#### \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning SI	EP 1, 2021 and	l ending A	<u>UG 31, 2022</u>			
	Check if opplicable	C Name of organization			D Employer identific	cation number		
Г	Addres	S CHORUS AMERICA						
F	Name	5			23-20625	95		
F	Initial	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone number			
F	Final return/	1200 - 18TH STREET NW	,	1250	(202) 33:			
	termin ated		ZIP or foreign postal code	•	G Gross receipts \$	1,494,726.		
	Ameno				H(a) Is this a group re			
	Applic tion	F Name and address of principal officer: CALL	HERINE DEHONEY		for subordinates			
	pendin	SAME AS C ABOVE			<b>H(b)</b> Are all subordinates in	cluded? Yes No		
1.7	Гах-ехе	empt status: X 501(c)(3) 501(c) ( )		or 527	If "No," attach a	list. See instructions		
J \	<b>Nebsit</b>	e: ► WWW.CHORUSAMERICA.ORG			H(c) Group exemption	n number 🕨		
		organization: Corporation Trust X Ass	sociation Other ►	L Year	of formation: $1977$ N	N State of legal domicile: DC		
Pa	art I	Summary						
a)		Briefly describe the organization's mission or most s						
Governance		<u>ENSEMBLES TO CREATE VIBRAN</u>	T COMMUNITIES A	AND EFF	ECT MEANING	FUL CHANGE		
rna	2	Check this box 🕨 🔙 if the organization discon	tinued its operations or dispo	sed of more	1 1			
ove.	1	Number of voting members of the governing body (I			3	36		
ত		Number of independent voting members of the gove				36		
es 6		Total number of individuals employed in calendar ye				13		
Ĭ		Total number of volunteers (estimate if necessary)				1		
Activities &		Total unrelated business revenue from Part VIII, colu				0.		
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	·····		0.		
	_				Prior Year	Current Year		
ē	l				3,166,867.	976,348.		
Je n	1				268,364.	196,406.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4,			75,852.	2,550.		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			19,863. 3,530,946.	30,136.		
		Total revenue - add lines 8 through 11 (must equal F			3,530,946.	1,205,440.		
	I	Grants and similar amounts paid (Part IX, column (A			0.	574,000. 0.		
	1	Benefits paid to or for members (Part IX, column (A)			811,290.	936,499.		
ses	15	Salaries, other compensation, employee benefits (P			0.	936,499.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir Total fundraising expenses (Part IX, column (D), line	16 (16)	28	0.	<u> </u>		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d,	· · · · · · · · · · · · · · · · · · ·		514,176.	639,154.		
	''	Other expenses (Part IX, column (A), lines 11a-11d, Total expenses. Add lines 13-17 (must equal Part IX			1,325,466.	2,149,653.		
		Revenue less expenses. Subtract line 18 from line 1			2,205,480.	-944,213.		
	13	TOTALIA 1033 EXPENSES. OUDITACT IIIIE 10 IIOIII IIIIE 1	<u> </u>	Ra	ginning of Current Year	End of Year		
ets (	20	Total assets (Part X, line 16)			3,662,005.	2,563,365.		
Ass	21	Total liabilities (Part X, line 26)			116,151.	167,079.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from I	ine 20		3,545,854.	2,396,286.		
Pa	art II	Signature Block			, , , , , , , , , , , , , , , , , , , ,	, ,		
Und	er pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer	r) is based on all information of w	hich preparer	has any knowledge.			
Sig	n	Signature of officer			Date			
Her	е	CATHERINE DEHONEY, PRES	SIDENT & CEO					
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN		
Paid	ı		MATT PILLSBURY		2/14/23 self-employ			
Prep	arer			LTD.	Firm's EIN ▶	41-1534805		
Use	Only	Firm's address > 7760 FRANCE AVE S				,,		
		BLOOMINGTON, MN 5	55435		Phone no. (9	<u>52) 831-0085</u>		
May	the IF	RS discuss this return with the preparer shown above	e2 See instructions			X Yes No		

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  CHORUS AMERICA EMPOWERS SINGING ENSEMBLES TO CREATE VIBRANT
	COMMUNITIES AND EFFECT MEANINGFUL CHANGE BY OFFERING SERVICE THAT
	PROMOTE ARTISTIC ACHIEVEMENT, ORGANIZATIONAL STRENGTH, AND ADVOCACY.
	Indial Initial of the property
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?  If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$414,898. including grants of \$) (Revenue \$)  MEMBERSHIP SERVICES AND PUBLICATIONS -CHORUS AMERICA SUPPORTS AND
	SERVES CHORUSES AND CHORAL LEADERS WITH TRAINING, PEER NETWORKING, AND
	ACCESS TO RESOURCES SO THAT CHORUSES ARE BETTER ABLE TO CONTRIBUTE TO
	THEIR COMMUNITIES. CHORUS AMERICA'S APPROXIMATELY 7,000 MEMBERS INCLUDE
	CHORAL ORGANIZATIONS, CONDUCTORS, ADMINISTRATORS, BOARD MEMBERS, AND
	SINGERS, PRIMARILY LOCATED IN THE UNITED STATES AND CANADA. CHORUS
	AMERICA PUBLISHES ARTICLES AND RESOURCES FOR THE CHORAL FIELD THROUGH
	ITS WEBSITE, E-NEWSLETTERS, AND THE MEMBER MAGAZINE THE VOICE, AS WELL
	AS RESEARCH INCLUDING THE CHORUS OPERATIONS SURVEY AND THE CHORUS
	IMPACT STUDY REPORT. MEMBERSHIP INCLUDES ACCESS TO A SECURE ONLINE
	COMMUNITY OF WHOSE 5,000 MEMBERS CAN CONNECT DIRECTLY WITH EACH OTHER
	TO SHARE EXPERTISE AND COLLABORATE.
4b	(Code:) (Expenses \$ 682,569. including grants of \$) (Revenue \$)
	PROJECTS - CHORUS AMERICA'S PROJECTS PROVIDE HANDS-ON, COLLABORATIVE
	PROFESSIONAL DEVELOPMENT FOR MEMBERS IN BOTH MANAGEMENT AND ARTISTIC
	ROLES. THE ONLINE CHORUS MANAGEMENT INSTITUTE PROVIDED MANAGEMENT
	TRAINING FOR OVER 30 LEADERS IN A VIRTUAL FORMAT. THE PROGRAM GIVES
	PARTICIPANTS A NEWLY EXPANDED 19-WEEK DEEP DIVE INTO NONPROFIT
	LEADERSHIP TOPICS INCLUDING STRATEGIC PLANNING, GOVERNANCE,
	FUNDRAISING, MARKETING, AND FINANCE AND BUDGETING, ALL WITH A LENS OF
	ACCESS, DIVERSITY, EQUITY, AND INCLUSION. THE CHORAL-ORCHESTRAL
	CONDUCTING ACADEMY, OFFERED ANNUALLY, WAS POSTPONED DUE TO THE COVID19
	PANDEMIC. HOWEVER, 15 PARTICIPANTS WERE ENGAGED IN TWO WEBINARS COVERING CHORAL-ORCHESTRAL EDUCATIONAL TOPICS.
	COVERING CHORAL-ORCHESTRAL EDUCATIONAL TOPICS.
4-	574 000
4C	(Code:) (Expenses \$ 574,000. including grants of \$ 574,000.) (Revenue \$ MUSIC EDUCATION GRANT PROGRAM - CHORUS AMERICA LAUNCHED ITS INAUGURAL
	GRANT PROGRAM DESIGNED TO INCREASE ACCESS TO CHORAL MUSIC EDUCATION AND
	PROMOTE NON-ARTS LEARNING AND CULTURAL LITERACY, ALL WHILE UPHOLDING
	THE PRINCIPLES OF ACCESS, DIVERSITY, EQUITY, AND INCLUSION. GRANT
	AWARDS TOTALING \$950,000 TO 21 GRANT PARTNERS LOCATED ACROSS THE
	PROGRAM'S FOUR REGIONS BRITISH COLUMBIA/NORTHWEST U.S., CENTRAL
	RANGING FROM \$25,000-\$50,000.
	CEE CCHEDITE O EOD DEMATNING DROCDAM LANGUAGE
	SEE SCHEDULE O FOR REMAINING PROGRAM LANGUAGE
	Otherway and the (Paracite or Other Id. O.)
4d	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ including grants of \$ ) (Revenue \$ )  Table two grants of \$ 1,671,467
40	Total program service expenses ► 1,671,467.

