repair, and other fees and exp	penses.
·····	·
·	
	·
·	
······································	
·	
·	
······································	

Schedule O (Form 990 or 990-EZ) 2020	Page	7
Name of the organization	Employer identification number	
		_
		- -
······		
		- -
		_
		-