(Rev. January 2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

OMB No. 1545-0047

| Depa | rtment | of the Treasury enue Service | Go to www.irs.gov/Form990 for instructions and the lates | • | Open to Public Inspection | | | |
|---|---|---------------------------------|--|------------------------------|-------------------------------|--|--|--|
| | | | | JUN 30, 2020 | mopoculon | | | |
| B 0 | heck if | C Name o | organization | D Employer identific | cation number | | | |
| a | pplicab | | | | | | | |
| X | Addre chang Name | . | Washington Chorus, Inc. | | CO | | | |
| | _chang | ge Doing b | usiness as | 52-60542 | | | | |
| | _return □Final | | and street (or P.O. box if mail is not delivered to street address) N Street NW Room/suite 230 | E Telephone number (202) 34 | | | | |
| | ⊐return termir | , | own, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 1,484,907. | | | |
| | ated ∏Aṃen | ded was ab | ington, DC 20007-2829 | H(a) Is this a group return | | | | |
| | Applica- | | | | | | | |
| | repending same as C above F Name and address of principal officer: Stephen Beaudofff tor subordinates? H(b) Are all subordinates included | | | | | | | |
| I Tax-exempt status: | | | | | | | | |
| | | | thewashingtonchorus.org | H(c) Group exemption | | | | |
| | | | | | State of legal domicile: DC | | | |
| | ırt I | Summary | · | · | | | | |
| Θ | 1 | | e the organization's mission or most significant activities: Preserve, | | share the | | | |
| Activities & Governance | | | wer and experience of choral music- Sec | | | | | |
| ern | 2 | Check this bo | x 🕨 📖 if the organization discontinued its operations or disposed of mo | e than 25% of its net as | | | | |
| Š | | | ting members of the governing body (Part VI, line 1a) | | 13 | | | |
| <u>«</u> | | | ependent voting members of the governing body (Part VI, line 1b) | | 13 | | | |
| ies | | | of individuals employed in calendar year 2019 (Part V, line 2a) | | 6 | | | |
| ţį | | | of volunteers (estimate if necessary) | | 160 | | | |
| Ac | | | d business revenue from Part VIII, column (C), line 12 | | 0. | | | |
| | D | Net unrelated | business taxable income from Form 990-T, line 39 | Prior Year | | | | |
| Revenue | 8 | Contributions | and grants (Part VIII, line 1h) | 729,800. | Current Year 880,709. | | | |
| | l | | ce revenue (Part VIII, line 2g) | 687,500. | 507,418. | | | |
| eve | | • | come (Part VIII, column (A), lines 3, 4, and 7d) | 3,843. | 31,592. | | | |
| ď | | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -10,195. | 11,773. | | | |
| | | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,410,948. | 1,431,492. | | | |
| | | | milar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. | | | |
| | 14 | Benefits paid | to or for members (Part IX, column (A), line 4) | 0. | 0. | | | |
| es S | 15 | Salaries, other | compensation, employee benefits (Part IX, column (A), lines 5-10) | 341,669. | 372,517. | | | |
| Expenses | 16a | Professional f | undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) | 0. | 0. | | | |
| ž | | | | | | | | |
| ш | | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | 971,530. | 851,160. | | | |
| | 18 | = | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,313,199. | 1,223,677. | | | |
| <u>_ v</u> | 19 | Revenue less | expenses. Subtract line 18 from line 12 | 97,749. | 207,815. | | | |
| Net Assets or Fund Balances | | T | | eginning of Current Year | End of Year 845,527. | | | |
| Asse Bala | l . | Total assets (F | | 548,664. 65,104. | 181,478. | | | |
| Vet / | | | (Part X, line 26) fund balances. Subtract line 21 from line 20 | 483,560. | 664,049. | | | |
| | rt II | Signature | | 403,3004 | 004,040 | | | |
| | | _ | declare that I have examined this return, including accompanying schedules and stater | nents, and to the best of my | / knowledge and belief, it is | | | |
| | | | Declaration of preparer (other than officer) is based on all information of which prepare | | , | | | |
| | | ato | X7∴ | 05/04/2 | 1 | | | |
| Sigr | 1 | Signature | e of officer | Date | | | | |
| Her | | Step Type or p | hen Beaudoin, Executive Director orint name and title | | | | | |
| _ | | Print/Type pre | parer's name Collingsworth Collingsworth | Date Check | PTIN | | | |
| Paid | | | Collingsworth (M) (1 () () | 05/04/21 if self-employe | P00639819 | | | |
| Prep | arer | | Rogers & Company PLLC | Firm's EIN | 58-2676261 | | | |
| Use Only Firm's address 8300 Boone Boulevard, Suite 600 | | | | | | | | |
| _ | | | Vienna, VA 22182 | Phone no. (7 | 03) 893-0300 | | | |
| May | the I | RS discuss thi | s return with the preparer shown above? (see instructions) | | X Yes No | | | |

| Pai | Check if Schedule O contains a response or note to any line in this Part III |
|-----|--|
| | |
| 1 | Briefly describe the organization's mission: The mission of The Washington Chorus is to preserve and advance the |
| | art of choral singing and share the experience of the transforming |
| | power of choral music. |
| | See Schedule O for full Mission |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| _ | 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 |
| | 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 \$895,088 • including grants of \$) (Revenue \$\$ 515,110 •) |
| | Concert Series, Education and Community Outreach Programs: |
| | concert series: The washington chorus celebrated its 59th season in |
| | fiscal year 2020, Artistic Director Christopher Bell's final season in |
| | his 5-year contract as the Chorus' conductor. The 2019-2020 season |
| | opened in November 2019 with a presentation of Mozart's Requiem, paired |
| | with works by Jennifer Higdon, Joel Puckett, and Josef Rheinberger, and |
| | featuring soloists Colleen Daly, soprano, Augusta Caso, mezzo-soprano, |
| | Dennys Moura, tenor, and Kerry Wilkerson, baritone. In this program, |
| | the Chorus revisited Puckett's deeply meaningful work This Mourning. |
| | Written in commemoration of September 11th, TWC commissioned and |
| | premiered this piece at the Kennedy Center in 2006. See Schedule O for additional information |
| | |
| 4b | (Code:) (Expenses \$ |
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| | |
| 4c | (Code:) (Expenses \$ |
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| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 895,088. |
| | Form 990 (2019) |

Form 990 (2019) The Washington Chorus, Inc. 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | X |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | |
| 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | 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, | | | |
| | 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? If "Yes," complete | | | 3,7 |
| | Schedule D, Part III | 8 | | X |
| 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 | | Α. |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | | x |
| 11 | or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | 10 | | 22 |
| •• | 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 | х | |
| 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 | | Х |
| 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 | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | ٦, | |
| | 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 | 40 | х | |
| L | Schedule D, Parts XI and XII | 12a | Α. | |
| D | 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 | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 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, | | | <u> </u> |
| _ | 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 | | Х |
| 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 | | X |
| 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 | | X |
| 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 | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | \ ₃₂ |
| | 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," | | | _v |
| 00 - | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a 20b | | ^ <u> </u> |
| b 21 | 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 | ZUD | | |
| 41 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| | got of the first of the first object of the fi | | | |

| | 1990 (2019) The Washington Chorus, Inc. 52-605 | <u> </u> |) P | age 4 |
|------|---|----------|------|-------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | l |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | ١ |
| | Schedule J | 23 | | X |
| 24 a | 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 24d and complete | | | l |
| | Schedule K. If "No," go to line 25a | . 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| 25 a | 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 | | X |
| 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-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | . 25b | | X |
| 26 | 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 L, Part II | 26 | | X |
| 27 | 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 35% controlled | i | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | . 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 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 | | Х |
| 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 | 33 | | Х |
| 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 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | Х |
| | 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 | | | Х |
| 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 | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | . | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | 1 | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 15 | 1.50 | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | 0 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| - | , | | | |

(gambling) winnings to prize winners?