13200214 310390 003433

# Form 990 (2021) CHORUS AMERICA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		<del></del>
0	, ,	8		x
0	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	i		T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		<del></del>
13	·	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		<del>  ^</del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
21			Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, courn (A), line 2"? If "Yes," completes Schedule I, Parts I and III 2 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, c. 5, about compensation of the organization's current and former officer, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 2 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 2dd and complete Schedule K. If "No," go to line 25a Did the organization have a tax-exempt bond suse with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 2dd and complete Schedule K. If "No," go to line 25a Did the organization have at proceeds of tax-exempt bonds outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 2dd and complete Schedule L. If "Yes," complete Schedule L. Part I are organization and the analysis of the principal amount of the grant and the state that the paged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I are organization aware that it engaged in an excess benefit transaction with a disqualified person during the year in the organization are prot any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II are substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or funding an employee th	<u>Form</u>	990 (2021) CHORUS AMERICA 23-20	<u> </u>	Р	age 4
22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 // "Yes," complete Schedule I, Parts I and III 23 Did the organization arosever "Yes" to Part VII. Section A. line 5, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? "If "Yes," complete Schedule J.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th brough 24d and complete Schedule K. If "No." ye to line 25s  25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bond?  26c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bond?  26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bond?  27d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I and that the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II and that the transaction are part any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or another than the part of any individual described in line 28a or 28b; controlled entity or controlled entity or conditions, and excess persons? If "Yes," complete Schedule L, Part II and the organization party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable limpt thresholds, conditions, and excess thereof) or laminy immem	Par	t IV   Checklist of Required Schedules (continued)		T	
Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III  22   23   24   25   24   25   25   25   25   25	00	Did the examination report more than \$5,000 of grants or other assistance to or few democitie individuals on		Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, Line S, 4, or S, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? #"Yes," complete Schedule J.  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was you proceeds of the last day of the year, that was you proceeds of tax-exempt bonds beyond a temporary period exception?  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27 Eas Section 501(cl3), 501(cl4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  27 Eas Section 501(cl3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  28 In the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 In the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former office, director, fustee, key employee, creator or founder, substantial contribution, or 35% controlled entity for family member of any of these persons? If "Yes," complete Schedule L, Part II with the part II will be a part of the assistance to any current or former office, director, fustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV, winstructions for applicable fling thresholds, conditi	22		20		X
and former officers, directors, trustees, key employees, and highest compensated employees? #*Yes,** complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? #*Yes,** answer lines 24th through 24d and complete Schedule K. If **Me,** go to the 1962 24.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b	23	, , ,	22		1
Schedule / Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? /f. "Yes," answer lines 24b through 24d and complete Schedule K. If "No." yo to line 25a  24b	20				
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31,2002" // "Yes," answer lines 24b through 24d and complete Schedule K. If "No," of or line 25a			23	x	
is at day of the year, that was issued after December 31, 2002? # "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a   b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   24b   b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds?   25a	24 a		. 20		
Schedule K. If "No." go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  40 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  41c 42c 42c 42d					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   25a Section 501(28), 501(44), and 501(42) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware transaction with a disqualified person in a prior year, and that the transaction ware transaction with a disqualified person in a prior year, and that the transaction ware transaction with a disqualified person in a prior year, and that the transaction ware transaction with a disqualified person in a prior year, and that the transaction was proprieted prior or 90-90-27 (**Yes,** complete Schedule L, Part II **Zeb.**  25b Did the organization propried of any mount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, cursteed a grant or other assistance to any current or former officer, cursteed a grant or other assistance to any current or former officer, cursteed a grant or other assistance to any current or former officer, cursteed any current or former officer, d			24a		x
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization with a disqualified person during the year? If "yes," complete Schedule I., Part I Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sy prior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, or family member of any of these persons? If "Yes," complete Schedule I., Part IV.  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I., Part IV.  28 Later or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I., Part IV.  28 Later or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I., Part IV.  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II.  29 Did the organization sell, exchange, dispose of, or transfer more	h				<del> </del>
any tax-exempt bonds?  24c   did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "I "Yes," complete Schedule L, Part I  25a   bill she organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? "I "Yes," complete Schedule L, Part I  25b   Did the organization person and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? "I "Yes," complete Schedule L, Part II  25c   Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? "I "Yes," complete Schedule L, Part II    26   Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? "I "Yes," complete Schedule L, Part II    27   Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II    28   Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV    28   A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? "I "Yes," complete Schedule L, Part IV    29   A stanty member of any individual described in line 28a? "I "Yes," complete Schedule L, Part IV    29   A stanty member of any individual described in line 28a? "I "Yes," complete Schedule M, Part II    30   Did the organization receive contributions of art, historical treasures, or other similar assets, or					
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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 25b 1s the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 [If "Yes," complete Schedule L, Part I 25b 1bd the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II 26b 27c 27b 27b 27b 27c	d				
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? # "Yes," complete Schedule L, Part I			25a		X
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? #*Yes,* complete Schedule L, Part I    25b   26	b				
Schedule L, Part I  25b  10th the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  27b  10th the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  28d  28a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV  28b  28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV  28b  28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iiine 1  36 Section 501(c)(3) organizations. Did the organization make any	-				
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creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  27  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28a  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b  c A 359% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? "Yes," complete Schedule R, Part V, Iine 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  86 Section	27				
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instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 30.1.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, Iine 2  37 Did the organization complete Schedule O and provide explanations on Schedule	28	, , ,			
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"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 b If "Yes," to line 35a, 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," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statement	а				
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 If "Yes," complete Schedule R, Part V, Iine 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to co	u		282		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 51(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 fili	h				X
"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  To Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contributions are not to the part in this Part V			200		
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Schedule N, Part II  32  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Jid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Jid the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance			0.		
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sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I  33   34   Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  36   Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36   37   Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V   37   38   Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O   38   X    Part V   Statements Regarding Other IRS Filings and Tax Compliance	33		.   02		
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a reasonness or note to any line in this Bort V	33		33		X
Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance	3/1	Was the organization related to any tax-exempt or taxable entity? If Type II complete Schedule D. Dort II. III. and II.	33		<del></del>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Jid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Jid the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance	J-T		34		X
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance	35.2				X
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance			354		1
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance	D		256		
If "Yes," complete Schedule R, Part V, line 2	36	· · · · · · · · · · · · · · · · · · ·			$\vdash$
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V	30				x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  38 X  Part V  Statements Regarding Other IRS Filings and Tax Compliance	27		.   30		1
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Part V  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a reasonable or note to any line in this Part V	31		37		x
Note: All Form 990 filers are required to complete Schedule O  Part V  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a reasonable or note to any line in this Bott V	20	, , ,	31		
Part V Statements Regarding Other IRS Filings and Tax Compliance	38		00	v	
Check if School II O contains a reasonne or note to any line in this Part V	Par		38	_ ^	
Oneok ii ochequie o contains a response of note to anv iine in this part v	. ai	Check if School Jo Contains a response or note to any line in this Bort V			
·		Check it Schedule O contains a response or note to any line in this Part v	<u></u>		<del>                                     </del>
	_	Establish assessed in her O of Forms 1000 Fates O Washing Parkle	22	Yes	No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			4		

132004 12-09-21

(gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O Х 3b 4a 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)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

If "Yes," complete Form 6069.

