			** PUBLIC DISCLOSURE COPY Extended to May 16, 2022	* *						
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047					
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2020					
Dena	rtment	of the Treasury	Do not enter social security numbers on this form as it may		Open to Public					
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection					
			-	JUN 30, 2021						
B Check if applicable: C Name of organization D Employer identification numbers of the construction of the										
X Address The Washington Chorus, Inc.										
	Name Chang		usiness as	52-6054269)					
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/su							
	 Final returr	9/5	G Street NW 211	(202) 342-	-6221					
	termi ated	n –	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,184,015.					
	Amer	wasii	ington, DC 20001	H(a) Is this a group retur						
	Appli tion pend		nd address of principal officer:Stephen Beaudoin	for subordinates?						
	•	same	as C above	H(b) Are all subordinates includ						
		empt status:		527 If "No," attach a list						
			thewashingtonchorus.org X Corporation Trust Association Other ► L Ye	H(c) Group exemption n						
		Summary		ear of formation: 1961 M St	late of legal domicile. DC					
	1			advance and s	share the					
JCe	'	Briefly describe the organization's mission or most significant activities: Preserve, advance and since ant, power and experience of choral music- See Part III								
Governance	2									
Iovel	3				14					
Ğ	4									
es 8	5									
vitio	6		of volunteers (estimate if necessary)		160					
Activities &			d business revenue from Part VIII, column (C), line 12		0.					
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.					
				Prior Year	Current Year					
ne	8		and grants (Part VIII, line 1h)	880,709. 507,418.	1,021,685.					
Revenue	9	0	ce revenue (Part VIII, line 2g)	31,592.	115,690. 2,424.					
Re	10 11		come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,773.	40,827.					
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,431,492.	1,180,626.					
			milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
			to or for members (Part IX, column (A), line 4)	0.	0.					
S		•	r compensation, employee benefits (Part IX, column (A), lines 5-10)	372,517.	406,796.					
nse			undraising fees (Part IX, column (A), line 11e)	0.	0.					
Expenses			ing expenses (Part IX, column (D), line 25)							
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	851,160.	614,188.					
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,223,677.	1,020,984.					
	19	Revenue less	expenses. Subtract line 18 from line 12	207,815.	159,642.					
Net Assets or Fund Balances		-		Beginning of Current Year	End of Year					
Asse Bala	20	Total assets (F		845,527. 181,478.	1,043,861.					
Vet ∕ und	21 22		; (Part X, line 26) fund balances. Subtract line 21 from line 20	664,049.	<u>177,069.</u> 866,792.					
	rt II			004,049•	000,192.					
		-	I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of mv kr	nowledge and belief, it is					
			. Declaration of preparer (other than officer) is based on all information of which prepa							
		3/11/2022								

	<u>Slax</u> /-	3/11/2022							
Sign	Signature of officer	Date							
Here	Stephen Beaudoin, Executive Director								
	Print/Type preparer's name Preparer's signature Date	Check PTIN							
Paid	Lori A. Collingsworth	/22 self-employed P00639819							
Preparer	Firm's name Rogers & Company PLLC	Firm's EIN 🕨 58-2676261							
Use Only	Firm's address 💊 8300 Boone Boulevard, Suite 600								
	Vienna, VA 22182	Phone no. (703) 893-0300							
May the II	Any the IRS discuss this return with the preparer shown above? See instructions								
		Course 000 (0000)							

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2020) The Washington Chorus, Inc.	52-6054269	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	The mission of The Washington Chorus is to preserve and		
	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		
2			XNo
	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	s? Yes	XNo
•	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	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 669,192. including grants of \$) (Rev	^{venue \$} 152,	457. ₎
	Concert Series, Education and Community Outreach Progra	ams:	
	In The Washington Chorus' 2020-2021 60th Anniversary Se		
	welcomed its fifth Artistic Director, Dr. Eugene Roger		is
	committed to creating new work and telling stories that		
	especially stories that center historically oppressed		
	TWC was forced to move our programs nearly all online,		
	ourselves to creating new work in alignment with our va		e
	the first American chorus to commission a piece in resp COVID-19 pandemic: a richly beautiful choral work by a		1.
	American composer Damien Geter.	CCIAIMED BIAC	ĸ
	See Schedule O for additional information		
	bee benedate o tot additional information		
4b	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
			/
4c		venue \$	<u> </u>
40	(Code:) (Expenses \$) (Rev	enue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 669,192.)	
<u>4e</u>	Total program service expenses 669 , 192.	O	90 (2020)
		Form 9	JU2U2)

Form	990	(2020)

Form 990 (2020) 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	-		v	
	public office? If "Yes," complete Schedule C, Part I	3		x	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v		
_	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	-		x	
e	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5			
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,	0		- 23	
'	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	<u>'</u>			
U	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?				
	If "Yes," complete Schedule D, Part IV				
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments				
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X				
	as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,				
	Part VI	11a	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			37	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x	
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			v	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х		
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23		
12a	Schedule D, Parts XI and XII	12a	х		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?				
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any				
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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,			v	
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х		
19	1c and 8a? If "Yes," complete Schedule G, Part II	18	17		
19		19		x	
20a	complete Schedule G, Part III	19 20a		X	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	<u> </u>	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
-	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x	

 Form 990 (2020)
 The Washington Chorus, Inc.