The Washington Chorus, Inc. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | | 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 | 2a 6 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | 2b | X | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions |) | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | За | | Х | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 | 3b | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authority over, a | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | account)? | 4a | | Х | | | | |
| 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 Advanced in the Financi | ccounts (FBAR). | | | | | | | |
| 5а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X | | | | |
| b | , | | | | | | | | |
| С | 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 | e organization solicit | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | X | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributi | ons or gifts | | | | | | | |
| | were not tax deductible? | | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | ,, | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | | 7a | | X | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | • | _ | | | | | | |
| | to file Form 8282? | | 7c | | X | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | _ | | v | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | | 7e | | X | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual preparity, did the organization file. | | 7 f 7g | | | | | | |
| g | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | |
| _ | 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | |
| Ŭ | 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? | | | | | | | | |
| 9 | | | | | | | | | |
| а | D. I | | 9a | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | • | | | | | | | |
| а | Gross income from members or shareholders | 11a | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | |
| | 7 | 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 | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| а | 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. | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | 1 | | | | | | | |
| | | 13b | | | | | | | |
| | | 13c | | | v | | | | |
| 14a | | | 14a | | X | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | 14b | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | 4. | | Х | | | | |
| | excess parachute payment(s) during the year? | | 15 | | | | | | |
| 16 | If "Yes," see instructions and file Form 4720, Schedule N. | t incomo? | 16 | | Х | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment of "Yos" complete Form 4720. Schoolule O | LINCOME? | 16 | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | to line da, ob, or rob below, describe the circumstances, processes, or changes on schedule of see instructions. | | | 77 | | | | | |
|-------------|---|----------|---------|------|--|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | |
| Sec | tion A. Governing Body and Management | | | | | | | | |
| | | | Yes | No | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | - | | | | | | | |
| | 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 O. | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 13 | 4 | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | _ | | 37 | | | | | |
| | 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 | | | 37 | | | | | |
| | 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? | 5 | | X | | | | | |
| | 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | Х | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | 37 | | | | | |
| | more members of the governing body? | 7a | | Х | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | |
| | 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: | | | | | | | | |
| | The governing body? | 8a | X | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | |
| | | | Yes | No | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | |
| 11a | 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 in Schedule O the process, if any, used by the organization to review this Form 990. | 12a | Х | | | | | | |
| | | | | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | |
| | in 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 | | X | | | | | |
| 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? | | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | Х | | | | | | |
| b | Other officers or key employees of the organization | 15b | Х | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in 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 | | X | | | | | |
| 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) | s)s only |) avail | able | | | | | |
| | 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 | nd finai | ncial | | | | | | |
| | 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 | | | | | | | | |
| | Stephen Beaudoin, Executive Director - (202) 342-6221 | | | | | | | | |
| | 3220 N Street NW No. 230 Washington DC 20007-2829 | | | | | | | | |

Form 990 (2019) 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 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 and/or Box 7 of Form 1099-MISC) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

| (A) | (B) | l | (C) | | про | iioui | (D) | (E) | (F) | | |
|---------------------------|-------------------|--------------------------------|------------------------------------|---------|-----------------------|------------------------------|------------|-----------------|-------------------------------|--------------------|--|
| Name and title | Average | (do | Position (do not check more the | | tion nore than one | | Reportable | Reportable | Estimated | | |
| | hours per | box | , unle | ss pe | rsoni | is bot or/trus | h an | compensation | compensation | amount of | |
| | week (list any | _ | | | | 17 11 11 11 | 100) | from the | from related organizations | other compensation | |
| | hours for | Individual trustee or director | | | | D. | | organization | (W-2/1099-MISC) | from the | |
| | related | tee or | ustee | | | ensate | | (W-2/1099-MISC) | , | organization | |
| | organizations | al trus | nal tr | | loyee | o mp | | | | and related | |
| | below | dividu | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations | |
| (1) Christopher B. Denby | line) 2 • 0 0 | Ĕ | Ĕ | 5 | δ. | 宝品 | 요 | | | | |
| Chairman | 2.00 | X | | x | | | | 0. | 0. | 0. | |
| (2) Kara Morrissey | 2.00 | | | | | | | | • | | |
| Secretary | | x | | x | | | | 0. | 0. | 0. | |
| (3) Donald J. Borut | 2.00 | | | - | | | | | | | |
| Treasurer | | х | | x | | | | 0. | 0. | 0. | |
| (4) Sam Zhao | 2.00 | | | | | | | - | | | |
| Secretary | | Х | | х | | | | 0. | 0. | 0. | |
| (5) Thayer Baine | 1.00 | | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. | |
| (6) Jharry Breed | 1.00 | | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. | |
| (7) Taylor Cortright | 1.00 | | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. | |
| (8) Jeri Darling | 1.00 | | | | | | | | _ | _ | |
| Trustee | 1 00 | Х | | | | | | 0. | 0. | 0. | |
| (9) Catherine French | 1.00 | | | | | | | | 0 | • | |
| Trustee | 1 00 | Х | | | | | | 0. | 0. | 0. | |
| (10) Lisa McLane | 1.00 | ,, | | | | | | | 0 | 0 | |
| Trustee | 1.00 | Х | | | | | | 0. | 0. | 0. | |
| (11) Anthony Salvi- Exner | 1.00 | Х | | | | | | 0. | 0. | 0. | |
| Trustee (12) John Shakow | 1.00 | ^ | | | | | | 0. | 0. | <u> </u> | |
| Trustee | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (13) Stephen Beaudoin | 40.00 | | | | | | | 0. | 0. | | |
| Executive Director | 40.00 | | | x | | | | 108,929. | 0. | 5,716. | |
| | | | | - | | | | 200,5250 | | 37,200 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | 1 | | | | | | | | | |
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| | | | | | | | | | | | |

Form 990 (2019)

