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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

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

OMB No 1545-1150

2008

Open to Public Inspection

A	For the	2008 calend	lar year	, or tax year beginning	May 1	, 2008, ;	and end	ling	April	30	, 20 09	
В		Check if applicable Please C Name of organization D Emplo							D Employ	loyer identification number		
		dress change me							95		6095457	
\vdash									one nu	mber		
님	Termination	nitial return type DO Box 23365)		
H	Amended		Specific	City or town, state or cour	itry, and ZIP + 4				F Group	Evemo	ation	
Ħ	Application		Instruc- tions	San Diego, CA 92163	<i></i>				Numbe		. ► 1321	
=				ations and 4947(a)(1) none	exempt charits	hle trusts must att	ach	G Accor	unting met		☑ Cash ☐ Accrual	
	- 0001.	o oo .(o)(o)	_	npleted Schedule A (Form	-				(specify) I			
_							-					
ı	Websit	e D									rganization is not edule B (Form 990,	
			check or	nly one)- 🗹 501(c) (3) -	(incert no.)	□ 4947(a)(1) or □	1527	•	Z, or 990-		edule D (i Oim 330,	
											an #05 000 A return to	
			•	on is not a section 509(a)(3) ization chooses to file a reti		•	•	ns are non	nany not n	nore tri	an \$25,000. A return is	
				ne 9 to determine gross rece				ad of Form	990-F7	▶ \$		
	art I			nses, and Changes-							or Part I \	
_				7/			iices (occ inc	ii iSti uCti	1	38153	
	1			s, grants, and similar amo						2	4985	
	2			revenue including go veri		ia centracia .				3	25373	
	3			s and assessments .	RECE	INER .			• • •	4	1395	
	4	Investmen				···/·/ % -:	 5а		• • •	-+	1090	
	5a	Gross amo	ount fro	m sale of assets othe€	nan inventory		5b					
	Ь	Less: cost	or oth	er basis and sales expe	isespic a a					50		
ō	C			sale of assets other than						5c		
E L	6	Special events	s and acti	vities (complete applicable parts	Description of the	tany amount is from gai	ming, ch	eck here >				
Revenue	а	Gross reve	enue (ni	or including \$	0	-continuations-			17760	-		
Œ		reported o		•			Sa					
	b								3567		14193	
	C			· ·		· 1 -	_ 1	e 6a) .		6c	14193	
	7a			ventory, less returns and		–	7a		7742	1		
	ь	Less: cost	_			<i>.</i> –	7b		5257		2405	
	C							<u>.</u>	7c	2485		
	8						ECE	WED		8	18	
_	9			dd lines 1, 2, 3, 4, 5c, 6		<u> </u>		<u> </u>		9	86602	
	10			r amounts paid (attach :	•	E1-239	Ċ á a		· 181 +	10	1081	
' 0	11			or for members		· · · [퍼 · nb	L 22	2009	· 9 -	11	12176	
Se	12			mpensation, and emplo		· · L			· 181· +	12 13	12170	
ē	13	13 Professional fees and other payments to independent contractors OGDEN IIT						┦- -	14			
Expenses	14	Occupancy, rent, utilities, and maintenance							<u> </u> .	15	1412	
_	15	Printing, publications, postage, and shipping.						• • • •	16	71000		
		16 Other expenses (describe ► Conventions, supplies, fees, risers, travel 17 Total expenses. Add lines 10 through 16							17	85669		
_	 								-	18	933	
ets	18) for the year (Subtract I		•				-10-	333	
Net Assets	19	Net assets	s or fur	nd balances at beginnin	g of year (fro	m line 27, columi	າ (A)) (r	nust agre	e with	19	98905	
7	200			e reported on prior year						20		
ž	20 21			net assets or fund balar d balances at end of ye						21	99338	
Б	art II			s. If Total assets on line								
_		Dalatioc		·		D) αις ψ2,000,000	0, 11101	<u> </u>	inning of ye		(B) End of year	
~		L	•	See the instructions for F	·			(14) 500		19 22	117667	
22		h, savings, a							1174	23		
23	Land	and buildi	ngs .				• •		2190			
24								 		79 25		
25		al assets .						 		74 26		
26 27	o lota 7 Not	ii iiabilities assets or f	(aescrit	pe ► alances (line 27 of colun	n (B) must a	aree with line 21))			05 27		
				rk Reduction Act Notice.				Cat No	106421		Form 990-EZ (2008)	