 Part 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				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	
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				
	Schedule J	23		X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>	
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		 	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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%	26		x	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II				
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	27			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			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	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X	
С	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		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37	
	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		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37	
	Schedule N, Part II	32		X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X	
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		x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		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		X	
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					
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	Х		

Form 990	
Part V	Sta

2a Exter the number of employees reported on From W-3, Transmittal of Wage and Tax Statements, with the statement of the statemark report report of the statemark report of the statemark report report of the statemark repork report of the statemark report of the statemark report				Yes	No			
In the last one is reported on line 2a, did the organization file all required foreal employment tax returns? 2b X Mote: If the sum of lines 1a and 2a is greater than 250, you may be required to elife (see instructions) 3a X 3a Did the organization have unmetated business gross income of \$1,000 or more during the year? 3a X 3b If "ves, 'hast filed a form 690-Tforthis year? /f 'No' to <i>ine 3b, provide an explanation on Schedule O</i> 3b 4a 3b If "ves, 'hast filed a form 690-Tforthis year? /f 'No' to <i>ine 3b, provide an explanation on Schedule O</i> 3b 4a 3b If 'ves, 'hast filed a form 690-Tforthis year? /f 'No' to line 3b, provide an explanation or schedule O 3b 4a 3c If 'ves, 'hast filed a form 690-Tforthis year? /f 'No' to line 3b, provide an explanation or schedule O 3b 5c 3c Wast the organization have schedule the organization file it was ort as a party to a prohibited tax schedule transaction? 5b X 3c If ''ves, ' did the organization file it was ort as a party to a prohibit dax schedule transaction? 5c X 3c If ''ves, ' did the organization file form 880-Tforthistons 7c X 3c If ''ves, ' did the organization feeree acharitable contributions? <	2a							
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Image: Control of C		filed for the calendar year ending with or within the year covered by this return 2a 4						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in streign country (such as a bank account, securities account, or other financial account)? 4a X 4b If ''est, 'ister the name of the foreign country (such as a bank account, securities account, or other financial account)? 5a X 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea? 5a X 5c If ''est, 'inter 5a or 5b, did the organization the from 3886-7? 5c 5c 5c 5c If ''est, 'inter 5a or 5b, did the organization intermose solication an appress statement that such contributions or gifts were not tax deductible ac charitable contributions? 6a X 16 If ''est, 'inter 4a organization interwas olicitation an appress statement that such contributions or gifts were not tax deductible? 7a X 7 Organization statin ary crecive deductible contributions under section 170(c). 10 bit the organization include with every and the value of the podies or svices provided 10 the payr? 7a X 7 Organizations that may receive deductible ac charitable property for which it was required to the form 82827. Inde during the year 7d <td< th=""><th>b</th><th>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</th><th>2b</th><th>Х</th><th></th></td<>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	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 duming the calenidar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X b If "Yes," enter the name of the foreign country [such as a back account securities account; or other financial accounts (FBAR). 5a X 5ee instructions for filing requirements for FiniCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5b Did any taxabit party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 6 Dost the organization namal gross necepits that are normably greater than \$100,000, and did the organization solutions are unal gross necepits that are normably greater than \$100,000, and did the organization solution and party for goods and services provided to the payo? 7a X 7 Torganization solution and party set achibition and party for goods and services provided to the payo? 7a X 10 The organization solution and party as a contribution an appress attainment the are organization file a FOM \$200 \$200 \$200 \$200 \$200 \$200 \$200 \$20		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a tinancial account), so counts (sch as a bank account, ac order financial account)? 4a X b If "Yes," enter the name of the foreign country > See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b Was the organization approx to a prohibited tas whether transaction? 5a X cli d'ves' to be soft of, did the organization file form 8867? 5a X cli d'ves' to be soft of, did the organization form 8867? 5c 5c X cli d'ves' to be soft of, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X b If "Yes," did the organization notift the donor of the value of the gods or services provided? 7a X b If "Yes," did the organization notift the donor of the value of the gods or services provided? 7b X b If "Yes," did the organization notift the donor of the value of the prosonal property for which it was required 7c X b If "Yes," indicate the number of Forms 8282 filed during the year 7d 7a X b If the organization neceive a any funds, directly	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
financial account in a foreign country (such as a bark account, securities account, or other financial account)? 4a X b fi*'ses, 'enter the name of the foreign country & 5a X 5a X 5b Sa X 5a X 5b X 5b X 5a X 5b X 5b X 5b Did any taxable pary notify the organization that twas or is a party to a prohibited tax shelter transaction? 5c X 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization notic the activation an express attainment that such contributions critics 6a X 7 Organization neave apament in excess of \$5 made party as contribution and party for goods and services provided to the payor? 7a X 7 Transitization receive apament in excess of \$5 made party as contribution and party for goods and services provided to the payor? 7a X 7 Transitization receive apament in excess of \$5 made party as contribution and party for goods and services provided? 7b X 7 Transitization receive any funds, directry or indirectly, to pay premiums on a personal benefit contract? 7c X 7 Transitization receive any f	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
b If "Yes," anter the name of the foreign country ▶ See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 50 Was the organization aperty to a prohibited wishelter transaction? 50 Did any taxable party notify the organization find Form 888-77. 51 Prose: To the Sa or 5b, did the organization find Form 888-77. 52 Did any taxable party notify the organization find Form 888-77. 53 Did any taxable party notify the organization find Form 888-77. 54 Dids any taxable party notify the organization find Form 888-77. 55 Did Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 54 Organizations that may receive deductible contributions? 55 Did Yes," did the organization include with every solicitation and partly for goods and services provided 7 56 Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required 56 to the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 57 A 2 58 Open comparization received a contribution of qualified intelectual property for which it was required? 59 Openoring organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 50 Did the organization received a contribution of qualified intelectual property, did the organization file Form 8899 as required? 50 Did the organization received a contribution of qualified intelectual property, did the organization file Form 1890 as required? 50 Did the sponsoring organization mailtaining door advised funds. 50 d	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa X 5b Ot any taxable party notify the organization file form 8886-17. Sc X 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Ga X b If Yes," full the organization neither year solicitation an express statement that such contributions or gifts were not tax deductible? Ga X b Organization self as ampent in excess of \$75 made party as a contribution and party for gods and services provided to the payor? To Ga X c Did the organization notify the door of the value of the gods or services provided? To X d If Yes," indicate the number of Forms 8282? Red during the year Td Td Td Z d If Yes," indicate the number of Forms 8282? Red during the year, on a personal benefit contract? Te X f Did the organization neixee any taxibe distribution of any taxibe any taxibe and party taxibe and the as a second boxiber, or a parsonal benefit contract? Te X f Did the sponsoring organization neaseve any taxibe distribution to a conso during the year? </th <th></th> <th>financial account in a foreign country (such as a bank account, securities account, or other financial account)?</th> <th>4a</th> <th></th> <th>X</th>		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
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amounts due or received from them.) 11b 12a 22a 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 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 14a X 16 X	а	Gross income from members or shareholders 11a						
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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. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X								
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a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	b							
Note: See the instructions for additional information the organization must report on Schedule O. Image: Construction of the provide of the								
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	а		13a					
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X								
excess parachute payment(s) during the year?			140					
If "Yes," see instructions and file Form 4720, Schedule N. 16 X	10		15		x			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			10					
	16		16		Х			