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
|---|------------------------|--------------------------------|--|---------|---------------------|------------------------------|---------|---------------------------|---------------------------------------|---------|---------------------|-----------|
| (A) | (B) | | | • | C) | | | (D) | (E) | | (F) | |
| Name and title | Average hours per | | Position (do not check more than one box, unless person is both at | | | than | | | Reportable | 1 | stimate | |
| | week | | | | a director/trustee) | | | from | compensation from related | ا | mount other | |
| | (list any | ector | | | | | | the | organizations | con | npensa | ation |
| | hours for related | Individual trustee or director | 99 | | | sated | | organization | (W-2/1099-MISC) | | rom th | |
| | organizations | rustee | Institutional trustee | | ee Ge | Highest compensated employee | | (W-2/1099-MISC) | | ı ` | ganizat nd relat | |
| | below | iduali | tution | er | Key employee | est co loyee | Jer. | | | | anizat | |
| | line) | Indi | Insti | Officer | Keye | High emp | Former | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 108,929. | 0 | | 5,7 | 16. |
| c Total from continuation sheets to Part VI | | | | | | | | 108,929. | 0 | | 5 7 | 0. 16. |
| d Total (add lines 1b and 1c) | | | | | | | | | | •1 | <i>J</i> , <i>i</i> | 10. |
| compensation from the organization | | | | | | -, | | | | | | 1 |
| Did the organization list any former officer, | -liukk | 1 | | | | | . اما د | | | | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes." complete Schedule J for s | , | | , | | • | , | • | gnest compensated emp | , | 3 | | х |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | |
| and related organizations greater than \$150 | 0,000? <i>If</i> "Yes, | " co | mple | ete S | Sche | edul | e J | for such individual | | 4 | | Х |
| 5 Did any person listed on line 1a receive or a | • | | | | • | | | ted organization or indiv | idual for services | | | |
| rendered to the organization? If "Yes," com | plete Schedul | e J f | or s | uch | pers | son | | | | 5 | | X |
| Section B. Independent Contractors 1 Complete this table for your five highest co | mponeated in | done | ando | nt c | onti | racto | ore : | that received more than | \$100,000 of compos | eation | from | |
| the organization. Report compensation for | = | | | | | | | | · · · · · · · · · · · · · · · · · · · | isation | 110111 | |
| (A) | | | | | | | | (B) | | | C) | |
| Name and business Christopher Bell, 3111 Ma | | - ~ 6 | t | _ | M | TAT | - | Description of s | services | Compe | ensatio | on |
| Washington, DC 20008 | acomb 50 | ~ T C | | - , | 141 | ν, | | Artistic Dir | ector | 12 | 0,0 | 00. |
| | | | | | | | | | | | - | |
| | | | | | | | - | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

| | | Check if Schedule O contains a r | eenonse | or note to any lir | ne in this Part VIII | | | |
|--|------|--|------------|--------------------|----------------------|-------------------|------------------|--------------------|
| | | Check if Schedule O contains a f | esponse | or note to any iii | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt | | Revenuè excluded |
| | | | | | | function revenue | business revenue | from tax under |
| <u> </u> | | | | | | | | sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | a Federated campaigns | 1a | | | | | |
| à a o | ı | b Membership dues | 1b | | | | | |
| S, (| | c Fundraising events | 1c | | | | | |
| i i | | Г | 1d | | | | | |
| اقاق | | T | 1e | 458,655. | | | | |
| Sig | | f All other contributions, gifts, grants, and | - | | | | | |
| ĕĔ | ' | | | 422,054. | | | | |
| 흥히 | | ··· | | | | | | |
| ig 5 | 9 | g Noncash contributions included in lines 1a-1f | 1g \$ | 29,027. | | | | |
| <u>a</u> 0 | I | h Total. Add lines 1a-1f | | <u></u> | 880,709. | | | |
| | | | | Business Code | | | | |
| ġ. | 2 8 | a Concert ticket sale | es | 711300 | 432,059. | 432,059. | | |
| ا کج | | b Other program rever | nue | 711300 | 35,294. | 35,294. | | |
| Sel | | Concert honoraria | | 711300 | 25,500. | 25,500. | | |
| E § | Ì | Season subscription | | 711300 | 14,565. | 14,565. | | |
| gra Re | | | 15 | 711300 | 14,505. | 14,505. | | |
| Program Service Revenue | | e | | | | | | |
| ۳ ۱ | | f All other program service revenue | | | 505 440 | | | |
| | | g Total. Add lines 2a-2f | | <u></u> | 507,418. | | | |
| | 3 | Investment income (including dividen | ds, intere | est, and | | | | |
| | | other similar amounts) | | > | | | | |
| | 4 | Income from investment of tax-exemp | | | | | | |
| | 5 | Royalties | - | | 4,081. | | | 4,081. |
| | • | | Real | (ii) Personal | , | | | , |
| | | . l <u>a l</u> | | (.,, | | | | |
| | | a Gross rents 6a | | | | | | |
| | | b Less: rental expenses 6b | | | | | | |
| | • | c Rental income or (loss) 6c | | | | | | |
| | (| d Net rental income or (loss) | | <u></u> | | | | |
| | 7 a | a Gross amount from sales of (i) Se | curities | (ii) Other | | | | |
| | | assets other than inventory 7a 74 | ,293. | | | | | |
| | | b Less: cost or other basis | | | | | | |
| ē | • | | 701. | | | | | |
| eu l | | c Gain or (loss) 7c 31 | 592. | | | | | |
| Revenue | | | | | 31,592. | | | 31,592. |
| ۳. | | d Net gain or (loss) | | D | 31,394. | | | 31,394. |
| ther | 8 8 | Gross income from fundraising events (no | ot | | | | | |
| ō | | including \$ | of | | | | | |
| | | contributions reported on line 1c). Se | e | | | | | |
| | | Part IV, line 18 | 8a | | | | | |
| | | b Less: direct expenses | | | | | | |
| | | c Net income or (loss) from fundraising | | | | | | |
| | | | | | | | | |
| | 9 8 | a Gross income from gaming activities. | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | | b Less: direct expenses | | | | | | |
| | (| c Net income or (loss) from gaming act | vities | | | | | |
| | 10 a | a Gross sales of inventory, less returns | | | | | | |
| | | and allowances | 10a | 18,406. | | | | |
| | | b Less: cost of goods sold | | 4 4 - 4 4 | | | | |
| | | c Net income or (loss) from sales of inv | | | 7,692. | 7,692. | | |
| - | | THE THEOTHE OF (1055) HOTH SAIRS OF ITIV | CITCOLY | Business Code | ,,052. | .,0526 | | |
| sn | | | | Dusilless Code | | | | |
| ne ge | 11 a | a | | | | | | |
| lan en | ı | b | | | | | | |
| Miscellaneous Revenue | | c | | | | | | |
| Fisit | (| d All other revenue | | | | | | |
| _ | | e Total. Add lines 11a-11d | | | | | | |
| | 12 | Total revenue See instructions | | | 1.431.492. | 515,110. | 0. | 35,673. |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a response | | | <u> </u> | |
|----|---|----------------|--------------------------|---------------------------------|----------------------|
| Do | Check if Schedule O contains a response not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
| | 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 | | ехрепзез | general expenses | ехрепзез |
| • | and domestic governments. See Part IV, line 21 | | | | |
| 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 | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| _ | trustees, and key employees | 135,403. | 63,390. | 27,816. | 44,197. |
| 6 | Compensation not included above to disqualified | | • | , | <u> </u> |
| _ | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 189,715. | 88,817. | 38,974. | 61,924. |
| 8 | Pension plan accruals and contributions (include | | - | · · · | <u>-</u> |
| - | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 21,958. | 10,279. | 4,511. | 7,168. |
| 10 | Payroll taxes | 25,441. | 11,911. | 5,226. | 7,168. 8,304. |
| 11 | Fees for services (nonemployees): | | - | , | <u> </u> |
| а | Management | | | | |
| b | Legal | | | | |
| | Accounting | 61,307. | | 61,307. | |
| | Lobbying | - | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | · · · · · · · · · · · · · · · · · · · | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| _ | column (A) amount, list line 11g expenses on Sch O.) | 121,732. | 115,505. | | 6,227. |
| 12 | Advertising and promotion | 39,433. | 39,433. | | |
| 13 | Office expenses | 81,804. | 52,608. | 23,465. | 5,731. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 46,364. | 21,328. | 9,736. | 15,300. |
| 17 | Travel | 13,665. | 11,524. | 804. | 1,337. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 1,924. | 1,129. | 795. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 3,497. | | 3,497. | |
| 23 | Insurance | 4,427. | 2,157. | 883. | 1,387. |
| 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 | Concert production cost | 477,007. | 477,007. | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,223,677. | 895,088. | 177,014. | 151,575. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | F 000 (0010) |

