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### Form **990-EZ**

# **Short Form**

2009

OMB No 1545-1150

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 \$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

De Int	partment of the Treasury ernal Revenue Service	Form 990 All other organizations with gross receipts less than \$500,000 and 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 reports		Open to Public Inspection
	For the 2009 calend	dar year, or tax year beginning Jun 1 , 2009, and end	ing May 31	, 2010
B	Check if applicable	C Name of organization C Name of organization	<del></del>	ployer identification number
Ī	Address change Plea	158		•
	Name change use			4-1554423
	print	t or Number and street (or PO box, it mail is not delivered to street address)	/suite <b>L</b> Tek	ephone number
r	Termination   See	P.O. BOX 4623	(4	434) 528-5700
	Amended return Instr	ruc-   City or town, state or country, and ZIF + 4	F Gro	our Everntion
	Application pending tions	s. LYNCHBURG VA 245	02   Nu	oup Exemption  mber
	• Section 501		Accounting method	d X Cash Accrual
_	must	attach a completed Schedule A (Form 990 or 990-EZ).	Other (specify) > Check > X if t	he organization is <b>not</b>
ı	Website: ► N/A		required to attach	Schedule B (Form 990,
J	Tax-exempt status (che	eck only one) — X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527	990-EZ, or 990-PF	F)
K	Check ► If the	organization is not a section 509(a)(3) supporting organization and its gros	ss receipts are norma	ally <b>not</b> more than
	\$25,000 A Form 99	90-EZ or Form 990 return is not required, but if the organization chooses to	o file a return, be sure	e to file a complete return
L	Add lines 5b, 6b, ar	nd 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form	990	
_	instead of Form 990			►\$ 77,290.
P		ie, Expenses, and Changes in Net Assets or Fund Balance	s (See the instru	<del></del>
		, gifts, grants, and similar amounts received	1	1 16,079.
	_	rice revenue including government fees and contracts	Ĺ	2
	3 Membership of	dues and assessments		3 5,298.
	4 Investment in			4 266.
	5a Gross amoun	it from sale of assets other than inventory 5a	4,528.	
	<b>b</b> Less cost or	other basis and sales expenses 5b	6,014.	
	c Gain or (loss) fro	om sale of assets other than inventory (Subtract line 5b from line 5a)		5c -1,486.
1107 g	6 Special events an	nd activities (complete applicable parts of Schedule G). If any amount is from gaming, check h	here ► 🗆 🗖	
	a Gross revenue	e (not including \$ of contributions		
که N ا				
	· ·	expenses other than fundraising expenses 6b		
دَ	c Net income or (lo	oss) from special events and activitie (Seetraty) (in 65) from line 6a)		6c
$\supset$	7a Gross sales o	of inventory, less returns and allowances 7a	<b>†</b>	
$\Box$	b Less cost of	goods sold   0   7h		
븨	c Gross profit o	or (loss) from sales of inventory (Subtrate fine Portom line 7a)		7c
		lescribe > See Other-Revenue Statement	<b>,</b>	<del></del>
SCANNED UCI			——— <sup>,</sup> ,	8 51,119.
<b>ふ</b> _		e. Add lines 1, 2, 3, 4, 5 (.5E) 7C; land 8		9 71,276.
R	10 Grants and si	milar amounts paid (attach schedule)	Ļ	10
Е	11 Benefits paid	to or for members		11
E X P		er compensation, and employee benefits	<u></u>	12 13,700.
E	I 13 Professional f	fees and other payments to independent contractors		13 25,550.
N S E	14 Occupancy, re	ent, utilities, and maintenance		14 4,855.
S	13 Trinking, publi	ications, postage, and shipping		15 1,419.
		describe ► See Other Expenses Statement	)	16 33,376.
	17 Total expense	es. Add lines 10 through 16	▶	78,900.
	18 Excess or (de	eficit) for the year (Subtract line 17 from line 9)		18 -7,624.
A.	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree	e with end-of-vear	
N E T	figure reporte	d on prior year's return)		19 40,882.
. т	20 Other change	s in net assets or fund balances (attach explanation)	Ī	20
	21 Net assets or	fund balances at end of year Combine lines 18 through 20	<b>▶</b>	21 33,258.
P		e Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more,	file Form 990 instead	
		·	(A) Beginning of year	-
2	2 Cash, savings, an		28,306	
	3 Land and building	· · · · · · · · · · · · · · · · · · ·		. 23 0.
	4 Other assets (des	' l	17,141	
2		Dec 11-24 Delite	45,447	
		lescribe • See L-26 Stmt )		<del></del>
			4,565	<del></del>
_		d balances (line 27 of column (B) must agree with line 21)	40,882	
R	M FOR Privacy Act a	and Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2009)