Form **990** (2020)

Form	990	(2020)
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The Washington Chorus, Inc.

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.

	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	1a	14							
	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	14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other								
	officer, director, trustee, or key employee?			2		Х				
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form §	990 was filed?		4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X				
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 a	opoint one or								
	more members of the governing body?									
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:								
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	iched 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 R	evenue Code.)								
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		L	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		L	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form	m? _ ·	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		L	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	L	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe								
	in Schedule O how this was done		L	12c	Х					
13	Did the organization have a written whistleblower policy?		L	13	Х					
14	Did the organization have a written document retention and destruction policy?		L	14		X				
15	Did the process for determining compensation of the following persons include a review and approve	al 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		L	15b	X					
	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 arrange	ment with a								
	taxable entity during the year?		L	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization'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, a	nd 990-T (Section 50 ⁻	1(c)(3)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,										
	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 bo									
	Stephen Beaudoin, Executive Director - (202) 342-6	221								
	945 G Street NW, No. 211, Washington, DC 20001									

	Commencetion of Officers Di	wastene Tweetees	Kay Employees	Linkest	
Part VII	Compensation of Officers, Di	irectors, irustees,	rey Employees,	Fignest	Compensated
	Employees, and Independent	t 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.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar		recto	or/trus	itee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		(***2/1033-10100)		and related
	below	d ual 1	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indivi	Institu	Officer	Keye	Highe	Form			0
(1) Stephen Beaudoin	40.00									
Executive Director		1		X				143,000.	0.	6,747.
(2) Kara Morrissey	2.00									
Chair		X		X				0.	0.	0.
(3) Sam Zhao	2.00									
Secretary		X		Х				0.	0.	0.
(4) Donald Borut	2.00									
Treasurer		Х		Х				0.	0.	0.
(5) Jharry Breed	1.00									
Trustee		Х						0.	0.	0.
(6) Peter Clunie	1.00									
Trustee		Х						0.	0.	0.
(7) Taylor Cortright	1.00									
Trustee		X						0.	0.	0.
(8) Jeri Darling	1.00									
Trustee		X						0.	0.	0.
(9) Christopher Denby	1.00									
Trustee		х						0.	0.	0.
(10) Shannon Finney	1.00									
Trustee		х						0.	0.	0.
(11) Catherine French	1.00									
Trustee		х						0.	0.	0.
(12) Lisa McLane	1.00									
Trustee		X						0.	0.	0.
(13) Anthony Salvi-Exner	1.00									
Trustee		X						0.	0.	0.
(14) John Shakow	1.00									
Trustee		X						0.	0.	0.
(15) Griha Singla	1.00									
Trustee		X		<u> </u>			<u> </u>	0.	0.	0.
		 	<u> </u>	<u> </u>			 			

Form 990 (2020)

	e Washington (52-60	54	269	Pa	age 8
Part VII Section A. Officers, Dire	ectors, Trustees, Key Em	ploy	ees,	, and	d Hi	ghes	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do box,	not cl	(C Posi heck r ss per	tion more rson i		one i an	(D) Reportable	(E) Reportable compensatior from related	ı	Est am	(F) timate iount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga and	oensa om the anizati I relate nizatie	e ion ed
										_			
										-			
		-						112.000			,		4.5
1b Subtotal c Total from continuation shee d Total (add lines 1b and 1c)]		143,000. 0. 143,000.		0. 0. 0.		5,7 5,7	0.
2 Total number of individuals (inc compensation from the organiz	cluding but not limited to th								,000 of reportable				1
3 Did the organization list any fo line 1a? If "Yes," complete Sch		. '	-	•	-			ghest compensated emp	2		3	Yes	No X
4 For any individual listed on line and related organizations great	a 1a, is the sum of reportab ter than \$150,000? <i>If</i> "Yes	ole co ," cor	ompe mple	ensa ete S	ition Sche	and Adule	ot J i	her compensation from for such individual	the organization		4		Х
5 Did any person listed on line 1a rendered to the organization?					-			-			5		Х
Section B. Independent Contracto									¢100.000 of open				
Complete this table for your fiv the organization. Report comp													
Name a	nd business address	NC	ONE	2			_	Description of s	ervices	C	ompen		n
2 Total number of independent of	contractore (including but		nitor	d to	the	so lic	ter	above) who received a	ore than				
2 Total number of independent of \$100,000 of compensation from	· · ·		me	u 10	(-	190						