| Ра | rt X | Balance Sheet | | | | | |
|-----------------------------|------|---|---------------------|------------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or | note to ar | ny line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 86,163. | 1 | 514,434. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | 210,994. | 3 | 0 . | | |
| | 4 | Accounts receivable, net | 17,544. | 4 | 10,928 | | |
| | 5 | Loans and other receivables from any curren | | | | | |
| | | trustee, key employee, creator or founder, su | | | | | |
| | | controlled entity or family member of any of t | | 5 | | | |
| | 6 | Loans and other receivables from other disquared | | | | | |
| ts | | under section 4958(f)(1)), and persons descr | ction 4958(c)(3)(B) | | 6 | | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 646. | 8 | 0. |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 26,630. | 9 | 152,881. |
| | 10a | Land, buildings, and equipment: cost or other | er | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 20,644. | | | |
| | b | Less: accumulated depreciation | 12,343. | 10c | 8,846. | | |
| | 11 | Investments - publicly traded securities | | 194,344. | 11 | 158,438. | |
| | 12 | Investments - other securities. See Part IV, lin | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, li | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | equal line | 33) | 548,664. | 16 | 845,527 |
| | 17 | Accounts payable and accrued expenses | | | 52,653. | 17 | 101,551. |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | 0. | 19 | 3,500. |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Comple | te Part IV | of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or f | ormer offi | cer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, su | ıbstantial | contributor, or 35% | | | |
| jab | | controlled entity or family member of any of t | hese pers | ons | 10.151 | 22 | |
| _ | 23 | Secured mortgages and notes payable to un | | | 12,451. | 23 | 10,127. |
| | 24 | Unsecured notes and loans payable to unrel | | | 0. | 24 | 66,300. |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on li | nes 17-24 |). Complete Part X | | | |
| | | of Schedule D | | | CF 104 | 25 | 101 470 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 65,104. | 26 | 181,478. |
| S | | Organizations that follow FASB ASC 958, | check he | e ► 🔼 | | | |
| nce | | and complete lines 27, 28, 32, and 33. | | | 402 FC0 | | CCA 040 |
| ala | 27 | Net assets without donor restrictions | | | 403,560. | 27 | 664,049. |
| d B | 28 | Net assets with donor restrictions | | | 80,000. | 28 | 0. |
| Ë | | Organizations that do not follow FASB AS | C 958, ch | eck here 🕨 📖 | | | |
| ō | | and complete lines 29 through 33. | | | | | |
| ÷ts | 29 | Capital stock or trust principal, or current fur | | | | 29 | |
| SSE | 30 | Paid-in or capital surplus, or land, building, o | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated | | | 102 ECO | 31 | 664 040 |
| ž | 32 | Total net assets or fund balances | | | 483,560. | 32 | 664,049. |
| | 33 | Total liabilities and net assets/fund balances | | | 548,664. | 33 | 845,527. |

| Pa | rt 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 | 1,43 | 1,4 | 92. | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,22 | 3,6 7,8 | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -2 | 7,3 | 26. | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 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 | 66 | 4,0 | 49. | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X | | | |
| | | | | 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 in Schedule O. | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d 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 separat | e basis, | | | | | | |
| | consolidated basis, or both: | | | | | | | |
| | 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 | e 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 Sch | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Audit | | | | | | |
| | Act and OMB Circular A-133? | | 3a | | X | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

Employer identification number Name of the organization The Washington Chorus, Inc. 52-6054269 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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.)

| Section A. Public Support | | | | | | | |
|---------------------------|--|-----------------------------|-----------------------|---------------------------|----------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | - |
| | tion B. Total Support | | | | | | - |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 4 | (4) 2010 | (2) 2010 | (0) 2011 | (4) 2010 | (6) 2010 | (i) rotal |
| | Gross income from interest, | | | | | | |
| Ü | dividends, payments received on | | | | | | |
| | · · · | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| • | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, | • | , | | | 12 | |
| 13 | First five years. If the Form 990 is for | | s first, second, thir | d, fourth, or fifth to | ax year as a sectio | n 501(c)(3) | |
| 0 | organization, check this box and stop | | | | | | <u></u> ▶□ |
| | tion C. Computation of Publ | | <u> </u> | | | | |
| | Public support percentage for 2019 (I | | | | | 14 | % |
| 15 | Public support percentage from 2018 | Schedule A, Part | II, line 14 | | | 15 | % |
| 16a | 33 1/3% support test - 2019. If the o | • | | • | | • | |
| | $\ensuremath{\mathbf{stop}}$ here. The organization qualifies | as a publicly supp | orted organization | ١ | | | ▶□ |
| b | b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | |
| | and $\ensuremath{\text{stop}}$ here. The organization qual | ifies as a publicly s | supported organiz | ation | | | ▶□ |
| 17a | 10% -facts-and-circumstances test | t - 2019. If the org | anization did not | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | ts-and-circumstan | ces" test, check t | nis box and stop h | nere. Explain in Pa | rt VI how the organ | ization |
| | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a | publicly supported | d organization | | > |
| b | 10% -facts-and-circumstances tes | | | | | | 10% or |
| | more, and if the organization meets the | ŭ | | | | • | |
| | organization meets the "facts-and-circ | | • | | • | | ▶□ |
| 18 | Private foundation. If the organization | | - | • | | | s • |
| | | _ | | | | | |