Fai	to line 30. She at 10h helpy, describe the circumstances, presence or changes on Schooling O. See instructions	"No" r	espor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			T
800	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			Γ
	Enter the number of voting members of the governing body at the end of the tax year   1a   36		Yes	No
па	,	_		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  Enter the number of voting members included on line 1a. above, who are independent  1b			
	, , , , , , , , , , , , , , , , , , , ,	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			٦,
_	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	
6	Did the organization have members or stockholders?	6	Λ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		- v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			<sub>V</sub>
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		_ A
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the erganization have local chapters, branches, or affiliates?	10a	162	No X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	IIa		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CATHERINE DEHONEY - (202) 331-7577			
	1200 - 18TH STREET NW, WASHINGTON, DC 20036			

CHORUS AMERICA 23-2062595 <u> Page</u> **7** Form 990 (2021)

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)		organization compensate (C)					(D)	(E)	(F)
Name and title	Average	(do	Position onot check more than one					Reportable	Reportable	Estimated
	hours per	box	oox, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week	_	Ler an	uau	recid	i / ii us	iee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	ndividual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instii	Officer	Key	High	Former			
(1) CATHERINE DEHONEY	40.00									
PRESIDENT & CEO				Х				153,011.	0.	807.
(2) ALYSIA LEE	2.00									
DIRECTOR		Х						0.	0.	0 .
(3) ANDREA RAMSEY	2.00									
DIRECTOR		Х						0.	0.	0 .
(4) ANNE B KEISER	2.00									
DIRECTOR		Х						0.	0.	0
(5) ANTHONY TRECEK-KING	2.00									
PAST CHAIR		Х						0.	0.	0
(6) ANTON ARMSTRONG	2.00									
CHAIR		Х		Х				0.	0.	0.
(7) BRIAN NEWHOUSE	2.00									
PAST CHAIR		Х		Х				0.	0.	0 .
(8) CHARLES BERARDESCO	2.00									
DIRECTOR		Х						0.	0.	0
(9) CORTY FENGLER	2.00									
DIRECTOR		Х						0.	0.	0
(10) CRAIG H. JOHNSON	2.00									
DIRECTOR		Х						0.	0.	0
(11) CRAIG JESSOP	2.00									
DIRECTOR		Х						0.	0.	0
(12) DASHON BURTON	2.00									
DIRECTOR		Х						0.	0.	0
(13) DAVID HAYES	2.00									
DIRECTOR		Х						0.	0.	0.
(14) DAVID MORROW	2.00									
DIRECTOR		Х						0.	0.	0.
(15) DIANA SAEZ	2.00									
DIRECTOR		Х						0.	0.	0.
(16) DIANNE PETERSON	2.00									
DIRECTOR		Х						0.	0.	0
(17) DUAIN WOLFE	2.00									
DIRECTOR		Х	l		l	1	1	0.	0.	0.

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Part VIII Section A Officers Directors Trustees Key Employees and Highest Compensated Employees (certificial)

Section A. Officers, Directors, Trus	tees, Key ⊑m	JIOY	ees,	anc	<u>л пі</u>	gne	St C	ompensated Employee	(continued)				
(A) Name and title	(B) Average hours per week	box	Position (do not check more th box, unless person is to officer and a director/to				h an	( <b>D)</b> Reportable compensation from	(E)  Reportable  compensation  from related	on	l '	(F) stimate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	is SC/	fr org an	pensarom the anizati d relate anization	e ion ed
(18) ELFRIEDA HEINRICHS DIRECTOR	2.00	х						0.		0.			0.
(19) ELIZABETH NUNEZ DIRECTOR	2.00	x						0.		0.			0.
(20) EUGENE ROGERS	2.00												
DIRECTOR (21) IRIS DERKE	2.00	Х						0.		0.			0.
DIRECTOR	2.00	Х						0.		0.			0.
(22) JEFFREY BARNETT DIRECTOR	2.00	х						0.		٠.			0.
(23) JOHN EARLS	2.00												
TREASURER (24) JOHN NUECHTERLEIN	2.00	Х		Х				0.		0.			0.
DIRECTOR		Х						0.		0.			0.
(25) KAREN P. THOMAS DIRECTOR	2.00	x						0.		0.			0.
(26) LINDA MOXLEY	2.00												
DIRECTOR  1b Subtotal		Х						153,011.		0.		8(	<u>0.</u> 07.
c Total from continuation sheets to Part VI								0.		0.	0.		
d Total (add lines 1b and 1c)							<u> </u>	153,011.		0.	. 807.		07.
<ul><li>Total number of individuals (including but n compensation from the organization</li></ul>	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	<del>)</del>			1
												Yes	No
3 Did the organization list any <b>former</b> officer,											3		X
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors	piete Scrieduk	<del>2</del>	OI SI	<i>ICIT</i> ,	<i>J</i> C/3	OH							
1 Complete this table for your five highest co the organization. Report compensation for										pensat	tion fro	om	
(A)  Name and business			ONI			<u> </u>		(B)  Description of s			(Compe	C) nsatior	า
			<u> </u>										
2 Total number of independent contractors (in	•	ot lir	nited	d to	thos	_	ted	above) who received mo	ore than				
\$100,000 of compensation from the organize	zation 🗪					J			I				

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

Form 990 CHORUS AMERICA 23-2062595

Part VII Section A. Officers, Directors, T  (A)  Name and title	(B) Average hours per week (list any hours for related organizations below line)	stee or director	neck	(C Pos	<b>C)</b> ition	арр		(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	Average hours per week (list any hours for related organizations below line)		heck	Pos	ition	арр	ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)			all	inat		iy)		•	
	0 00	Indi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) MARCELA MOLINA DIRECTOR	2.00	Х						0.	0.	0
(28) MARIE BUCOY-CALAVAN	2.00									
SECRETARY		Х		Х				0.	0.	0
(29) MARK LAWSON DIRECTOR	2.00	х						0.	0.	0
(30) MARY DOUGHTY MAUCH	2.00									
OIRECTOR (31) MIGUEL ANGEL FELIPE	2.00	Х						0.	0.	0
DIRECTOR		Х						0.	0.	0
(32) MOLLY BUZICK PONTIN	2.00	.,						_	0	•
DIRECTOR	2 00	Х						0.	0.	0
(33) MORNA EDMUNDSON DIRECTOR	2.00	x						0.	0.	0
(34) PEARL SHANGKUAN	2.00								0.	•
DIRECTOR	2.00	Х						0.	0.	0
(35) ROBERT ISTAD	2.00									
DIRECTOR	0.00	Х						0.	0.	0
(36) ROBYN REEVES LANA DIRECTOR	2.00	х						0.	0.	0
(37) ROLLO DILWORTH	2.00									
DIRECTOR		Х						0.	0.	0
(38) STEVEN NEIFFER	2.00							•	•	
DIRECTOR	0.00	Х						0.	0.	0
(39) TODD ESTABROOK DIRECTOR	2.00	х						0.	0.	0
(40) ERIC OLIVER	2.00							•	•	
DIRECTOR		Х						0.	0.	0
(41) HILARY APFELSTADT DIRECTOR	2.00	х						0.	0.	0
(42) STEVEN SMITH	2.00	Λ						0.	0.	U
DIRECTOR	2.00	Х						0.	0.	0
-										
			L		L					