		Check if Schedule O	conta	ins a resp	onse	or note to any lin	e in this Part VIII			L
							(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue exclud from tax unde sections 512 - 5
	1 a	Federated campaigns		1a						
	b	Membership dues								
	с	Fundraising events		1c		90,992.				
a	d	Related organizations		1d						
	е	Government grants (cont	ributic	ons) 1e		560,908.				
2	f	All other contributions, gifts,	grants	s, and						
		similar amounts not included	labove	e 1f		369,785.				
2	g	Noncash contributions included ir	n lines 1	1a-1f 1g	\$	12,160.				
	h	Total. Add lines 1a-1f					1,021,685.			
						Business Code				
	2 a	Concert ticke	et s	sales		711300	91,240.	91,240.		
10	b	Singer/Chorus	s di	ues		711300	24,450.	24,450.		
нечепие	c									
A	d									
Č	e									
	f	All other program service	reven	nue						
	a	Total. Add lines 2a-2f				i	115,690.			
	3	Investment income (inclu					•			
		other similar amounts)	-				2,424.			2,42
	4	Income from investment of								
	5	Royalties		-	-	F				
	•			(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss								
		Gross amount from sales of		(i) Securi		(ii) Other				
	<i>i</i> a	assets other than inventory	7a	(.) 0000		(,				
	h	Less: cost or other basis	14							
	U	and sales expenses	7b							
	•	Gain or (loss)	7c							
		Net gain or (loss)								
		Gross income from fundraisi								
	0 d			92. of						
		•								
		contributions reported on			0	0.				
	h	Part IV, line 18 Less: direct expenses			8a 8b	300.				
		Net income or (loss) from				5000	-300.			-30
		Gross income from gamir		-						50
	3 a	•	•							
	h	Part IV, line 19 Less: direct expenses			9a 9b					
		Net income or (loss) from								
			-	-	<u> </u>					
	iu a	Gross sales of inventory,			10-	39,856.				
	L.	and allowances Less: cost of goods sold			10a 10b					
							36,767.	36,767.		
+	С	Net income or (loss) from	sales	or invento	ory	Business Code	50,707.	50,707.		
	44 -	Gain on capit	1 a -	10204	2	900099	4,360.			4,36
an	11 a	Sain on Capit	-a1	TEase	تى 	500099	±,500.			
Revenue	b									
ы	c									
		All other revenue					4,360.			
	e						4.300.			

032009 12-23-20

Form **990** (2020)

Form 990 (2020) The	Washington	Chorus,	Inc.
Part VIII	Statement of Rev	venue		

The Washington Chorus, Inc. 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).

D٥	Check if Schedule O contains a respons 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				
_	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,	145,811.	71,693.	35,547.	38,571
c	trustees, and key employees Compensation not included above to disqualified	145,0110	/1,055.	55,547.	50,571
6	persons (as defined under section 4958(f)(1)) and				
	personal described in section $40E0(a)(2)(D)$				
7		206,673.	101,618.	50,383.	54,672
7 8	Other salaries and wages Pension plan accruals and contributions (include	200,0,50	101,010		54,074
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	35,408.	17,409.	8,632.	9,367
9	Payroll taxes	18,904.	9,295.	4,608.	5,001
11	Fees for services (nonemployees):		2,253	,	2,001
'' a	Management				
b	Legal	11,455.		4,000.	7,455
c	Accounting	43,157.		43,157.	.,1200
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	47,362.	7,708.	39,654.	
12	Advertising and promotion	18,496.	18,496.		
13	Office expenses	68,996.	46,595.	14,062.	8,339
14	Information technology				
15	Royalties				
16	Occupancy	36,920.	25,874.	3,737.	7,309
17	Travel	7,657.	5,755.	208.	1,694
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,906.	3,404.	1,082.	2,420
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,269.		9,269.	
23	Insurance	4,861.	2,236.	1,138.	1,487
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	359,109.	359,109.		
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,020,984.	669,192.	215,477.	136,315
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)				

	The	Washington	Chorus,	Inc.
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52-6054269 Page 11

		Check if Schedule O contains a response or no	te to ar	w line in this Part X			
		oncon in ochedule o contains a response of ne			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			514,434.	1	434,465.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			0.	3	57,253.
	4	Accounts receivable, net	10,928.	4	3,244.		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqua	ified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in se	ction 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			9,552.	8	6,773.
<	9	Prepaid expenses and deferred charges			143,329.	9	0.
	10a	Land, buildings, and equipment: cost or other		1.6 . 0.0.0			
		basis. Complete Part VI of Schedule D		16,983. 6,319.	0.046		10.004
	b	Less: accumulated depreciation			8,846.	10c	10,664. 531,462.
	11	Investments - publicly traded securities			158,438.	11	531,462.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			845,527. 101,551.	16	1,043,861. 32,206.
	17	Accounts payable and accrued expenses			101,001.	17	52,200.
	18	Grants payable			3,500.	18	8,500.
	19	Deferred revenue	5,500.	19	0,500.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
ilid		trustee, key employee, creator or founder, subs				22	
Lia	23	controlled entity or family member of any of the Secured mortgages and notes payable to unrel			10,127.	22	0.
	23	Unsecured notes and loans payable to unrelate			66,300.	23	136,363.
	25	Other liabilities (including federal income tax, pa			27		
		parties, and other liabilities not included on line	•				
		of Schedule D		· ·		25	
	26				181,478.	26	177,069.
		Organizations that follow FASB ASC 958, ch			- / -		,
sec		and complete lines 27, 28, 32, and 33.					
lan	27	.			664,049.	27	809,539.
Ba	28	Net assets with donor restrictions			0.	28	57,253.
pur		Organizations that do not follow FASB ASC					
ц		and complete lines 29 through 33.					
o s	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances			664,049.	32	866,792.
	33	Total liabilities and net assets/fund balances			845,527.	33	1,043,861.