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 | ciew, piedee cemp | noto i ait iii) | | | | |
|------|--|--------------------|---------------------|------------------------|----------------------|----------------------------|--------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 777,840. | 630,607. | 602,628. | 729,800. | 880,709. | 3,621,584. |
| 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 | 622,218. | 741,288. | 739,676. | 695,853. | 525,824. | 3,324,859. |
| 3 | Gross receipts from activities that | | | | | | _ |
| | are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 1,400,058. | 1,371,895. | 1,342,304. | 1,425,653. | 1,406,533. | 6,946,443. |
| 78 | A Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | 93,246. | 153,400. | 129,311. | 85,900. | 77,121. | 538,978. |
| 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 | | | | | | 0. |
| , | Add lines 7a and 7b | 93,246. | 153.400. | 129,311. | 85,900. | 77,121. | 538,978. |
| | Public support. (Subtract line 7c from line 6.) | 50,120 | | | 007000 | 777=== | 6,407,465. |
| | ction B. Total Support | | | | | | , , |
| Cale | endar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | 1,400,058. | 1,371,895. | 1,342,304. | 1,425,653. | 1,406,533. | 6,946,443. |
| | a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 10,282. | 9,699. | 8,332. | 3,681. | 4,081. | 36,075. |
| k | Unrelated business taxable income | 20,2021 | 3 / 633 (| 0,0020 | 3,0020 | 2,0020 | 30,070 |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | 10,282. | 9,699. | 8,332. | 3,681. | 4,081. | 36,075. |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 1,410,340. | 1,381,594. | 1,350,636. | 1,429,334. | 1,410,614. | 6,982,518. |
| 14 | First five years. If the Form 990 is for | the organization's | first, second, thir | d, fourth, or fifth ta | ax year as a section | n 501(c)(3) organiz | ration, |
| _ | check this box and stop here | | - | | | | <u></u> |
| | ction C. Computation of Publ | | | | | 1 | 01 76 |
| | Public support percentage for 2019 (I | | | column (f)) | | 15 | 91.76 % |
| | Public support percentage from 2018 | | | | | 16 | 91.95 % |
| | ction D. Computation of Inves | | | | | | <u> </u> |
| 17 | | | | | | 17 | .52 % |
| | Investment income percentage from 2 | | | | | 18 0.1/00/ and line 1 | .47 % |
| 198 | a 33 1/3% support tests - 2019. If the | | | | | | / is not ► X |
| k | more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the | organization did n | ot check a box on | line 14 or line 19a | , and line 16 is mo | re than 33 1/3%, | and |
| | line 18 is not more than 33 1/3%, che | | | • | | • | |
| 20 | Private foundation. If the organizatio | n did not check a | box on line 14, 19 | a, or 19b, check th | us box and see ins | structions | ▶∟ |

Yes No

Part IV | Supporting Organizations

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

Section A. 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|-----|-----------------|-------|------|
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| m O | 10b 90 or 99 | 10-E7 | 2010 |
| 9 | JU UI 35 | ,,-LZ | 2013 |

| Pa | rt IV Supporting Organizations (continued) | | | igo c |
|-----|--|-----------|-----|--------------|
| | Continued) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 100 | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| _ | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | 71 11 0 0 | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| 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 | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | <u> </u> |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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 government entity (see ins | tructions | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 0- | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | OL | | |
| 9 | activities but for the organization's involvement. Perent of Supported Organizations Answer (a) and (b) holow | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI. | 3a | | |
| b | | Ja | | |
| J | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

932025 09-25-19

| Pa | Type III Non-Functionally Integrated 509(a)(3) Supportin | g Orgar | nizations | |
|------|---|-------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on | Nov. 20, 1970 (explain in | Part VI). See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | mplete Se | ections 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): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| 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 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| _5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035. | 6 | | |
| _7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | y integrate | ed Type III supporting org | anization (see |
| | instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2019

| ı aı | Type in Non-Functionally integrated 509 | (a)(s) Supporting Org | anizations (continued) | |
|----------|--|-------------------------------|--|---|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | ns | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | е | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | 1 | T | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2019 distributable amount | | | |
| i_ | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| _8_ | Breakdown of line 7: | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| е | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

The Washington Chorus, Inc. 52-6054269 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$7,512. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$5,127. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11 | | \$ 7,510. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 12 | | \$10,937. | Person X Payroll |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if add | itional space is needed. | |
|------------|--|----------------------------|-----------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13 | | \$10,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 14 | | \$10,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 15 | | \$7,144. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 16 | | \$5,588. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 17 | | \$5,251. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 18 | | \$\$\$ | Person X Payroll |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if ad | ditional space is needed. | |
|------------|---|----------------------------|-----------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 19 | | \$5,169. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 21 | | \$10,132. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 22 | | \$\$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 23 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 24 | | \$\$ | Person X Payroll |

| 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 |
| 25 | | \$\$ | Person X Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 26 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 27 | | s10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 28 | | \$20,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 2 | Non- cash portion consisted of Donated Securities | | |
| | | \$15,066. | 06/30/20 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 5 | Non- cash portion consisted of Donated Securities | | |
| | | \$9,227. | 05/28/20 |
| (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 |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |

Employer identification number

Name of organization

The Washington Chorus, Inc. 52-6054269 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 Part III 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| • | Section 501(c)(4), (5), or (6) organiza | tions: Complete Part III | | | |
|----|---|---|--|---|---|
| | ne of organization | tions. Complete Fair III. | | Empl | oyer identification number |
| | The Was | hington Chorus, 1 | Inc. | | 52-6054269 |
| Pa | art I-A Complete if the org | ganization is exempt und | er section 501(c) | or is a section 527 o | rganization. |
| 2 | Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai | ures | | ▶ \$ | |
| Ps | art I-B Complete if the org | ranization is exempt und | er section 501(c)(| (3) | |
| | Enter the amount of any excise tax | | | | |
| 2 | Enter the amount of any excise tax | incurred by organization manage | ers under section 4955 | | |
| 3 | If the organization incurred a section | n 4955 tax. did it file Form 4720 t | for this vear? | Ψ | Yes No |
| | Was a correction made? | | | | |
| | If "Yes," describe in Part IV. | | | | |
| Pa | art I-C Complete if the org | ganization is exempt und | er section 501(c), | except section 501 | (c)(3). |
| 3 | Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were prepolitical action committee (PAC). If | s. Add lines 1 and 2. Enter here and 1120-POL for this year? Inployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a | nd on Form 1120-POL, N) of all section 527 po I from the filing organiz a separate political orga | ★ \$ strictle Str | Yes No the filing organization and amount of political |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2019