		Check if Schedule O contains a response	onse o	r note to any lin	e in this Part VIII			
				•	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns 1a						
ant		Membership dues 1b		200,891.				
ဗ် ရို		Fundraising events 1c						
fts,		Related organizations 1d						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e		136,775.				
Sin		All other contributions, gifts, grants, and	-	130,773.				
uti Je ti	•	similar amounts not included above 1f		638,682.				
ë ë	_			330,002.				
no nd	_	Noncash contributions included in lines 1a-1f			976,348.			
OB		Total. Add lines 1a-1f		Business Code	270,340.			
_	0 -	PROGRAM REGISTRATIONS	.	713990	110,217.	110,217.		
ice	2 a	ADVERTISING INCOME	<u>'</u>	541800	86,189.	86,189.		
er ue	D			341000	00,109.	00,109.		
n S	С.							
ar Be	d							
Program Service Revenue	e	<del></del>						
а.		All other program service revenue	_		106 406			
	g				196,406.			
	3	Investment income (including dividends,			1 4 401			1 / / 01
	_	other similar amounts)			14,401.			14,401.
	4	Income from investment of tax-exempt be	-					
	5	Royalties						
		(i) Rea	ll .	(ii) Personal				
	6 a	Gross rents 6a						
		Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
		Net rental income or (loss)		<b></b>				
	7 a	Gross amount from sales of (i) Securi		(ii) Other				
		assets other than inventory 7a 277,43	35.					
	b	Less: cost or other basis	_					
ne		and sales expenses 7b 289, 28	36.					
Revenue		Gain or (loss) 7c -11,85			11 051	44 054		
		Net gain or (loss)		<b></b>	-11,851.	-11,851.		
her	8 a	Gross income from fundraising events (not						
ᅙ		including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18						
		Less: direct expenses	8b					
		Net income or (loss) from fundraising eve		<b>)</b>				
	9 a	Gross income from gaming activities. See	1 1					
		Part IV, line 19	9a					
		Less: direct expenses						
	С	Net income or (loss) from gaming activities	s	<b>)</b>				
	10 a	Gross sales of inventory, less returns						
		and allowances	10a					
		Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventor	ry	<b>)</b>				
ဟ		O	-	Business Code	20 105	20 121		
e e	11 a	OTHER INCOME		711130	30,136.	30,136.		
lane	b							
Miscellaneous Revenue	С							
Mis	d	All other revenue			20 101			
$\perp$	е	Total. Add lines 11a-11d			30,136.	044 551	_	4445
	12	Total revenue. See instructions		<b>&gt;</b>	1,205,440.	214,691.	0.	14,401.

# Form 990 (2021) CHORUS AMERICA Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl			•	[##]
	Check if Schedule O contains a respons	se or note to any line in t	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	529,000.	529,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	45 000	45 000		
	individuals. See Part IV, lines 15 and 16	45,000.	45,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	152 010	00 000	26 272	27 626
_	trustees, and key employees	153,818.	99,920.	26,272.	27,626.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	633,039.	411,222.	108,123.	113,694.
7	Other salaries and wages	033,033.	*11,444.	100,143.	113,034.
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)  Other employee benefits	84,884.	55,141.	14,498.	15,245.
9	Other employee benefits	64,758.	42,066.	11,061.	11,631.
10 11	Payroll taxes	04,730.	42,000.	11,001.	11,031.
	Fees for services (nonemployees):				
a	Management				
b	Legal	18,296.	14,801.	1,848.	1,647.
	Lobbying	10/2501	11/0011	1,0101	2,01,0
e					
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	220,788.	172,356.	43,720.	4.712.
12	Advertising and promotion	16,777.	14,066.	2,416.	4,712. 295.
13	Office expenses	40,844.	19,706.	19,624.	1,514.
14	Information technology	6,809.	,	6,809.	•
15	Royalties	•		,	
16	Occupancy	109,202.	89,711.	9,508.	9,983.
17	Travel	74,675.	70,369.	3,012.	1,294.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,292.	15,844.	4,494.	954.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,488.	9,041.	3,371.	2,076.
23	Insurance	3,787.	3,212.	217.	358.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PRINTING AND POSTAGE	31,115.	29,569.	160.	1,386.
a b	DANIE DDDG	27,656.	17,258.	6,435.	3,963.
C	MEGGET E ANTHOM	16,235.	7,553.	8,176.	506.
d	311010 11101131	13,789.	13,789.	-,	2230
-	All other expenses	23,401.	11,843.	10,914.	644.
25	Total functional expenses. Add lines 1 through 24e	2,149,653.	1,671,467.	280,658.	197,528.
26	Joint costs. Complete this line only if the organization	. ,	. ,	,	,
-	reported in column (B) joint costs from a combined				
	. , , ,				
	educational campaign and fundraising solicitation.	Į.	I	l l	

Form **990** (2021)

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any line	n this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,418,361.	1	1,259,106
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		951,320.	3	220,624
	4	Accounts receivable, net		16,192.	4	20,498
	5	Loans and other receivables from any current or former office				
		trustee, key employee, creator or founder, substantial contrib	utor, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons	as defined			
		under section 4958(f)(1)), and persons described in section 49	958(c)(3)(B)		6	
က္	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	Prepaid expenses and deferred charges		10,523.	9	11,195
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	201,542.			
	b	Less: accumulated depreciation 10b	160,370.	51,631.	10c	41,172 1,002,286
	11	Investments - publicly traded securities		1,205,494.	11	1,002,286
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		8,484.	15	8,484
	16	Total assets. Add lines 1 through 15 (must equal line 33)		3,662,005.	16	2,563,365
	17	Accounts payable and accrued expenses		37,727.	17	100,227
	18	Grants payable		18		
	19	Deferred revenue	12,224.	19	2,404	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sch	nedule D		21	
Se	22	Loans and other payables to any current or former officer, dir				
Liabilities		trustee, key employee, creator or founder, substantial contrib	utor, or 35%			
jab					22	
-	23	Secured mortgages and notes payable to unrelated third part			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to rela				
		parties, and other liabilities not included on lines 17-24). Com	plete Part X	66 000		64 440
		of Schedule D		66,200.		64,448
	26	Total liabilities. Add lines 17 through 25		116,151.	26	167,079
s		Organizations that follow FASB ASC 958, check here	X			
Š		and complete lines 27, 28, 32, and 33.		045 054		726 760
alar	27	Net assets without donor restrictions		945,054.	27	736,768
Ä	28	Net assets with donor restrictions		2,600,800.	28	1,659,518
ŭ		Organizations that do not follow FASB ASC 958, check he	ere 🕨 🔛			
느		and complete lines 29 through 33.				
ts (	29	Capital stock or trust principal, or current funds			29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other		2 5/5 05/	31	2 206 206
ž	32	Total net assets or fund balances		3,545,854. 3,662,005.	32	2,396,286
	33	Total liabilities and net assets/fund balances		3,004,005.	33	2,563,365

Pa	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,20				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,14	9,6	<u>53.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	-94	4,2	<u>13.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,545,854				
5	Net unrealized gains (losses) on investments	5	-197,625				
6							
7	Investment expenses	7	-7,730.				
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2,39	6,2	86.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin						
	Act and OMB Circular A-133?	-	За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1		
			Form	990	(2021)		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization CHORUS AMERICA 23-2062595 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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 10 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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). 11 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 on 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) 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 II, 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1178971.	1034825.	1062901.	3166867.	775,457.	7219021.	
2	Tax revenues levied for the organ-							
	ization'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	1178971.	1034825.	1062901.	3166867.	775,457.	7219021.	
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)							
	Public support. Subtract line 5 from line 4.						7219021.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	1178971.	1034825.	1062901.	3166867.	775,457.	7219021.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	9,619.	12,824.	12,657.	12,949.	14,401.	62,450.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on	78,515.	96,056.	82,379.	83,695.	84,854.	425,499.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	585.	208.	4,116.	19,863.	30,136.	54,908.	
11	<b>Total support.</b> Add lines 7 through 10						7761878.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,005,273.	
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)		
	organization, check this box and stop	here					<b>&gt;</b>	
Sec	tion C. Computation of Publi	c Support Per	centage			Г Т		
14	Public support percentage for 2021 (li					14	93.01 %	
15	Public support percentage from 2020					15	93.74 %	
16a	33 1/3% support test - 2021. If the o							
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies							
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			▶□	
17a	10% -facts-and-circumstances test	-						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶∟	
b	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or	
	more, and if the organization meets the				-			
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶∐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2021

#### 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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

## Schedule A (Form 990) 2021

#### Part IV Supporting Organizations

(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.)

