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Short Form Return of Organization Exempt From Income Tax

2009

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

	A F	or the 2	2009 calenda	r year,	or tax year begini	ning	May 1	, 2009, and	dending	A	pril 30)	, 20	10
	Вс	heck if app		Please	C Name of organiza	ation				D Emplo	oyer id	entificatio	ın numbe	er
	שַ	Address ch		use IRS label or	San Diego Choru	s Sweet Adelines	International Inc.				9	5-60954	57	
	י 🎑	Name char		print or	Number and street (or PO box, if mail is	not delivered to street a	ddress) Ro	oom/suite	E Telepi	hone n	umber		
	=	nitial return		type. See	PO Box 33365									
	片	reminated		Specific		or country, and ZIP +	1			F Grou	n Eve	motion		
	=	Amended r		Instruc- tions.	San Diego, CA 92	-					ber •	-	132)4
	<u>'</u>	Application	pa											
		 Section 	on 501(c)(3) (naritable trusts mus	t attach	G Accou	_		☐ Cas	n L A	ccruai
		a completed Schedule A (Form 990 or 990-EZ). Other (specify												
									H Check					
		Vebsite			rus.org							chedule (3 (Form	990,
	<u>J T</u>	ax-exer	npt status (c	heck o	nly one) — 🗹 501(c) () ◀ (insert	no.) 4947(a)(1) o	r <u></u> 527	990-E	Z, or 990)-PF).			
		Check 🕨					ting organization and						\$25,000.	. A
	F	orm 99	0-EZ or Form	990 re	turn is not required	, but if the organiz	ation chooses to file	a return, be	sure to file	a compl	ete re	turn.		
							00 or more, file Form 9				\$			
	P	art I	Revenue	e, Exp	enses, and Ch	anges in Net A	Assets or Fund I	Balances	(See the	instruc	ction	s for Pa		
		1	Contributio	ns, gifi	ts, grants, and sir	milar amounts re	ceived			[1			12,226
		2	Program se	ervice r	evenue including	government fee	s and contracts			[2			-3,123
		3	Membershi	p dues	and assessmen	ts				[3			21,636
		4	Investment	incom	i e					[4			227
		5a	Gross amo	unt fro	m sale of assets	other than invent	ory	5a		0				
		b	Less: cost	or othe	er basis and sales	expenses		5b	-	0				
€7,		l .				•	ory (Subtract line 5t	o from line	5a)		5c			0
07	P	6					ule G). If any amount is t							
3 2016,	Revenue	а					_ of contributions							
فد	<u>§</u>	-		•)			6a		13,025				
	Œ	ь	•		nses other than fo			6b		3,432				
SEP							ies (Subtract line 6		- 6a)		6c			9,593
		l .			•		es	7a	, , , ,	13,410				
			Less: cost		-			7b		6,351				
Ž				•			act line 7b from line	<u> </u>			7c			7,059
Z		8	Other rever		•	inventory (odbire	ict iine 76 nom iine	- γα, -			8			0
SCANNED		9		•	dd lines 1, 2, 3, 4	5c 6c 7c and	RE RE	CEIVE		— <u>′</u>	9			47,619
S		10			r amounts paid (a				:U · · 	• •	10			1,075
		11				•			ان		11			9,236
	(A	12							12			0,200		
	enses		· ·		•	• •			I (A)		13			22,350
	ē	13			and other payme		OG1	DEN, U	<u>1.55</u>		14			4,674
	Ä	14			utilities, and mai			KLIN, U	$[1, \cdot, \cdot]$		15			239
	_	15	Printing, pu	iblicati	ons, postage, an	a snipping Kating Castumas	, Insurance, IT Expe	nece Bank	Charges	· ; }	16			12,784
		16								— <u>'</u>				50,448
	_	17									17			
	ষ্ট	18					n line 9)				18		——	-2,829
	SSe	19					(from line 27, colu	ımn (A)) (n	nust agree	with	40			00 000
	Ž		end-or-yea	r ligure	e reported on pric	or year s return)	ch explanation)	·· · · · · · · · · · · · · · · · · · ·	174	11.	19			99,838
	Net Assets	1	Other chan	ges in	net assets or fun	d balances (attac	ch explanation) /.~	W WARE	a w rugu	cussing				15,315
		21	Net assets	or fund	d balances at end	of year. Combin	ne lines 18 through	20		. •	21	d -4 F-		12,324
		art II	Balance	Snee			ımn (B) are \$1,250,	or mo						
		_			•	ctions for Part II.	•		(A) Beg	inning of			End of ye	
	22									77.	7,667			00,377
	23		nd and build									23		20.655
	24		•	describ	Pre-pald ex	penses, risers, Cl	Inventory)		6565			28,103
	25		tal assets .								4,232			28,481
	26				eribe Escrow)		4,394			16,157
	27	<u>Ne</u>	t assets or	fund b	alances (line 27	of column (B) m	ust agree with line	21) . <u>.</u>		99	9,838	27	1	12,324