| Schedule C (Form 990 or 990-EZ) 2019 | The Washin | aton Chorus | , Inc. | 52- | 605 4 269 Page 2 |
|--|---|---|----------------------------|--|--------------------------------|
| Part II-A Complete if the org | | | | | |
| expenses, and share | re of excess lobbyin | g expenditures). | in Part IV each affiliated | group member's nai | me, address, EIN, |
| B Check ► L if the filing organiza | tion checked box A | and "limited control" p | rovisions apply. | () = " | (1.) A (C): 1 |
| | ts on Lobbying Exp ditures" means am | oenditures ounts paid or incurred | d.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | uence public opinio | n (grassroots lobbying) | | | |
| b Total lobbying expenditures to influ | uence a legislative b | ody (direct lobbying) | | | |
| c Total lobbying expenditures (add li | nes 1a and 1b) | | | | |
| d Other exempt purpose expenditure | | | | | |
| e Total exempt purpose expenditure | | | T T | | |
| f Lobbying nontaxable amount. Enter | | | 1 | | |
| If the amount on line 1e, column (a) o | | obbying nontaxable a | 1 | | |
| Not over \$500,000 | | of the amount on line 1 | | | |
| Over \$500,000 but not over \$1,000 | | 000 plus 15% of the ex | | | |
| Over \$1,000,000 but not over \$1,5 | | 000 plus 10% of the ex | | | |
| Over \$1,500,000 but not over \$17,000,000 | | 000 plus 5% of the exc 0,000. | zess over \$1,500,000. | | |
| Over \$17,000,000 | φ1,00 | 0,000. | | | |
| g Grassroots nontaxable amount (en | iter 25% of line 1f) | | | | |
| h Subtract line 1g from line 1a. If zer | | | | | |
| i Subtract line 1f from line 1c. If zero | | | | | |
| j If there is an amount other than ze reporting section 4911 tax for this | ro on either line 1h | or line 1i, did the organ | | | Yes No |
| (Some organizations the | hat made a section | veraging Period Unde 501(h) election do no arate instructions for | ot have to complete all o | of the five columns | below. |
| | Lobbying Exp | enditures During 4-Y | ear Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount | | | | | |
| (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| | | | | | |
| d Grassroots nontaxable amount | | | | | - |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2019 The Washington Chorus, Inc. 52-605426 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (; | a) | (k | o) |
|---|---|-----------------|--------------|------------|-------------|
| of the | e lobbying activity. | Yes | No | Amo | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or | | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| | or referendum, through the use of: | | | | |
| а | Volunteers? | | X | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | Х | | |
| С | Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | Х | | |
| d | Mailings to members, legislators, or the public? | | Х | | |
| | | | Х | | |
| | | | X | | |
| | | | X | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | | |
| | | X | | | 3,215. |
| | | | X | | 3,215. |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? It III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? It III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| | | | | | |
| | | | (=) | | |
| Par | | on 501(c) | (5), or se | ection | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | | | | | |
| 3 | | | | | |
| Par | | | | | e 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| _ | | | | | |
| | | | | | |
| а | | | 2a | | |
| | | | | | |
| | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bi if "Yes," enter the amount of any tax incurred under section 4912 ct if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did if file Form 4720 for this year? Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions). Part III B, Line 1, Lobbying Activities: The Washington Chorus is a member of a cohort of | | | | | |
| | | | 4 | | |
| 5 | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i ab Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did if file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization argee to carry over lobbying and political campaign activity expenditures from the prior year art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 1 If no | | 5 | | |
| | | | | | |
| | | o list); Part I | I-A, lines 1 | and 2 (see | |
| | | | | | |
| Par | t II-B, Line I, Lobbying Activities: | | | | |
| The | Washington Chorus is a member of a cohort of the | arts o | organi | zation | ıs |
| in | Washington, DC with annual budgets over \$1MM. This | coho | rt, ca | lled | |
| the | National Capital Arts Cohort, makes collective pa | yments | s as a | group | |
| to | lobbying firms to compensate for lobbying services | and a | advice | to | |
| | | | | | |
| | | Cabadi | de O (Ferre | 000 0= 00 | C = 7\ 0040 |

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 Open to Public Inspection

Name of the organization

The Washington Chorus, Inc.

Employer identification number 52-6054269

| Pa | rt I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds | or Accounts. Complete if the | |
|----|--|--|--------------------------------------|------|
| | organization answered "Yes" on Form 990, Part IV, lir | ne 6. | | |
| | | (a) Donor advised funds | (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 | writing that the assets held in donor advise | ed funds | |
| | are the organization's property, subject to the organization's | s exclusive legal control? | Yes | No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | |
| | for charitable purposes and not for the benefit of the donor | | | |
| | impermissible private benefit? | | Yes | No |
| Pa | rt II Conservation Easements. Complete if the or | | | |
| 1 | Purpose(s) of conservation easements held by the organizat | tion (check all that apply). | | |
| | Preservation of land for public use (for example, recreation | ation or education) Preservation of | a historically important land area | |
| | Protection of natural habitat | Preservation of | a certified historic structure | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | ified conservation contribution in the form | of a conservation easement on the la | st |
| | 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 st | ructure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired | after 7/25/06, and not on a historic structu | ure | |
| | listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by the | e organization during the tax | |
| | year > | | | |
| 4 | Number of states where property subject to conservation ea | asement is located | | |
| 5 | Does the organization have a written policy regarding the pe | eriodic monitoring, inspection, handling of | | , |
| | violations, and enforcement of the conservation easements | | | No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | , handling of violations, and enforcing cons | servation easements during the year | |
| | > | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservat | tion easements during the year | |
| | > \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) abo | ve satisfy the requirements of section 170(| | 7 |
| | and section 170(h)(4)(B)(ii)? | | | No |
| 9 | In Part XIII, describe how the organization reports conservat | • | | |
| | balance sheet, and include, if applicable, the text of the foot | note to the organization's financial statement | ents that describes the | |
| Da | organization's accounting for conservation easements. | f Ant Historical Transcruss or Of | than Cimilan Assats | |
| Pa | rt III Organizations Maintaining Collections o | | ther Similar Assets. | |
| | Complete if the organization answered "Yes" on Form | | | |
| та | If the organization elected, as permitted under FASB ASC 98 | · · | | |
| | of art, historical treasures, or other similar assets held for pu | | • | |
| | service, provide in Part XIII the text of the footnote to its fina | | | |
| D | If the organization elected, as permitted under FASB ASC 9 | • | | |
| | art, historical treasures, or other similar assets held for public | c exhibition, education, or research in furth | nerance 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 tre | | ıı gam, provide | |
| _ | the following amounts required to be reported under FASB A | | • • | |
| a | Revenue included on Form 990, Part VIII, line 1 | | | |

