

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning **07/01**, 2011, and ending **06/30**, 2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **CHANTILLY HIGH MUSIC BOOSTERS**
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
4201 Stringfellow Road
 City or town, state or country, and ZIP + 4
Chantilly, VA 20151

D Employer identification number
54-1692262

E Telephone number
703-222-8100

F Name and address of principal officer **Beth Smith**
13615 Nubian Ct, Oak Hill, VA 20171

G Gross receipts \$ **878,470**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ **chantillyband.org**

K Form of organization Corporation Trust Association Other ▶

L Year of formation **1990** **M** State of legal domicile **VA**

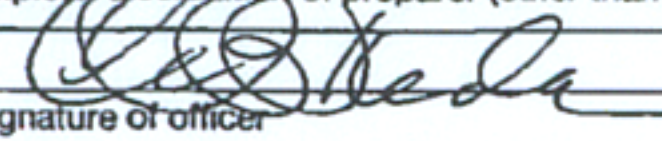
Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: To Support the Chantilly high School Music Department		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	125
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 11,237	Current Year 21,969
	9	Program service revenue (Part VIII, line 2g)	358,931	482,899
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	288	253
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,928	66,220
	12	Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	428,384	571,341
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,700
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	461,742	549,602
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	467,442	552,602	
	19 Revenue less expenses. Subtract line 18 from line 12	-39,058	18,739	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 135,204	End of Year 115,733
	21	Total liabilities (Part X, line 26)	44,575	6,365
	22	Net assets or fund balances. Subtract line 21 from line 20	90,629	109,368

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: 

Connie Ikeda, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____

Firm's name ▶ _____

Firm's address ▶ _____

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	3,000	3,000		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	0	0	0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	0	0	0	0
10 Payroll taxes	0	0	0	0
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other	45,818	45,818	0	0
12 Advertising and promotion	0	0	0	0
13 Office expenses	1,196	712	484	0
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	0	0	0	0
17 Travel	5,218	5,218	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	41,594	41,594	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	634	0	634	0
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Writers and Design	10,834	10,834	0	0
b Uniforms and Accessories	23,380	23,380	0	0
c Instruments and Equipment	17,411	17,411	0	0
d Trip Expenses	358,583	358,583	0	0
e All other expenses	44,934	41,295	3,639	0
25 Total functional expenses. Add lines 1 through 24e	552,602	547,845	4,757	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				