	Statement of Program Service Accom					Expenses
Nhat	t is the organization's primary exempt purpose?	Advance musical art form th	rough education&p	performance		ired for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise		(3) and 501(c)(4) zations and section
	ner, describe the services provided, the number o	f persons benefited, and o	ther relevant info	mation for		a)(1) trusts, optional
each	program title.				for ot	
28	80 women were educated in the art form of barbersh	op harmony and in music and	d singing by directe	or		
	and assistant directors					
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ □	28a	18,685
29	80 women attended coaching sessions with musical	educators requiring rises an	d music for educat	on	1 1	
	in singing and related performance criteria					
	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ 🗆	29a	10,554
30	80 women attended retreats, conferences and music	schools requiring travel, cor	iference fees, cost	umes		
	and related expenses				1	
				·····	ļ	
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	5,454
31	Other program services (attach schedule)					
		includes foreign grants, che			31a	1075
	Total program service expenses (add lines 28a t			▶	32	35,768
Par	t IV List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	plans &	
		devoted to position	enter -0)	deferred comper	nsation	other allowances
	se Brinkerhoff	President, 10 hours			_	•
	6 Manacor Court, San Diego, CA 92124		0		0	0
	e Thornewell 0-210 Wateridge Circle, San Diego, CA 92121	Treasurer, 10 hours	0		0	0
	para Slobodny					
	Manhasset Dr San Diego CA 92115-1115	Secretary, 5 hours	0		o	0
<u> </u>	mainasset Di Gan Diego CA 82113-1113	<u> </u>				
				-		
				_		
	<u></u>					
				l 		**

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			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? 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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			_
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	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 outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:		ŀ	
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			'
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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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 organization's books are in care of ▶ Diane Carol Thornewell Telephone no. ▶	58-58	7-130	7
	Located at ▶ 10250-210 Wateridge Circle, San Diego, CA ZIP + 4 ▶	92121	-5740	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			,
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► 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	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1
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		<u>,</u>

Part VI

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	47(a)(1) nonexempt chari	xempt charitab table trusts mus	le trusts only. A st answer questio	II section ns 46–49	b
47 48 49a b 50	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete to Did the organization engage in lobbying activities as the organization a school as described in section Did the organization make any transfers to an exist "Yes," was the related organization a section 5 Complete this table for the organization's five his employees) who each received more than \$100,000.	Schedule C, Part I	dule C, Part II complete Schedule d organization? yees (other than o	E	46 47 48 49a 49b rustees areer "None.	√ √ √ √
None	(a) Name 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) Expe account other allow	and
51	Total number of other employees paid over \$100 Complete this table for the organization's five I \$100,000 of compensation from the organization	highest compensated inde	pendent contract	ors who each rece	eived more	e than
None	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty;	pe of service	(c) Compens	ation
d	Total number of other independent contractors e	each receiving over \$100,00	00			
Sign Here	Under penalties of penury, I declare that I have examine and belief it is true, correct, and complete Declaration Signature of officer Diane Carol Thornewell, Treasurer Type or print name and title	or preparer (other than officer) is o	ased on all information	of which preparer has a	t of my know iny knowledg	je. ———
Paid Prepare Use Onl May the	Preparer's signature Firm's name (or	Date n above? See instructions	Check if self-employed ▶□ EIN	one no ▶ ▶ □	Yes 🗆	No_
				For	m 990-EZ	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ame	01 t	ne organization							Employe	ridenunca	uon number	
<u>San</u>	Die			international Inc.					95		5095457	_
Par	<u>t 1</u>	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t comple	ete this	part.) Se	e instruc	ctions.	_
				dation because it is:								
1		A church, co	nvention of chu	rches, or association	of churcl	hes desc	ribed in s	ection 1	70(b)(1)(/	A)(i).		
2				on 170(b)(1)(A)(ii). (Att		_						
3				nospital service organ								
4	Ш			tion operated in conj	unction v	vith a ho	spital de	scribed in	n section	170(b)(1)(A)(iii). Enter the	9
5		An organizat	ime, city, and stail ion operated for (b)(1)(A)(iv). (Con	the benefit of a colle	ge or uni	versity ov	wned or o	perated	by a gov	ernmenta	l unit described i	n
6	П			ernment or governme	ntal unit	dosoribo	d in sect	ion 170(h)/4)/A)/w			
6 7		· ·	•	receives a substantia				-			the general publi	_
•	ш			(1)(A)(vi). (Complete P		its suppe	nt nom a	governin	iciliai ui ii	t or morn	the general publi	_
8	П			in section 170(b)(1)		Complete	Part II.)					
9		An organizat receipts from support from	ion that normally activities related gross investment	receives: (1) more that ed to its exempt funct ent income and unre after June 30, 1975.	an 33% % tions—su lated bus	of its su bject to o siness ta	pport from certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	than 331/3 % of it	S
0		An organizat	tion organized ar	nd operated exclusive	ely to test	t for publ	ic safety.	See sec	tion 509	(a)(4).		
1		purposes of	one or more pul	and operated exclusive blicly supported organ at describes the type of type of the type of	nizations	describe	d in secti	on 509(a)(1) or sec	ction 509	(a)(2). See sectio	n
		a 🗌 Type				e III–Fun				_	Type III-Other	
е		By checking persons other	this box, I cert	tify that the organizat	ion is no	t control	led direc	tly or inc	directly by			
f g		organization Since Augus	, check this box at 17, 2006, has	a written determination							Ill supporting	
		following pe									Yes No	-
				r indirectly controls, e				th persor	ns descrit	oed in (ii)	11g(i) 10	-
			_	ning body of the supp		ganizado	m.				11g(ii)	-
				rson described in (i) a of a person described		 (ii) above					11g(iii)	_
h			•	ation about the suppo	• • •	• •					<u> </u>	_
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))		(v) Did y the organ col (i)	(v) Did you notify the organization in col (i) of your support?		s the ion in col zed in the S?	(vii) Amount of support	_	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	Yes	No	Yes	No		
_												
							ļ 					_
												_
		<u> </u>									_	-
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							į					