Form **990** (2020)

Form 990 (
Part X	Balance	Sheet

Form	1990 (2020) The Washington Chorus, Inc.	52-60	54269	Pag	ge 12
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	1,180		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,020		
3	Revenue less expenses. Subtract line 2 from line 1	3			42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			49.
5	Net unrealized gains (losses) on investments	5	43	3,1	01.
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	866	5,7	92.
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				
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 reviewe	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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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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.

2020	
Open to Public Inspection	

OMB No. 1545-0047

Name of the o	organization
---------------	--------------

Name	e of t	he organization							identification number
				Chorus, Inc					2-6054269
Par	tl	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructior	ıs.	
The o	rgan	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
-		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental ı	unit descrik	bed in
-		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in a	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
-		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
r	1	university:							
10	Χ	An organization that norma							
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
r		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusion	ively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusion	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section (5 09(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	ees of the s	supporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrat	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organ	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ng organiz	zation.			
		r the number of supported o	•						
g		ride the following information			(iv) is the oroa	nization listed			
	() Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			
Total									

Schedule A (Form 990 or 990-EZ) 2020 The Washington Chorus, Inc. Part II Support Schedule for Organizations Described in Sections 17

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the 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.						
See	tion B. Total Support			·		•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ions)	•	•	12	
13	First 5 years. If the Form 990 is for th	e organization's f				501(c)(3)	
	organization, check this box and stop	here			-		
See	tion C. Computation of Publi	ic Support Pe	ercentage				
14	Public support percentage for 2020 (li	ine 6, column (f), (divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	rganization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2019. If the o	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	t - 2020. If the orc	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstand	ces test, check th	is box and stop he	e re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	oublicly supported	organization		▶∟
b	10% -facts-and-circumstances test	t - 2019. If the orc	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the						
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	<u>n did not check a</u>	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instructior	ns ►

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 The Washington Chorus, Inc. 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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 630,607. 602,628 729,800. 880,709. 1,021,685 include any "unusual grants.") 3,865,429. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 739,676. 741,288. 695,853. 525,824. 155,546. 2,858,187. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4,360. 4,360. 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 1,371,895 1,342,304 1,425,653 1,406,533, 1,181,591 6,727,976. 7a Amounts included on lines 1, 2, and 153,400. 129,311. 85,900. 77,121 78,992 524,724. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 153,400. 129,311. 85,900. 77,121. 78.992. 524 724 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 6,203 252 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1,371,895. 9 Amounts from line 6 1,342,304 1,425,653 1,406,533 1,181,591 6,727,976. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 9,699. 8,332. 3,681. 4,081 2,424 28,217. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 9,699. 8,332. 3,681. 4,081. 2,424 28,217. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1,381,594. 1,350,636. 1,429,334. 1,410,614. 1,184,015. 6,756,193. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 91.82 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 % 91.76 16 16 Public support percentage from 2019 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage .42 17 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) % .52 18 % 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

032024 01-25-21

10a

10b

Schedule A (Form 990 or 990 EZ) 2020 The Washington Chorus, Inc.

1

2

Yes

No

— ...

1.4

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Section B. Type I Supporting Organizations				

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the examination exercise for the herefit of any supported examination other than the supported	

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.

Section C. Type II Supporting Organizations

Part IV Supporting Organizations (continued)

			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		

Section D. All Type III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section 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).
- a 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.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

За

3b

Schedule A (Form 990 or 990-EZ) 2020 The Washington Chorus, Inc. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integrate	ad Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Par	t v Type III Non-Functionally Integrated 509	values supporting Orga	anizations (continu	<u>led)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	I		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
-	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990 EZ) 2020 The Washington Chorus, Inc.	52-6054269 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

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

2020

Employer identification number

	The Washington Chorus, Inc.	52-6054269
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Part I

Page 2 Employer identification number

The Washington Chorus, Inc.

52-6054269 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1</u>		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>5,699.</u>	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
3		\$6,080.	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
4		\$5,000.	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
5		\$6,555.	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
6		\$8,775.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2 Employer identification number

. .

52-6054269

The Washington Chorus, Inc.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 304,935. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Х 8 Person Payroll 91,708. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 9 X Person Payroll 7,260. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 10 Х Person Payroll 7,390. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Pavroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

The Washington Chorus, Inc.

52-6054269

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$38,525. Person \$38,525. Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		\$ 12,000. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		\$ 10,000. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions Type of contribution \$ 10,025. Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ 149,265. 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
18	· · · · · · · · · · · · · · · · · · ·	\$ 25,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2 Employer identification number

52-6054269

The Washington Chorus, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 19</u>		\$30,000.	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
20		\$9,353.	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
		\$6,800.	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
22		\$40,000.	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
		\$15,000.	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
24		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2 Employer identification number

52-6054269

The Washington Chorus, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$15,000.	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
26		\$5,096.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	INGINE, AUG ESS, ANG ZIF + 4	\$	Person Payroll Ocomplete Part II for noncash contributions.)

Page 3

Employer identification number

52-6054269

The Washington Chorus, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of P		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
-			
-		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions.)	Date received
-			
-		\$	
(a)		(c)	
No. From Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
-			
-		 \$	
		5	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
-			
-		\$	
(a) No.	(1.)	(c)	(-1)
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a)		(0)	
No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
-			
-			

Name of or	rganization			Employer identification number
The Wa	ashington Chorus, Inc.			52-6054269
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 o	ntry For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
-		(e) Transfer of gi	[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of gi		ansferor to transferee
_				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gi	 ft	
ŀ	Transferee's name, address, a			ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
[
	Transferee's name, address, a	(e) Transfer of gi		ansferor to transferee
Ī	· · · · · · · · · · · · · · · · · · ·			