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
TU		
4c		
5a		
5b		
5c		
6		
7		
0		
8		
9a		
Ju		
9b		
9с		
10a		
10b		
	~ 000	

Т..

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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 governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2021

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	ion D - Distributions		•	·	Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pi	rovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which t	he organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount	1		10			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021		
1_	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
С	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
<u>    i                                </u>	Carryover from 2016 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2021 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
0	and 4c.						
	Breakdown of line 7:						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020 Excess from 2021						
	LAGGGG HUIII ZUZ I						

Schedule A (Form 990) 2021

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization	Employer identification number
CHORUS AMERICA	23-2062595

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} 1						
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

CHORUS AMERICA 23-2062595

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

CHORUS AMERICA 23-2062595

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.

Page 3

Name of organization Employer identification number

## CHORUS AMERICA

23-2062595

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
453 11-11-		¥	Schedule B (Form 990) (20)

Page 4

Name of organization **Employer identification number** CHORUS AMERICA 23-2062595 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

Name of the organization

23-2062595 CHORUS AMERICA

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		liar Fullus of A	Complete if the
		(a) Donor advised fu	ınds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in	n donor advised fui	nds
	are the organization's property, subject to the organization's ex	xclusive legal control?		X Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant	funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any of	her purpose confe	rring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" o	n Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreation	on or education) 🔲 P	reservation of a his	torically important land area
	Protection of natural habitat	P	reservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contributio	n in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic struc			
d				
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release			nization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	handling of	
	violations, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and e	nforcing conservat	ion easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforc	ing conservation e	asements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	and expense state	ment and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's fina	ancial statements t	hat describes the
_	organization's accounting for conservation easements.	<del> </del>		
Pa	rt III Organizations Maintaining Collections of A		ires, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its revenue	e statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or	research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describ	es these items.	
b	If the organization elected, as permitted under FASB ASC 958,	, to report in its revenue sta	atement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or res	search in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
2	If the organization received or held works of art, historical treas	sures, or other similar asset	s for financial gain	, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these iter	ns:	
а	Revenue included on Form 990, Part VIII, line 1			• \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions 1			Schedule D (Form 990) 2021

132051 10-28-21

Pai	rt III Organizations Maintaining Co	ollections of Ar	t, Historical Tre	asures, or Ot	her S	imilar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	n, and other record	s, check any of the f	ollowing that mak	e signi	ficant u	se of its	,		
	collection items (check all that apply):									
а	Public exhibition	d	I Loan or exc	hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's e	xempt	purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other sim	ilar ass	sets				
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?				Yes		No
Pai	rt IV Escrow and Custodial Arrang	jements. Comple	ete if the organizatio	n answered "Yes"	on Fo	rm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for contributions	or other assets r	not incl	uded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amoun	t	
С	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
<b>2</b> a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	orovided on Part	XIII					]
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part IV, li	ne 10.					
		(a) Current year	(b) Prior year	(c) Two years bac	k (d)	Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance	1,029,443.	752,097.	625,02	2.	59	97,340.		523,	775.
b	Contributions	50,550.	61,725.	4,50	0.	3	31,500.		27,	070.
С	Net investment earnings, gains, and losses	-209,636.	215,621.	127,57	5.		6,183.		46,	992.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	-15,000.		5,00	0.	1	10,000.			497.
f	Administrative expenses									
g	End of year balance	885,357.	1,029,443.	752,09	7.	65	52,022.		597,	340.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment	45.0000	%							
b	Permanent endowment ► 55.0000	%								
С	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held ar	d administered fo	r the o	rganizat	tion			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11a. S	ee Form 990, Par	t X, line	e 10.				
	Description of property	(a) Cost or o basis (investr	, ,	,	•	ımulateo ciation	d	(d) Boo	k value	Э
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	quipment 201,542. 160,370. 41,17					72.				
	e Other									
	I. Add lines 1a through 1e. (Column (d) must ed		X. column (B). line 10	Oc.)			<b></b>	4	1,1	72.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 CHORUS AMERI	CA	23-	-2062595 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		<u> </u>	
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	- F 000 D-+ IV I'	44 - O Farm 000 Back V Fra 40	
Complete if the organization answered "Yes" or		_	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11d See Form 990 Part V line 15	
	escription	Tru. See Form 990, Fart X, line 13.	(b) Book value
	езоприон		(b) DOOR Value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		<b>.</b>	
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	,	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) Federal income taxes			
(2) ACCRUED RENT			64,448
(3)			01,110
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(8) (9)

64,448.

#### PART X, LINE 2:

THE ORGANIZATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION

Schedule D (Form 990) 2021

# SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

**Open to Public** 

➤ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No. 1545-0047

vaiii	c of the organization					Employer lacitus	
CHO	ORUS AMERICA					23-206259	)5
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	res" on
	Form 990, Part IV			·			
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance? X	Yes No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and otl	ner assistance outs	ide the
	United States.						
3	Activities per Region. (Th			n be duplicated if additional space is n			
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total expenditures
		offices in the region	employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service, specific type	for and
		in the region	contractors	gram services, investments, grants to recipients located in the region)		(s) in the region	investments
			in the region	, sospionie issaisa in incregion,	0.0000		in the region
				PROVIDED GRANTS TO 2			45.000
IOR'I	H AMERICA	0	0	NONPROFIT ORGANIZATIONS	GRANTMAKING		45,000.
							<del> </del>
							ļ
		_	_				4
	Subtotal	0	0				45,000.
b	Total from continuation		_				
	sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				45,000.
	പവ വവ						= -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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Schedule F (Form 990) 2021

·			Outside the United States.  Slicated if additional space is ne		rganization answered	d "Yes" on Form !	990, Part IV, line 15, fo	or any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CANADA	INCREASE ACCESS TO CHORAL MUSIC EDUCATION	30,000.		0.		
		CANADA	INCREASE ACCESS TO CHORAL MUSIC EDUCATION	15,000.		0.		
		CANADA	EDUCATION	13,000.		0.		
			Le recognized as charities by the eor counsel has provided a se			<b>&gt;</b>		

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV	<b>—</b>	
Partiv	Foreian	Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

## **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2021
Open to Public

Inspection

**Employer identification number** Name of the organization 23-2062595 CHORUS AMERICA Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) OCEANSIDE UNIFIED SCHOOL DISTRICT 2111 MISSION DRIVE 0 MUSIC GRANT OCEANSIDE, CA 92056 30,000. PACIFIC YOUTH CHOIR 1000 SW BROADWAY STE 1290 PORTLAND, OR 97205 20-0213467 21,000 0. MUSIC GRANT DESERT SOUNDS PERFORMING ARTS INC 20 WEST FIRST ST #198 MESA, AZ 85201 35-2343558 21,000 0. MUSIC GRANT BI-NATIONAL ARTS INSTITUTE 5 GARDNER ST 45-3554409 BISBEE AZ 85603 30 000 0. MUSIC GRANT SURRY ARTS COUNCIL PO BOX 141 56-0932530 MOUNT AIRY, NC 27030 30,000 0. MUSIC GRANT VOICES IN THE LAUREL INC PO BOX 1581 LAKE JUNALUSKA, NC 28745 56-1991624 15 000 0 MUSIC GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Schedule I (Form 990) CHORUS AMERICA 23-2062595