| _ | | nington Ch | | | | | | | 54269 | |
|--------|---|----------------------|-------------|----------------|----------------|----------------|--------------|-----------|--------------------|-------------|
| Pai | t III Organizations Maintaining C | | | | | | | | ts (continu | ed) |
| 3 | Using the organization's acquisition, accession | on, and other record | ds, chec | k any of the | following that | at make sigr | ificant use | e of its | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | C | d | Loan or exc | hange progra | am | | | | |
| b | Scholarly research | • | е 📖 | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and expla | in how th | ney further t | he organizati | on's exemp | t purpose | in Part | XIII. | |
| 5 | During the year, did the organization solicit or | | | | | | | | 1 | |
| _ | to be sold to raise funds rather than to be ma | | | | | | | | Yes | <u></u> No_ |
| Pai | t IV Escrow and Custodial Arrang | | lete if the | organizatio | on answered | "Yes" on Fo | rm 990, P | art IV, I | ine 9, or | |
| | reported an amount on Form 990, Par | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | | | | | | | 1 | |
| | on Form 990, Part X? | | | | | | | 🖳 | Yes | └── No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | ollowing | table: | | | | | | |
| | | | | | | | | | Amount | |
| | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | 1d | | | |
| | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | | | | |
| | Did the organization include an amount on Fo | | | | | - | | | Yes | ∐ No |
| Pai | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if | | | | | | | | | |
| ı uı | Endownient i diids. Complete ii | | 1 | rior year | (c) Two year | | Three years | s hack | (e) Four y | aare hack |
| 10 | Reginning of year balance | (a) Current year | (6) F | nor year | (C) TWO year | IS DACK (U) | Tillee years | 5 Dack | (e) i oui y | tais back |
| | Beginning of year balance | | | | | | | | | |
| | Contributions | | | | | | | | | |
| | Net investment earnings, gains, and losses Grants or scholarships | | | | | | | | | |
| | T T T T T T T T T T T T T T T T T T T | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs Administrative expenses | | | | | | | | | |
| | End of year balance | | | | | | | | | |
| g 2 | Provide the estimated percentage of the curr | ent year end halan | ce (line 1 | a column (| 3// pelq 36. | | | | | |
| | Board designated or quasi-endowment | ent year end balan | % | g, coluitii (a | ajj rielu as. | | | | | |
| | Permanent endowment | % | | | | | | | | |
| | | | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c short | | | | | | | | | |
| За | Are there endowment funds not in the posse | • | zation tha | at are held a | and administe | ered for the | organizatio | on | | |
| | by: | 3- | | | | | 9 | | ΓY | es No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | <u> </u> | |
| Pai | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 99 | 0, Part I | /, line 11a. S | See Form 990 |), Part X, lin | e 10. | | | |
| | Description of property | (a) Cost or o | | | t or other | | mulated | | (d) Book | value |
| | | basis (invest | | | (other) | depre | ciation | | - | |
| 1a | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | |
| | Equipment | | | 2 | 0,644. | 1 | 1,798 | • | 8 | ,846. |
| _ | Other | | | | | | | | | |

Schedule D (Form 990) 2019

8,846.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| Part VII Investments - Other Securities. | con chorus, | 32 | Tage C |
|---|-------------------------------|---|------------------------|
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-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" | | e 11d. See Form 990, Part X, line 15. | |
| (a) \ | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | | | |
| (8) | | | |
| (9) | 4=1 | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | 9 15.) | _ | |
| | ara Farras 000 David IV/ line | - 11 11f Can Farm 000 Bart V line 05 | |
| Complete if the organization answered "Yes" (a) Description of liability | on Form 990, Part IV, line | e TTe or TTf. See Form 990, Part X, line 25 | (b) Book value |
| | | | (b) book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| <u>(6)</u> | | | |
| (7) | | | |
| (8) | | | |
| (9) | 25.) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | <i>z ∠J.)</i> | | |

2. 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... X

932054 10-02-19 Schedule D (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

19

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization The Washington Chorus, Inc. Employer identification number 52-6054269

| Par | rt I Types of Property | | | | | | |
|-----|---|-----------------|----------------------------|---|----------------------------------|------------|-------------|
| | | (a) | (b) | (c) | (d) | | |
| | | Check if | Number of contributions or | Noncash contribution amounts reported on | Method of de noncash contribu | | t o |
| | | applicable | | Form 990, Part VIII, line 1g | noncash contribu | tion amoun | เร |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | Х | 5 | 24,293. | Fair Market | Value | ; |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | |
| | trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| | Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | 77 | 2.0 | 4 724 | T | 77.1 | |
| 25 | Other (Meals/supplie) | X | 38 | 4,/34. | Fair Market | value | : |
| 26 | Other () | | | | | | |
| 27 | Other () | | | | | | |
| 28 | Other () | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | | • | | | | |
| | for which the organization completed Form 828 | 33, Part IV, I | Donee Acknowled | gement 29 | | Ves | No |
| 200 | During the year did the organization receive by | , contributio | on any proporty ror | ported in Dort I lines 1 through | ab 20 that it | Yes | No |
| Sua | During the year, did the organization receive by must hold for at least three years from the date | | | | | | |
| | | | | | | 30a | Х |
| h | exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II. | | | | | 30a | |
| 31 | Does the organization have a gift acceptance p | olicy that re | equires the review | of any nonstandard contribu | itions? | 31 | Х |
| | Does the organization have a girt acceptance p | | | | | 31 | |
| JŁA | contributions? | | • | | | 32a | x |
| h | If "Yes," describe in Part II. | | | | | JEU | |
| 33 | If the organization didn't report an amount in co | olumn (c) fo | r a type of propert | v for which column (a) is che | cked. | | |
| | describe in Part II. | 2.2.1.11 (0) 10 | ,po o. p.oport | , | , | | |
| | | | | | | | |

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

Schedule M (Form 990) 2019

| Schedule M | (Form 990) 2019 | The | Washington | Chorus, | Inc. | 52-6054269 | Page 2 |
|------------|-----------------|-------|---------------------|------------------|----------------------------|---|--------|
| Part II | Supplemental | Infor | mation. Provide the | information requ | ired by Part I, lines 30b. | 32b, and 33, and whether the organiza ed, or a combination of both. Also com | ation |
| | | | | | | | |
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SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Washington Chorus, Inc.

Employer identification number 52-6054269

Form 990, Part I, Line 6, Volunteers:

The Organization utilizes volunteers to organize and operate all areas
of the Chorus. During fiscal year 2020 approximately 160 chorus
singers and chorus management volunteers donated their time and talents
to the Organization.

Form 990, Part III, Line 1, Organization's Mission:

The mission of The Washington Chorus is to preserve and advance the art of choral singing and share the experience of the transforming power of choral music. TWC does this by performing at the highest artistic level in the nation's capital and before diverse national and international audiences, and by nurturing the next generation of choral singers.

Form 990, Part III, Line 4a, Description of Program Service:

Form 990, Part III, Line 4a, Program Services (continued):

December brought the return of the Chorus' enormously popular holiday

program, A Candlelight Christmas, which featured traditional carols,

contemporary compositions, and sing-alongs, accompanied by brass

ensemble, organ, and handbells.

The Washington Chorus continued its role as major collaborator with the

National Symphony Orchestra. In December, the Chorus joined the NSO for
a production of Handel's Messiah, and in January collaborated with them
in NSO Pops: Game On! featuring music from popular video games, both in
the Kennedy Center Concert Hall.