Sched	dule A (Form 990 or 990-EZ) 2009						Page 2
Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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 furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	Maria Section of the con-	and	00 A 11 42 57 1 1 A 5	. 12 car . b . 14 c . b	No. of the second	
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.	建设备水水水产	(4) 公司	"一个"	Example Constitute	30 JULY	
	tion B. Total Support		T				
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 8	Amounts from line 4						
	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 IV.)						
11	Total support. Add lines 7 through 10 .		, , , , , , , , , , , , , , , , , , ,	San Control	,		
12	Gross receipts from related activities, etc	c. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	the organization	on's first, secor	nd, third, fourth	=		on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) di	vided by line 1	1, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sc					15	<u>%</u>
16a	and stop here. The organization qualifies	s as a publicly s	supported orga	nization			▶ □
b	33% % support test—2008. If the organibox and stop here. The organization qua	alifies as a publ	icly supported	organization .			▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum reacts and circum	facts-and-circur	nstances" test,	check this box	and stop here.	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the forganization meets the forganization did private foundation. If the organization did	facts-and-circum ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the ▶ □

Par	Support Schedule for Orga (Complete only if you checke)(2)		
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
	any "unusual grants.")	36,057	46,771	46,666	63,526	33,863	226,883
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	73,769	34,981	40,292	21,663	37,963	208,668
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	109,826	81,752	86,958	85,189	71,826	435,551
7a	Amounts included on lines 1, 2, and 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						435,271
_	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,304	81,752 1,456	86,958 2,280	85,189 1,413	71,826 227	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,304	1,456	2,280	1,413	227	6,680
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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	111,130	83,208	89,238	86,602	72,053	442,231
14	First five years. If the Form 990 is for organization, check this box and stop			nd, third, fourtl			
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15 16	Public support percentage for 2009 (lin Public support percentage from 2008)					15 16	98 % 99 %
	tion D. Computation of Investme						
17	Investment income percentage for 200	19 (line 10c, co	lumn (f) divide	d by line 13, c	olumn (f)) .	17	2 %
18	Investment income percentage from 2	008 Schedule A	A, Part III, line	17		18	1 %
	33\% % support tests—2009. If the org 17 is not more than 33\% %, check this b 33\% % support tests—2008. If the organ	oox and stop he	e re. The organ	ization qualifies	s as a publicly s	supported org	janization 🕨 🗹
b	line 18 is not more than 33% %, check this	is box and stop	here. The orga	nization qualifie	es as a publicly	supported org	anization ▶ □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Schedule A (Form 990 or 990-EZ) 2009

Page	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
NON	E ·
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