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND VISION FOUNDATION							
434 W 6TH ST							
SAN PEDRO, CA 90731	95-4554570		30,000.	0.			MUSIC GRANT
WISCONSIN CONSERVATORY OF MUSIC 1584 NORTH PROSPECT AVE							
MILWAUKEE, WI 53202	39-0915050		30,000.	0.			MUSIC GRANT
TUCSON GIRLS CHORUS ASSOCIATION 4020 E RIVER RD							
TUCSON, AZ 85718	86-0505313		30,000.	0.			MUSIC GRANT
SEATTLE PRO MUSICA SOCIETY PO BOX 17939							
SEATTLE, WA 98127	51-0175286		30,000.	0.			MUSIC GRANT
VOX FEMINA LOS ANGELES 3341 CAROLINE AVE	05 4550405		40.000				
CULVER CITY, CA 90232	95-4670487		18,000.	0.			MUSIC GRANT
MACON COUNTY SCHOOL 1202 OLD MURPHY RD			20.000				
FRANKLIN, NC 28734			30,000.	0.			MUSIC GRANT
BLUEFIELD PRESERVATION SOCIETY INC 500 BLAND ST STE 1							
BLUEFIELD, WV 24701	45-5240028		30,000.	0.			MUSIC GRANT
COMPAS INC 450 SYNDICATE ST N #325							
SAINT PAUL, MN 55404	41-1228092		30,000.	0.			MUSIC GRANT
BORDER CROSSING 733 PORTLAND AVE							
SAINT PAUL, MN 55104	84-2067696		30,000.	0.			MUSIC GRANT

Page 1

23-2062595

(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of									
organization or government	(D) EIN	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	(h) Purpose of grant or assistance		
OCALESSENCE									
.900 NICOLLET AVE									
MINNEAPOLIS, MN 55403	41-1363849		30,000.	0.			MUSIC GRANT		
AKE EDEN ARTS FESTIVAL									
.9 EAGLE ST STE 120									
ASHEVILLE, NC 28801	54-2123478		30,000.	0.			MUSIC GRANT		
PHOENIX BOYS CHOIR ASSOCIATION									
.131 EAST MISSOURI AVE									
PHOENIX, AZ 85014	86-0256421		30,000.	0.			MUSIC GRANT		
nomin, no oscii	00 0230121		30,000.	•			10010 014111		
DAVIS AND ELKINS COLLEGE									
.00 CAMPUS DRIVE									
ELKINS, WV 26241	55-0357021		30,000.	0.			MUSIC GRANT		
,			,						

CHORUS AMERICA 23-2062595 Schedule I (Form 990) 2021 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

**ZUZ I** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

CHORUS AMERICA

Employer identification number 23-2062595

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Out 11 F04(-)(0) F04(-)(4) 1 F04(-)(00)			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	-		v
a	The organization?	5a		X
a	Any related organization?	5b		
6	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	60		х
	The organization?	6a		X
b	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
7	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
0	I	8		х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	Regulations section 53.4958-6(c)?	9		
	negulations section 33.4530°0[c]!	IJ	l .	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MIS	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CATHERINE DEHONEY	(i)	153,011.	0.	0.	0.	807.	153,818.	0.
PRESIDENT & CEO	(ii)		0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

### **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

### 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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHORUS AMERICA

**Employer identification number** 23-2062595

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BY OFFERING SERVICE THAT PROMOTE ARTISTIC ACHIEVEMENT, ORGANIZATIONAL STRENGTH, AND ADVOCACY. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: GRANT AWARDS SUPPORT COLLABORATIVE PROJECTS BETWEEN COMMUNITY ORGANIZATIONS AND ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOLS DURING THE 2022-23 SCHOOL YEAR, PLUS WORKSHOPS, PEER LEARNING, AND PARTICIPATION IN CHORUS AMERICA'S ANNUAL CONFERENCES FOR THE GRANT PARTNER COHORT. THE ORGANIZATION RECEIVED A \$2 MILLION GRANT TO FUND A THE YEAR THE

MULTI-YEAR PROGRAM. THIS CREATED A LARGE SURPLUS IN 2021, FULL GRANT WAS RECEIVED. DUE TO THE RECOGNITION OF THESE FUNDS IN FY2021, A DEFICIT WILL BE REFLECTED IN FY2022 AND FY2023 AS THE GRANT FUNDS ARE BEING USED FOR PROJECT IMPLEMENTATION.

FORM 990, PART VI, SECTION A, LINE 6:

LINE 6 EXPLANATION - CHORUS AMERICA'S MEMBERS INCLUDE CHORAL ORGANIZATIONS AS WELL AS CONDUCTORS, SINGERS, MUSIC BUSINESS EXECUTIVES AND CHORAL MUSIC LOVERS.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11B EXPLANATION - REVIEWED BY THE FINANCE COMMITTEE AND PROVIDED TO THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

2021.05050 CHORUS AMERICA

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization **Employer identification number** 23-2062595 CHORUS AMERICA BOARD MEMBERS ARE REQUIRED TO READ AND ACKNOWLEDGE THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15A: THE CEO'S SALARY IS REVIEWED BY THE BOARD CHAIR AND EXECUTIVE COMMITTEE AS PART OF THE EMPLOYEE'S ANNUAL PERFORMANCE REVIEW. SALARY INCREASES ARE BASED ON MERIT AND CHORUS AMERICA'S CAPACITY TO INCREASE RATES OF COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 172,356. MANAGEMENT AND GENERAL EXPENSES 43,720. FUNDRAISING EXPENSES 4,712. TOTAL EXPENSES 220,788. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 220,788.

### UNRELATED BUSINESS INCOME

### **CARRYOVER DATA TO 2022**

Name CHORUS AMERICA	Employer Identifica 23-20625	tion Number 595
Based on the information provided with this return, the following are possible carryover amounts to next	year.	
FEDERAL POST-2017 NET OPERATING LOSS - ADVERTISIN	IG INCOME	94,352.
		-
	_	
		-
	•	
	_	

Name: CHORUS AMERICA FEIN: 23-2062595

	and Entity: ADV	ERTISING INCO	ME POST-2017 NO Section 382 Carryover	OL FE	DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	4,969. 30,713. 30,713. 27,957.										
A 2018 B 2019 C 2020 D 2021 E F	30,713. 27,957.										
G											
H I J											
K L											
M N O											
P Q											
R S T											
Ů V											
W Detail Type	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C											
C D E F											
G											
I J											
K L											
M N O											
P Q											
R S											
T U V											
W											

### Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning	SEP	1	, 2021, and ending	AUG	31	_ , 2