(Form 990 or 990-EZ)	For Ora	anizations Exempt From Income	Tax Under section 4	\mathbf{C}	27	2020	
		if the organization is described		.,			
Department of the Treasury Internal Revenue Service	-	ao to www.irs.gov/Form990 for i			550-LZ.	Open to Public Inspection	
If the organization ans	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) or 	ganizations: Con	nplete Parts I-A and B. Do not com	plete Part I-C.				
 Section 501(c) (other 	r than section 5	01(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Pa	ırt I-B.		
 Section 527 organiz 	ations: Complete	e Part I-A only.					
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, li	ne 47 (Lobbying Act	tivities), th	en	
 Section 501(c)(3) or 	ganizations that	have filed Form 5768 (election und	der section 501(h)): Co	omplete Part II-A. Do	not compl	ete Part II-B.	
 Section 501(c)(3) org 	ganizations that	have NOT filed Form 5768 (electio	n under section 501(h	n)): Complete Part II-E	3. Do not c	omplete Part II-A.	
If the organization ans Tax) (See separate inst	-	n Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	nstructions) or Forr	n 990-EZ,	Part V, line 35c (Proxy	
 Section 501(c)(4), (5)), or (6) organiza	tions: Complete Part III.					
Name of organization					Employer	identification number	
	The Was	hington Chorus, I	nc.		5	2-6054269	
Part I-A Comple		anization is exempt unde		or is a section 5	527 orga	nization.	
2 Political campaign	activity expendit	ation's direct and indirect political ures gn activities					
Part I-B Compl	ete if the org	anization is exempt unde	r section 501(c)(3).			
		incurred by the organization unde			▶\$		
		incurred by organization manager					
		n 4955 tax, did it file Form 4720 fo				Yes No	
		, 				Yes No	
b If "Yes," describe ir							
Part I-C Comple	ete if the org	janization is exempt unde	r section 501(c),	except section	501(c)(3	\$).	
1 Enter the amount d	lirectly expended	d by the filing organization for sect	ion 527 exempt funct	ion activities	▶\$		
		ization's funds contributed to othe					
			-		▶\$		
		. Add lines 1 and 2. Enter here an			· · ·		
•	•				▶\$		
		1120-POL for this year?				Yes No	
		nployer identification number (EIN				e filing organization	
made payments. For contributions received	or each organiza ved that were pr	tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provic	from the filing organiz separate political orga	ation's funds. Also e anization, such as a s	nter the an	nount of political	
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid	from I	e) Amount of political	
(b) Nem				filing organization funds. If none, ent	er -0	promptly and directly elivered to a separate political organization. If none, enter -0	

Political Campaign and Lobbying Activities

SCHEDULE C

032041 12-02-20

OMB No. 1545-0047

Schedule C (Form 990 or 990-EZ) 2020 The	Washington	Chorus,	Inc

Part II-A Complete if the organized section 501(h)).	zation is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
A Check 🕨 🛄 if the filing organization I	pelongs to an aff	filiated group (and list in	n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and share of	excess lobbying	expenditures).			
B Check ▶ ☐ if the filing organization of	checked box A a	nd "limited control" pro	ovisions apply.		i
Limits on (The term "expenditure)	Lobbying Expe es" means amo)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influence	e a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines	a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ad	d lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter the		e following table in bot	h columns.		
If the amount on line 1e, column (a) or (b)		obying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
Grassroots nontaxable amount (enter 2	5% of line 1f)				
 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- 					
i Subtract line 1f from line 1c. If zero or less, enter -0-					
j If there is an amount other than zero or					
reporting section 4911 tax for this year	?			[Yes No
(Some organizations that n	nade a section §	eraging Period Under 501(h) election do not rate instructions for li	have to complete all	of the five columns b	elow.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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) 2020

Schedule C (Form 990 or 990-EZ) 2020 The Washington Chorus, Inc.52-605426Part II-BComplete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a)		(t	(b)	
of the lobbying activity.	Yes	No	Amo	ount
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?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?	X			7,455.
j Total. Add lines 1c through 1i				7,455.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
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 it file Form 4720 for this year?	501(-)		- 11	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c))(5), or se	ction	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Part III-B Complete if the organization is exempt under section 501(c)(4), section				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	R (b) Part	III-A, lin	e 3, is
answered "Yes."				
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cai		1	
expenses for which the section 527(f) tax was paid).		20	1	
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 				
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc 		3		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p			1	
expenditure next year?	Jointical	4	1	
 5 Taxable amount of lobbying and political expenditures (See instructions) 	5			
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1 a	and 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
Part II-B, Line 1, Lobbying Activities:				
The Washington Chorus is a member of a cohort of the	arts d	organi	zatior	ıs
in Washington DC with appual budgets even \$100 This	acho	~+ ~~	1104	
in Washington, DC with annual budgets over \$1MM. This	0000	LL, Ca	ттеа	
the National Capital Arts Cohort, makes collective pa	yment	s as a	grou <u>r</u>	<u>></u>
to lobbying firms to compensate for lobbying services	and a	advice	to	
encourage federal and local government support for de	dicate	ed art	s	
		le C (Form		D-EZ) 2020

funding through the Commission on Fine Arts (Federal) and DC Commission

on the Arts and Humanities (local).

SCHEDULE [)
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Department of the Treasury

0)

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.