Part III Statement of Program Service Accomplishments (See the instructions for Part III.) What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, and optic describe the services provided, the number of persons benefited, or other relevant information for each program title.								
28 85 women were educated in the art form of barbe director and staff			onal for others.)					
29 85 women attended coaching sessions with mus	(Grants \$) If this amount includes foreign grants, check here							
30 85 women attended retreats, conferences and mu	udes foreign grants, check usic schools, requiring tra	vel, conference,		29a	35710			
31 Other program services (attach schedule) (Grants \$ 1081) If this amount includes	udes foreign grants, check	here		30a 31a	34022 1081			
32 Total program service expenses (add lines 28a th				32	82989			
Part IV List of Officers, Directors, Trustees, and Key (a) Name and address	Employees. List each one eve (b) Title and average hours per week devoted to position	(c) Compensation	d (See the ins (d) Contribution employee benefit deferred comper	ns to plans &	(e) Expense			
Cherie Frame 10866 Manacor Court, San Diego, CA 92124	President, 10 hours	0		0	0			
Cheri Coleman 1650 8th Ave #215, San Diego, CA 92101	Treasurer, 10 hours	0		0	0			
Diane Thornewell 10250-210 Watergate Circle, San Diego CA 92121	Secretary, 5 hours	0		0	0			
			_					
			, , ,					

Par	t V Other Information (Note the statement requirements in the instructions for Part VI.)			
	,		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	37b		√
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		✓
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	_		1
	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		✓
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			ĺ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed ▶			
42a	The books are in care of ▶ Diane Thornewell Located at ▶ 10250-210 Watergate Circle, San Diego CA ZIP + 4 ▶	004	37-13 21	<u> </u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Voc	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	1
	account)?	72.0		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			ightharpoons
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			L
	Form 990-EZ	44		✓
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
			 .	

Page	4

Par	VI	Section 501(c)(3) organizations only and complete the tables for lines 50 a		organizations mu	st answer question	ons 46-49
47	n opposition to ete Schedule E .	Yes No 46				
b 50	If "Ye Comp	ne organization make any transfers to an exes," was the related organization(s) a section solete this table for the five highest compensative more than \$100,000 of compensations.	527 organization? .ated employees (other th	an officers, director		49a √ 49b employees) who
	(a) N	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
	Ŋo	ne				
Total	numb	er of other employees paid over \$100,000 ▶				
<u>51</u>	Comp	plete this table for the five highest compensation from the organization. If there is no		ctors who each rec	eived more than \$1	00,000 of
		(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Compensation
	276					
Total	numt	per of other independent contractors each re	aceiving over \$100,000	•		
Sign	1	Under canalities of perjury, I declare that I have examined belief, it is true, correct, and complete. Declarate signature of officer	ned this return, including acco	mpanying schedules and cer) is based on all infori	statements, and to the to mation of which prepare Nally DS	pest of my knowledge or has any knowledge
		Cheri Coleman, Treasurer Type or print name and title				
Paid Prepa		Preparer's signature Firm's name (or yours	Date	Check if self- employed		Number (See instructions)
Use C		If self-employed), address, and ZIP + 4 SIS discuss this return with the preparer show	un aboyo2 Soo instructio		Phone no ► ()	□ Van □ N-
iviay	ue in	o discuss this return with the preparer show	vii abover See instructio	ль , , ,		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

95 6095457 San Diego Chorus Sweet Adelines International Inc Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Other a ☐ Type I **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN (described on lines 1-9 the organization in in col (i) listed in your organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the US2 (see instructions)) support? Yes No Yes Total