20 2 2

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer		EIN or SSN
CHORUS AMERICA		23-2062595
Name and title of officer or person subject to tax	CATHERINE DEHONEY	

marine (	of filer	EIN OF SSN
	CHORUS AMERICA	23-2062595
Name a	and title of officer or person subject to tax CATHERINE DEHONEY	
	PRESIDENT & CEO	
Part	t I Type of Return and Return Information	
Form or <b>10</b> a which	k the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box of a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, never is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the application one line in Part I.	n line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, ble line below. Do not complete more
1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a	Form 990-EZ check here   D  Total revenue, if any (Form 990-EZ, line 9)	· · · · · · · · · · · · · · · · · · ·
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part V, line	•
5a	Form 8868 check here b Balance due (Form 8868, line 3c)	5b6b 0.
6a	Form 990-T check here <b>b</b> Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here b Tax due (Form 5330, Part II, line 19)	9b
10a		
Par	Declaration and Signature Authorization of Officer or Person Subject to Terpenalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to	
of any entry t financ later tl payme person	owledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electron to the financial institution account indicated in the tax preparation software for payment of the federal taxes cital institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Finathan 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involvement of taxes to receive confidential information necessary to answer inquiries and resolve issues related to total identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic delay and the consent to electronic delay and the consent to electronic delay.  I authorize CARPENTER, EVERT & ASSOCIATES, LTD.  ER0 firm name	ic funds withdrawal (direct debit) s owed on this return, and the ancial Agent at 1-888-353-4537 no ad in the processing of the electronic he payment. I have selected a ectronic funds withdrawal.
	as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the agency on the return's disclosure consent screen.  As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on return. If I have indicated within this return that a copy of the return is being filed with a state agency (ie IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	aforementioned ERO to enter my PIN the tax year 2021 electronically filed
	ure of officer or person subject to tax	Date <b>&gt;</b>
Par	t III Certification and Authentication	
	seFIN/PIN. Enter your six-digit electronic filing identification over (EFIN) followed by your five-digit self-selected PIN.  Do not enter all zer	
submi Busine	ify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indic nitting this return in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Information for ness Returns.	r Authorized IRS e-file Providers for
ER0's	signature ► CARPENTER, EVERT & ASSOCIATES, LTD. Date ► 02	2/14/23

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print CHORUS AMERICA 23-2062595 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1200 - 18TH STREET NW, 1250 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. WASHINGTON, DC 20036 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) CATHERINE DEHONEY • The books are in the care of ▶ 1200 - 18TH STREET NW - WASHINGTON, DC 20036 Telephone No. ▶ (202) 331-7577 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and TINs of all members the extension is for. JULY 17, 2023 \_\_\_\_\_, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning <u>SEP 1</u>, 2021  $\underline{\hspace{0.5cm}}$  , and ending  $\underline{\hspace{0.5cm}}$  AUG  $\hspace{0.5cm}$  31 ,  $\hspace{0.5cm}$  2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

EXTENDED TO JULY 17, 2023 **Exempt Organization Business Income Tax Return** Form 990-T OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning SEP 1, 2021 and ending AUG 31, 2022 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization ( Check box if name changed and see instructions.) Check hox if address changed. **B** Exempt under section Print CHORUS AMERICA 23-2062595 EGroup exemption number (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) 1200 - 18TH STREET NW, 1250 408(e) 408A ]530(a) City or town, state or province, country, and ZIP or foreign postal code ]529(a) [ WASHINGTON, DC 20036 529A Check box if 2,563,365. C Book value of all assets at end of year ..... an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Claim credit from Form 8941 Check if filing only to Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ CATHERINE DEHONEY (202)331-7577 Telephone number **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see -27,957.instructions) 2 Reserved 2 3 3 Add lines 1 and 2 Charitable contributions (see instructions for limitation rules) 4 4 -27,957.Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 -27,957. Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 9 **Trusts.** Section 199A deduction. See instructions 1,000. 10 Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11 **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041) Part I, line 11 from: 2 3 3 **Proxy tax.** See instructions 4 Other tax amounts. See instructions 4 Alternative minimum tax (trusts only) 5 5

6

LHA

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

6

Form **990-T** (2021)

Form 990-T (2021) Page 2

Part	III ,	Tax and Payments							<u> </u>
1a	Forei	gn tax credit (corporations attach Form 1	118; trusts attach Forr	n 1116)	1a				
b									
С	Gene	ral business credit. Attach Form 3800 (se	e instructions)		1c				
d		t for prior year minimum tax (attach Form							
е	Total	credits. Add lines 1a through 1d					1e		
2		and the side of a fermion Deck H. Barrier							0.
3	Other	amounts due. Check if from: Form			m 8697				
		Other	(attach statement)				. 3		
4	Total	tax. Add lines 2 and 3 (see instructions).	Check if i	ncludes tax pr	eviously deferred	d under			
	section	on 1294. Enter tax amount here			<b>&gt;</b>		4		0.
5	Curre	nt net 965 tax liability paid from Form 969					. 5		0.
6a	Paym	ents: A 2020 overpayment credited to 20	21		6a				
b		estimated tax payments. Check if section		r	6b				
С	Tax d	eposited with Form 8868			6c				
d	Forei	gn organizations: Tax paid or withheld at	source (see instruction	ns)	6d				
е	Back	up withholding (see instructions)			6e				
f	Credi	t for small employer health insurance prei	miums (attach Form 8	941)	6f				
g	Other	credits, adjustments, and payments: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Form 2439		_				
		Form 4136	Other	Total	▶ 6g				
7	Total	payments. Add lines 6a through 6g				<u></u>	_ 7		
8	Estim	ated tax penalty (see instructions). Check	if Form 2220 is attac	hed		▶ ∟	<b>_</b>   8  _		
9		lue. If line 7 is smaller than the total of line					9		
10	Over	payment. If line 7 is larger than the total of	of lines 4, 5, and 8, en	ter amount ove	erpaid		10		
11		the amount of line 10 you want: Credite				Refunded	11		
Part	IV	Statements Regarding Certain	Activities and Ot	ner Informa	ation (see inst	ructions)			
1		y time during the 2021 calendar year, did						Yes	No
		a financial account (bank, securities, or ot	•	•	-	-			
	FinCE	EN Form 114, Report of Foreign Bank and	l Financial Accounts. I	f "Yes," enter t	the name of the f	oreign countr	У		
	here	· -							<u> </u>
2		g the tax year, did the organization receiv		-					37
		n trust?							X
_		s," see instructions for other forms the or	-			<b>.</b> •			
3		the amount of tax-exempt interest receive							
4		available pre-2018 NOL carryovers here			•		•		
_		n on Schedule A (Form 990-T). Don't redu	•			-	art I, line 4.		
5		2017 NOL carryovers. Enter available Bus							
	tne a	mounts shown below by any NOL claimed		Part II, line 17					
		Business Activit	ty Code			ost-2017 NOI	_ carryover 66,39	0.5	
					\$		00,5	93.	
	D:4 H				] \$				Х
6a		ne organization change its method of acco	• .	,	0.DE E 11				<del>  ^</del>
b		s "Yes," has the organization described to	•			28 ? IT "NO,"			
Part		in in Part V Supplemental Information							
			a provide ony other	additional info	matian Cas inst	tiono			
Provide	e ti le e	xplanation required by Part IV, line 6b. Als	so, provide any other a	additional infor	mation. See mst	uctions.			
		nder penalties of perjury, I declare that I have examined					vledge and beli	ef, it is true,	
Sign	co	prrect, and complete. Declaration of preparer (other than	taxpayer) is based on all info	mation of which pre	eparer has any knowle	dge.			
Here				PRESI	DENT & C	ΕO	-	iscuss this return hown below (see	with
		Signature of officer	Date	Title			instructions)?		No
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN	11 100	110
D~!·!		Ι το τυρο ρισμαιοί ο παιπο	i roparor a arginature		Date	self- employe			
Paid		MATT PILLSBURY	MATT PILLSE	URY	02/14/23			1565609	)
Prepa		Firm's name ► CARPENTER, E			LTD.	Firm's EIN		-153480	
Use C	חוע		E AVE S, SU			THIII 3 LIIV	. 41		
		Firm's address BLOOMINGTO	-			Phone no.	(952)	831-00	85
123711 0	1-31-22	PER	, 55-55					Form <b>990-T</b>	
									\ · /

## SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

nen to Public Inspection for

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

<b>A</b>	lame of the organization CHORUS AMERICA			B Employer		ation number
<u>C                                    </u>	Unrelated business activity code (see instructions)   1			<b>D</b> Sequence	e: 1	L of 1
<u>E 1</u>	Describe the unrelated trade or business ADVERTISING	INCO	ME			
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement) STMT 1	12	84,854			84,854.
<u>13</u>	Total. Combine lines 3 through 12	13	84,854	•		84,854.
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come				s must be
1	Compensation of officers, directors, and trustees (Part X)					71 225
2	Salaries and wages				2	71,325.
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions				ا ۱۰۰	
8	Less depreciation claimed in Part III and elsewhere on return		<u> </u>		8b 9	
9	Depletion Contributions to deformed companyation plans					
10 11	Contributions to deferred compensation plans				10	
	Employee benefit programs  Excess example expenses (Part VIII)				12	
12 13	Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)		SEE STA	темемт 2	14	41,486.
15					15	112,811.
16	Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. Si				13	
	. (0)				16	-27,957.
17	Deduction for net operating loss. See instructions				17	0.
18	Unrelated business taxable income. Subtract line 17 from line 10				18	-27,957.
<u></u>	C C.L.CO Sacricoo Lanabio incomo: Cabilact inic 17 non inic 10					=:,:::

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

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	ule A (Form 990-T) 2021				Page 2
Part		nod of inventory valuation	on <b>P</b>		
1					
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property				Yes No
Part		·	<u> </u>		
1	Description of property (property street address, city, s	tate, ZIP code). Check it	f a dual-use. See instru	ctions.	
	A				
	В				
	c				
	D		1		
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, co	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I, li	ne 6, column (B)	<b>&gt;</b>	0.
Part	V Unrelated Debt-Financed Income (se	ee instructions)			
1	Description of debt-financed property (street address, or	city, state, ZIP code). Ch	eck if a dual-use. See i	nstructions.	
	A				
	В				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to delet Conservation (etterale et et en est)				
5	Average adjusted basis of or allocable to debt-				
3	financed property (attach statement)				
6		%	%	%	%
6	Divide line 4 by line 5	<u> </u>	%	<u>%0 </u>	%
7	Gross income reportable. Multiply line 2 by line 6	Enter hore and an Dark	L line 7 column (A)		0.
8	Total gross income (add line 7, columns A through D)	. Enter nere and on Part	i, line /, column (A)	<b>&gt;</b>	U •
^	Allegable deducations North-to-Dec C 1 P C	Г	Т	<u> </u>	
9	Allocable deductions. Multiply line 3c by line 6		P	- (D)	^
10	Total allocable deductions. Add line 9, columns A thr				0.
11	Total dividends-received deductions included in line	10		<b>&gt;</b>	0.

1 Page 3

Part	VI Interest, Annu	ities, Ro	yalties, and Re	ents fron	n Control	led Or	ganizations	S (see	e instruct	ions)	Page 3	
	·						Exempt Contro	`				
	Name of controlled organization		identification incor		unrelated 4. Tota		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		nn 4 in the aniza-	e connected with	
<u>(1)</u>												
(2)												
(3)												
(4)				<u> </u>		<u> </u>						
	Tayabla Ingome	0.1		1	Controlled Or	•		of oolum	nn 0	44	Doductions directly	
,	ir		Net unrelated come (loss) e instructions)	e (loss) payment		e that is incontrolling		of column 9 cluded in the organization's s income			<ul><li>11. Deductions directly connected with income in column 10</li></ul>	
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c		Part I,	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)	
Totals						<b>&gt;</b>			0.		0.	
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instru	uctions)			
	<b>1.</b> Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected (	<b>4.</b> Set- attach st		5. Total deductions and set-asides (add cols 3 and 4)	
(1)												
(2)												
(3)												
(4)					A alal a						A del passo unito in	
					Add amou column 2.						Add amounts in column 5. Enter	
					here and or	,					here and on Part I,	
Totals					line 9, colu	ımn (A) • 0					line 9, column (B)	
Part	VIII Exploited E	xemnt 4	ctivity Income	Other T	l Than Δdve		Income	ooo inat	ructions)		0.	
1	Description of exploite			, Other I	Hall Adve	, uoni	g moonie (	SEE 11151	ructions)			
2	Gross unrelated busine	•		ness Ente	r here and o	n Part I	line 10 colum	n (A)		2		
3	Expenses directly con						•					
_	line 10, column (B)		•					,		3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expens	ses. Subtr	act line 5 from line 6	S, but do no	ot enter more	e than th	ne amount on I	ine				
	4. Enter here and on P	art II, line	12							7		

Schedule A (Form 990-T) 2021

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting		consolidated basis.	STATEM	ENT 4
	A X THE VOICE AND EVOICE	C .			
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the co	orresponding column.			
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Pa			<b>•</b>	0.
а	-				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	art I, line 11, column (B)		<b>•</b>	0.
	•	, , , , , , , , , , , , , , , , , , , ,			
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great	ater of the line 8a, columns tot	al or zero here and or	1	_
	Part II, line 13			<b>&gt;</b>	0.
Part	X Compensation of Officers, Direct	ctors, and Trustees (Se	ee instructions)		
			3. Percentage 4. Co		
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
(2)				%	
<del> /</del>					
(3)				%	
				% %	
(3)					
(3) (4) Total	Enter here and on Part II, line 1				0.
(3) (4)		instructions)			0.
(3) (4) Total	. Enter here and on Part II, line 1  XI Supplemental Information (see	instructions)			0.
(3) (4) Total	. Enter here and on Part II, line 1  XI Supplemental Information (see )	instructions)			0.
(3) (4) Total	. Enter here and on Part II, line 1  XI Supplemental Information (see	instructions)			0.
(3) (4) Total	. Enter here and on Part II, line 1  XI Supplemental Information (see	instructions)			0.
(3) (4) Total	. Enter here and on Part II, line 1  XI Supplemental Information (see	instructions)			0.
(3) (4) Total	Enter here and on Part II, line 1  XI Supplemental Information (see i	instructions)			0.
(3) (4) Total	Enter here and on Part II, line 1  XI Supplemental Information (see )	instructions)			0.
(3) (4) Total	. Enter here and on Part II, line 1  XI Supplemental Information (see )	instructions)			0.
(3) (4) Total	. Enter here and on Part II, line 1	instructions)			0.
(3) (4) Total	Enter here and on Part II, line 1  XI Supplemental Information (see	instructions)			0.
(3) (4) Total	. Enter here and on Part II, line 1	instructions)			0.
(3) (4) Total	Enter here and on Part II, line 1  XI Supplemental Information (see )	instructions)			0.
(3) (4) Total	Enter here and on Part II, line 1  XI Supplemental Information (see )	instructions)			0.
(3) (4) Total	Enter here and on Part II, line 1  XI Supplemental Information (see )	instructions)			0.
(3) (4) Total	Enter here and on Part II, line 1  XI Supplemental Information (see i	instructions)			0.
(3) (4) Total	Enter here and on Part II, line 1  XI Supplemental Information (see i	instructions)			0.

FORM 990-T	(A)	OTHER	INCOME		STATEMENT 1
DESCRIPTION	Ŋ				AMOUNT
ADVERTISING	- G INCOME				84,854.
TOTAL TO S	84,854				
FORM 990-T	(A)	OTHER	DEDUCTIO	ONS	STATEMENT 2
DESCRIPTION	<b>N</b>				AMOUNT
PROFESSIONA POSTAGE, PI	16,687 24,799				
TOTAL TO SO	CHEDULE A, PAI	RT II, LINE 14			41,486.
990-T SCH 2	A PO	ST-2017 NET OP	ERATING 1	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAII	LOS: PREVIO	USLY	LOSS REMAINING	AVAILABLE THIS YEAR
08/31/19	4,9 30,7		0.	4,969. 30,713.	4,969. 30,713.
08/31/20 08/31/21	30,7	13.	0.	30,713.	30,713.

	IODICALS INCL	-	STATEMENT 4		
	GROSS INCOME	DIRECT COSTS	CIRC. INCOME	RDRSHIP COSTS	
SUBTOTAL	0.	0.	0.	0.	