Name of the organization	on
Internal Revenue Service	
Department of the measury	

Employer identification number

	The Washington Cho	orus, Inc.	52-6054269
Pa			
	organization answered "Yes" on Form 990, Part IV, lir		
	5	(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 advis	ed funds
	are the organization's property, subject to the organization's	-	
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?		
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that ap <u>ply).</u>	
	Preservation of land for public use (for example, recrea	ation or education)	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 last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic sta		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
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		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
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 conserva	tion easements during the year
•	\$	ve estisty the requirements of eastion 170	
8		• •	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat		
9	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.	note to the organization's infancial statem	ents that describes the
Pa	t III Organizations Maintaining Collections of	of Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pu	•	
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these item	IS.
b	If the organization elected, as permitted under FASB ASC 99		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	· ·	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$

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\$

Sche	dule D (Form 990) 2020 The Was	hington Ch	orus	, Inc.			52-	-60	54269	Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Other	r Similar A	sset	ts (contin	ued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	c			hange progra					
b	Scholarly research e Other									
с	Preservation for future generations									
4	Provide a description of the organization's co			-	•			ו Part	XIII.	
5	During the year, did the organization solicit o				-				7	
	to be sold to raise funds rather than to be ma								Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on F	⁻ orm 990, Pa	rt IV, I	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod								1	┌┐
	on Form 990, Part X?							ட	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	bllowing t	table:					<u> </u>	
									Amount	
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
f	Ending balance Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •	ــــــ		
Par							 ງ			
		(a) Current year	1	rior year	(c) Two year		:) Three years	hack	(e) Four	vears hack
1a	Beginning of year balance	(a) ourient year		nor year			aj miloo youro	JUON	(0) 1 001	youro buok
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1	a. column (a	a)) held as:			I		
а	Board designated or quasi-endowment	, ,	%	5 , (
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for the	e organizatio	n		
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	owment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or c	other		or other		cumulated		(d) Book	value
		basis (investr	ment)	basis	(other)	depr	reciation	\perp		
1a	Land									
	Buildings							\perp		
	Leasehold improvements				6 0 0 0		<u> </u>	\vdash		
d	Equipment			1	6,983.		6,319.	·	1(),664.
	Other							—		
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	0c.)		🕨		1(),664.

Schedule D (Form 990) 2020

Schedule D	(Form 990) 2020	The	Washington	Chorus,	Inc	•
Part VII	Investments -	Other Se	ecurities.			
						0

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.									
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							
(1) Financial derivatives									
(2) Closely held equity interests									
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(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 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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" on Form 990, Part IV, line 11d, See Form 990, Part X, line 15,

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability	(b) Book value
(1) Fe	deral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) line 25.)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020

Sche	edule D (Form 990) 2020 The Washington Chorus, I				6054269 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	eturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,635,153.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	43,101.		
b	Donated services and use of facilities	2b	411,126.		
с	Recoveries of prior year grants	2c			
d			300.		
е	Add lines 2a through 2d			2e	454,527.
3	Subtract line 2e from line 1			3	1,180,626.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	1,180,626.
	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit		•	
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements Wit 12a.	h Expenses per	•	rn.
	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit 12a.	h Expenses per	•	
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements Wit 12a.	h Expenses per	Retu	rn.
Pa 1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements Wit	h Expenses per	Retu	rn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements Wit	h Expenses per	Retu	rn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ements Wit 12a. 2a 2b	h Expenses per 411,126.	Retu	rn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	h Expenses per	Retu	rn.
Pa 1 2 a b c	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 411,126. 300.	Retu	rn. <u>1,432,410.</u> 411,426.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per 411,126. 300.	1	rn.
Pa 1 2 b c d e	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 411,126. 300.	1 2e	rn. <u>1,432,410.</u> 411,426.
Pa 1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2a 2b 2c 2d	h Expenses per 411,126. 300.	1 2e	rn. <u>1,432,410.</u> 411,426.
Pa 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	h Expenses per 411,126. 300.	1 2e	rn. <u>1,432,410.</u> <u>411,426.</u> <u>1,020,984.</u>
Pa 1 2 a b c d e 3 4 a b	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	h Expenses per 411,126. 300.	1 2e	rn. <u>1,432,410.</u> <u>411,426.</u> <u>1,020,984.</u> 0.
Pa 1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	h Expenses per 411,126. 300.	1 2e 3	rn. <u>1,432,410.</u> <u>411,426.</u> <u>1,020,984.</u>

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

Management has evaluated the Chorus' tax positions and has concluded that

the Chorus has taken no uncertain tax positions that qualify for either

recognition or disclosure in the accompanying financial statements.

Part XI, Line 2d - Other Adjustment	:s:
-------------------------------------	-----

Direct fundraising event expenses

Part XII, Line 2d - Other Adjustments:

Direct fundraising event expenses

300.

300.

Supplemental Information (continued)

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	or if the	2020							
Department of the Treasury Internal Revenue Service		Open to Public Inspection							
								dentification number	
The Washington Chorus, Inc. 52-60									
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not									
· · ·	complete this par								
a Mail solicitati	•	sed funds through any of the followice \mathbf{e} Solicita	Ũ		overnment grants	•			
	email solicitations			•	nment grants				
c Phone solicit		g 🔛 Specia	l fundra	aising	events				
d in-person sol		or oral agreement with any individua	l (inclu	dina o	fficara directora tru	-	or		
•		art VII) or entity in connection with I	•	Ũ				es 🗌 No	
• • •		viduals or entities (fundraisers) purs			-		undraiser is t	o be	
compensated at lea	ast \$5,000 by the	organization.							
	6 · · · · · · ·		(iii)	Did			Amount paid		
(i) Name and address or entity (fund		(ii) Activity	have or cor	ustody ntrol of	(iv) Gross receipts from activity		or retained by fundraiser	(i) to (or retained by) organization	
			contrib	utions?		lis	ted in col. (i)	organization	
			Yes	No					
Total				. 🕨					
3 List all states in white or licensing.	ch the organizatio	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt fron	n registration	

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

Schedule G (Form 990 or 990-EZ) 2020

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 Online	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			Virtual Gala			col. (c)
Ð			(event type)	(event type)	(total number)	001. (0)
Revenue	1	Gross receipts	90,992.			90,992.
ш	2	Less: Contributions	90,992.			90,992.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ŝ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	300.			300.
rect E	7	Food and beverages				
ā						
	8 9	Entertainment Other direct expenses				
	10		L 9 in column (d)			300.
		Net income summary. Subtract line 10 from li				-300.
Pa	rt l	III Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
			() 5	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
<u>۳</u>	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	11 "	Yes," explain:				

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Schedule G (Form 990 or 990-EZ) 2020

Scł	hedule G (Form 990 or 990-EZ) 2020 The Washington Chorus, Inc. 52-6	0542	269	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	'es	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
i	a The organization's facility	13a		%
	b An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		'es	🗌 No
	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party \triangleright \$			
	c If "Yes," enter name and address of the third party:			
	a n res, entername and address of the third party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L I Y	'es	└── No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, line	es 9,	9b, 10b,

	1 ,		

SCHI	EDL	JLE	ΞC)
(Form	990	or 9	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.