Name of the organization
The Washington Chorus, Inc.

Employer identification number 52-6054269

Education and Community Outreach Programs:

New to this season is TWC's partnership with NPR and PBS music commentator, conductor, composer, author, and pianist Rob Kapilow in a continuation of the popular series, "What Makes It Great?" presented at the Baird Auditorium of the Natural History Museum with the Smithsonian Associates. Two installments of this series occurred in November 2019 and February 2020.

In October of 2019, TWC performed at the National Institutes of

Health's Clinical Center Atrium for patients, families, and members of

the NIH medical community. This Music in the Atrium program began as

part of the Kennedy Center's Sound Health initiative to expand our

understanding of the connections between music and wellness.

For the twenty-eighth year in a row, The Washington Chorus was joined by local high school choirs on stage during through its Side-by-Side program. In December, the students of Walt Whitman High School, Takoma Academy Camerata, and GenOUT were featured in this program.

The Chorus' partnership with DC Public Schools created the DC Honors

Ensembles, a festival uniting DCPS students from across all wards of
the District in intensive choral instruction and a culminating
performance in March 2020.

COVID-19 response in fiscal year 2020:

The global pandemic necessitated the cancelations of five Chorus performances, including: TWC's St. Patrick's Day Celebration Concert,

Name of the organization

The Washington Chorus, Inc.

Employer identification number 52-6054269

which was an homage to Artistic Director Christopher Bell's homeland in his final season with the Chorus; The Future is Female, a collaborative concert highlighting women composers of many cultures and backgrounds, in partnership with The Heritage Signature Chorale; a performance of Rachmaninoff Vespers; the presentation of Beethoven's Symphony No. 9

festival under the baton of music director Gianandrea Noseda; and the final performance of the "What Makes It Great?" series with Rob

with the National Symphony Orchestra as part of the Beethoven at 250

Kapilow.

Despite these cancellations, the Chorus has remained active

programmatically throughout the pandemic through virtual platforms. A

pilot series of "TWC TV" aired each week in April 2020, giving

audiences a chance to hear Executive Director Stephen Beaudoin chat

with arts leaders from around the area, experience some thrilling

at-home performances, and have some fun too, with game-show style

quizzes and activities. In addition, the Chorus maintained its weekly

Monday night rehearsals via Zoom through June. The Chorus also created

its first-ever virtual choir performance, with a breathtaking video of

Josef Rheinberger's "Abendlied" under the direction of Artistic

Director Christopher Bell which was released on June 23, 2020 and

already had over 1,500 views on YouTube one week later.

Form 990, Part VI, Section B, line 11b:

A draft of the Form 990 is reviewed by management, the Finance Committee and then is provided to the full Board of Trustees prior to filing with the IRS.

| Name of the organization The Washington Chorus, Inc. | Employer identification number 52-6054269 |
|---|---|
| Form 990, Part VI, Section B, Line 12c: | |
| The officers and directors of TWC are required to disclos | e conflicts of |
| interest or potential conflicts of interest once they bed | ome aware of them. |
| Key employees have a similar requirement. Compliance with | this policy is |
| enforced through the organization's contract review proce | ss. |
| | |
| Form 990, Part VI, Section B, Line 15: | |
| The Executive Committee serves as the Compensation Commit | tee for the key |
| employees using all comparative data available. | |
| | |
| Form 990, Part VI, Section C, Line 19: | |
| TWC makes its governing documents, conflict of interest p | olicy and |
| financial statements available to the public upon request | • |
| | |
| Form 990, Part XII, Line 2c: | |
| TWC's Finance Committee is responsible for oversight of t | he audit, |
| including selection of the independent accountant. The pr | ocess has not |
| changed from previous years. | |
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Form **8868**

(Rev. January 2020)

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

Form 8868 (Rev. 1-2020)

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.

| Automa | atic 6-Month Extension of Time. Only subm | it origin | al (no copies needed). | | | |
|--|--|---------------|--------------------------------------|-------------|----------------------|-------------|
| All corpor | ations required to file an income tax return other than Fo | orm 990-T | (including 1120-C filers), partnersh | ips, REMIC | Ss, and trusts | |
| must use | Form 7004 to request an extension of time to file incom | e tax retu | rns. | | | |
| Type or | Name of exempt organization or other filer, see instru- | ctions. | | Taxpaye | r identification num | nber (TIN) |
| print | | | | | | |
| File by the | The Washington Chorus, Inc. | | | | 52-60542 | 69 |
| due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, so 3220 N Street NW, No. 230 | ee instruc | tions. | | | |
| instructions. | City, town or post office, state, and ZIP code. For a following ton, DC 20007-2829 | | | | | |
| Enter the | Return Code for the return that this application is for (file | e a separa | te application for each return) | | | 0 1 |
| Applicati | on | Return | Application | | | Return |
| ls For | | | Is For | | | Code |
| Form 990 | or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 990 | | 02 | Form 1041-A | | | 08 |
| | 0 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990 | | 04 | Form 5227 | | | 10 |
| | -T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990 | -T (trust other than above) | 06 P | Form 8870 xecutive Director | | | 12 |
| • The be | ooks are in the care of > 3220 N Street N | | | n DC | 20007-28 | 29 |
| Telenh | $\frac{3220 \text{ N}}{342-6221}$ | , 11 | Fax No. |)II, DC | 20007 20 | |
| | organization does not have an office or place of business | s in the I Ir | - | | | |
| | s for a Group Return, enter the organization's four digit (| | | | | check this |
| box ▶ [| If it is for part of the group, check this box | | ch a list with the names and TINs of | | | |
| | | | | | | |
| 1 re | quest an automatic 6-month extension of time until | Ma | y 17, 2021 , to fi | le the exen | npt organization re | turn for |
| | organization named above. The extension is for the organization | | • | | | |
| ▶[| calendar year or | | | | | |
| ▶[| X tax year beginning JUL 1, 2019 | , an | d ending JUN 30, 2020 |) | <u> </u> | |
| | | | | | | |
| 2 If th | ne tax year entered in line 1 is for less than 12 months, c | heck reas | on: Initial return | Final retur | n | |
| L | ☐ Change in accounting period | | | | | |
| 3a If th | nis application is for Forms 990-BL, 990-PF, 990-T, 4720, | or 6069 | enter the tentative tax less | | | |
| | nonrefundable credits. See instructions. | 01 0000, | criter the terrative tax, less | За | \$ | 0. |
| | his application is for Forms 990-PF, 990-T, 4720, or 6069 | | - | | | |
| | mated tax payments made. Include any prior year overp | | | 3b | \$ | 0. |
| | ance due. Subtract line 3b from line 3a. Include your pa | | | | | |
| | ng EFTPS (Electronic Federal Tax Payment System). See | • | | 3с | \$ | 0. |
| Caution: | If you are going to make an electronic funds withdrawal | (direct de | bit) with this Form 8868, see Form | 8453-EO a | nd Form 8879-EO | for payment |

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