Pai	Support Schedule for Org (Complete only if you chec	anizations	Described in	Sections 17	O(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support	ROG THO GOX	011 11110 0, 7,	or o or rait is	· <u>/</u>		
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
-		(4)	(0, 2000	(0, 200	(4) 2001	(6) 2555	(7 . 5.0
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
	•				-		
2	Tax revenues levied for the organization's benefit and either paid to or expended on						
	its behalf						
3	The value of services or facilities						
Ü	furnished by a governmental unit to the						
	organization without charge						ļ <u>.</u>
4	Total. Add lines 1-3						
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	İ					
_	shown on line 11, column (f)		-				
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support	<u> </u>	<u> </u>			J	. L
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	(4) 200 :	(2) 2000	(0, 2000	(u) 2007	(0) 2000	(i) rotar
7 8	Gross income from interest, dividends.						
0	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					į.	
	loss from the sale of capital assets						
	(Explain in Part IV.)		<u> </u>	ļ			ļ
11	Total support. Add lines 7 through 10 .			l			J
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for						
500	organization, check this box and stop he tion C. Computation of Public Su						- -
				4 (6)		14	%
14	Public support percentage for 2008 (line			i, column (i))		15	
15 16a	Public support percentage from 2007 Sc 33\% % support test—2008. If the organi	•	*				
IUa	and stop here . The organization qualifies				IIIIE 14 IS 33/3	70 Of Hiore, Cire	
b		· · · · ·			and line 15 is	33% % or more	check this
~	box and stop here. The organization qua						
17a	10%-facts-and-circumstances test – 20	•	, ,,	· ·			14 is 10% or
	more, and if the organization meets the "f	-					
	organization meets the "facts-and-circum				-	•	
b	10%-facts-and-circumstances test - 2007	. If the organiza	ation did not che	ck a box on line	13, 16a, 16b, o	or 17a, and line	15 is 10% or
_	more, and if the organization meets the "I	-					
	organization meets the "facts-and-circumsta				-	•	
18	Private foundation. If the organization did		•	•	• • •	•	_

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

	(Complete only if you checke	d the box on	line 9 of Par	rt I.)			
	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include	44,263	36,057	46,771	46,666	63,526	237,283
2	any "unusual grants.")	77,200	30,037	40,771	40,000	03,320	231,203
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	102,262	73,769	34,981	40,292	21,663	272,967
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					-	
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5	146,525	109,826	81,752	86,958	85,189	510,250
	Amounts included on lines 1, 2, and 3 received from disqualified persons			3 1,1. 32		33,133	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	-					510,250
Sec	tion B. Total Support						0.0,200
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	146,525	109,826	81,752	86,958	85,189	510,250
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	949	1,304	1,456	2,280	1,413	7,402
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	949	1,304	1,456	2,280	1,413	7,402
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				:		
13	Total support. (Add lines 9, 10c, 11, and 12.)						517,652
14	First five years. If the Form 990 is for to organization, check this box and stop	. •			•		
Sec	tion C. Computation of Public Su						· · · · ·
15	Public support percentage for 2008 (lin	· · · · · · · · · · · · · · · · · · ·	<u> </u>	e 13 column	(A)	15	99 %
16	Public support percentage for 2006 (iii) Public support percentage from 2007 S					16	99 %
	tion D. Computation of Investmen				<u>·</u>		<u> </u>
17	Investment income percentage for 200			by line 13, co	olumn (fl)	17	1 %
18	Investment income percentage from 20					18	1 %
19a	331/3 % support tests - 2008. If the organizer to the support tests - 2008, if the organizer to the support tests - 2008, if the organizer to the support tests - 2008, if the organizer t	anization did no ox and stop he	ot check the bore. The organi	ox on line 14, a zation qualifies	as a publicly s	supported orga	nization 🕨 🛭
b	33\% % support tests—2007. If the organ line 18 is not more than 33\% %, check this						
20	Private foundation of the organization		-	•			_

schedule A (F	orm 990 or 990-EZ) 2008				Page 4
Part IV	Supplemental Informat Part II, line 17a or 17b;	tion. Complete this paper or Part III, line 12. Pro	art to provide the expla ovide any other additiona	nation required by al information. (see	Part II, line 10; instructions)
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	·····				
					

Schedule 1

Sweet Adelines Int. San Diego Chapter

Part I line 6

SPECIAL EVENTS AND ACTIVITIES 5/1/2008 - 4/30/2009

	INCOME		EXPENSES		TOTA	AL PROFIT
Entertainment Books	\$	1,778	\$	1,258	\$	520
December Nights	\$	7,976	\$	2,309	\$	5,667
Scrip Sales	\$	1,513			\$	1,513
Petco Park	\$	4,170			\$	4,170
Chargers	\$	1,508			\$	1,508
Miscellaneous	\$	815			\$	815
TOTALS	\$	17,760	\$	3,567	\$	14,193

Part 1 line 7

INVENTORY SALES 5/1/2008 - 4/30/2009

	INC	INCOME		EXPENSES		AL PROFIT
CD's	\$	599	\$	384	\$	215
Miscellaneous	\$	86	\$	433	\$	(347)
Booth Merchandise	\$	7,057	\$	4,440	\$	2,617
						_
TOTALS	\$	7,742	\$	5,257	\$	2,485