The Washington Chorus, Inc.

Open to Public Inspection Employer identification number

OMB No 1545-0047

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 2021 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:

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.

Core Values:

Excellence: Perform choral music at the highest levels of excellence					
and artistry with our musical partners and for our audiences					
Inclusion: Promote diversity, inclusion, access, and equity in the					
Washington Chorus and across the choral community					
Community: Foster an environment of cohesiveness, joy and respect					
within our choral community of singers, board members and staff. Serve					
and engage with our regional and broader communities by singing and					
learning together, and sharing our collective passion for choral music.					
Collaboration: Partner, engage and work closely with our stakeholders					
and donors to further our mutual appreciation and support for the					

musical arts

Schedule O (Form 990 or 990-EZ) 2020 Page 2					
Name of the organization The Washington Chorus, Inc.	Employer identification number $52-6054269$				
Innovation: Explore and embrace new frontiers across the	broad musical				
expanse. Harness our collective strengths and resilience	to overcome				
challenges with integrity and humility.					

Form 990, Part III, Line 4a: Concert Series, Education and Community Outreach Programs: (continued)

We then commissioned Emmy Award-winning filmmaker Bob Berg to create a film treatment, centering the Black experience in COVID-19, and the resulting short musical film, "Cantata for a More Hopeful Tomorrow," premiered online in November of 2020. The film has since been screened and picked up awards at multiple film festivals, including the Los Angeles Indie Film Fest, the Columbia (Maryland) Film Festival, Canadian Diversity Film Festival, and several more. It has been licensed for community events, including "When Great Trees Fall: Day of Remembrance," an arts event honoring those we've lost to COVID-19. We also created a new digital production of our beloved "Candlelight Christmas" concert and a new visual concert called "Resilience," with artists and creators of color at the center. Lastly, we created and launched a digital music marketplace called "Cause for Song," where a diverse group of DC and national artists earn money by selling personalized musical video messages.

Education and Community Outreach Programs:

The Chorus partnered with Berkshire Choral International to create a

seven-event VIRTUAL OPEN SING series, each with preparatory seminars

led by esteemed conductors and educators from across the country,

 followed by a complete sing-through of the full work with accompaniment

 032212 11-20-20

 Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2				
Name of the organization The Washington Chorus, Inc.	Employer identification number $52-6054269$				
later that week, all done virtually. This series was originally slated					
for only three events during the fall of 2020, but due to its					
popularity, returned for four additional events through June 2021.					

The Washington Chorus continued its Side by Side high school choir program in a new way, now the 29th season of featuring high school students alongside the adult choristers in our Christmas performances. This season, the Duke Ellington School of the Arts Concert Choir, under the direction of Dr. Monique Holmes-Spells, joined the Chorus virtually, providing the at-home recordings that combined with the adult Chorus' recordings, culminating in a virtual Candlelight Christmas performance that was streamed globally

Form 990, Part VI, Section A, line 1:

The Executive Committee is chaired by the Chairman of the Board and consists of the officers of the Corporation. The Executive Committee can take action in emergency situations where it is not possible to convene a quorum of the Board.

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.

Form 990, Part VI, Section B, Line 12c: The officers and directors of TWC are required to disclose conflicts of interest or potential conflicts of interest once they become aware of them. Key employees have a similar requirement. Compliance with this policy is 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization The Washington Chorus, Inc.	Employer identification number 52-6054269
enforced through the organization's contract review proce	ss.

Form 990, Part VI, Section B, Line 15:

The Executive Committee serves as the Compensation Committee 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 policy and

financial statements available to the public upon request.

Form 990, Part XII, Line 2c:

TWC's Finance Committee is responsible for oversight of the audit,

including selection of the independent accountant. The process has not

changed from previous years.

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instructions.			Taxpaye	Taxpayer identification number (TIN)		
print	The Machington Change Inc				52-6054269		
File by the					52-00	54209	
due date f filing your return. Se	945 G Street NW, No. 211						
instructior							
Enter th	e Return Code for the return that this application is for (f	ile a separa	te application for each return)				
Applica	Application Return Application			Return			
ls For		Code	Is For			Code	
Form 99	00 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 99	90-PF	04	Form 5227			10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	00-T (trust other than above)	06	Form 8870 xecutive Director			12	
 If the organization does not have an office or place of business in the United States, check this box							
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.), or 6069,	enter the tentative tax, less	3a	\$	0.	
b If	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and				
estimated tax payments made. Include any prior year overpayment allowed as a credit.		3b	\$	0.			
	alance due. Subtract line 3b from line 3a. Include your p					0	
	sing EFTPS (Electronic Federal Tax Payment System). Se			30	\$	0.	
Caution instruct	n: If you are going to make an electronic funds withdrawa ions.	al (direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 887	9-EO for payment	
1 1 1 4	For Drivery Act and Densmurally Deduction Act Nation		untin ma		E	000 (Dav. 1 0000)	

OMB No. 1545-0047