Form,99	0-EZ (2009) JEFFERSON_CHOR	54	-1 <u>5</u> 5	4423 Page 2		
	Statement of Program Se		(See the instruction	ons.)		Expenses
What is th	e organization's primary exempt purpose? CI	ORAL EDUCATION & F	PERFORMANCES		(Regi	uired for section (3) and (4) (3) and section (a)(1) trusts, optional
Describe	e what was achieved in carrying out the the services provided, the number of	e organization's exempt purpo	ses In a clear and con-	cise manner,	orgar	nizations and section
describe program	e the services provided, the number of	persons benefited, or other re	elevant information for e	ach	4947	(a)(1) trusts, optional hers)
		NCEC			101 01	ileis)
20 <u>C</u>	ONCERTS & REALATED EXPE	NSES				
(G	Grants \$ 3,025.) If the	nis amount includes foreign gr	ants, check here	▶ □	28 a	78,900.
29						
	irants \$ ) If the	nis amount includes foreign gra	ants, check here		29 a	
30						
(G	Grants \$ ) If the	nis amount includes foreign gra	ants, check here	▶	30 a	
31 Ot	ther program services (attach schedule	e)				
(G	Grants \$ ) If the	nis amount includes foreign gra	ants, check here	▶ □	31 a	
	otal program service expenses (add li			>	32	78,900.
Part I\			nlovees List each or	e even if not com		
- 4. ( 1 )		(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	l employee benefit plar	ns and I	and other allowances
	.,	to position	,	deferred compensa	tion	
LYNN	M. KABLE					
156 F	PATRICK HENRY HWY	PRESIDENT				
CLIFF		20.00	0.		٥.	
		20.00	<u> </u>			
	E WARE	-				
	SURREY PLACE	VICE PRESIDENT				
LYNCH	IBURG, VA 24503	20.00	0.		0.	
KIM H	HALL	_			- 1	
116 M	AYFIELD DRIVE	TREASURER			1	
LYNCH		20.00	1,200.		0.	
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		_				
BAA		TEEA0812 C	01/30/10			Form <b>990-EZ</b> (2009)

<u>Par</u>	tV Other Information (Note the statement requirements in the instrs 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		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
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?	35 a		x
b	olf 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 b		х
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		<u>x</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?	37 b		x
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		х
	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9  Cross recently included on line 0, for public use of all the facilities.	}		
	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
→v a	section 4911 ►, section 4912 ►, section 4955 ►			
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	40 b		х
C	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			
	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	40 e		X
41	List the states with which a copy of this return is filed ▶			
	Telephone no. > (434)  Located at > 57.0 TWIN LARBS NOND,  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country	525	- 32 -695 02 Yes	13 0 No X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country.	42 c		х
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_		х
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		х

Pärt VI	Section 501(c)(3) organization 501(c)(3) organizations and se	ction 4947(a)(1) noi	nexempt charitab	t <b>charitable trusts only</b> le trusts must answer o	. All sec question	tion s		
	46-49b and complete the table				1.	Yes	No	
46 Did	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I							
	47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II  47 X							
	48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  48 X							
	49 a Did the organization make any transfers to an exempt non-charitable related organization?  49 a VX							
	-	•	elateu organization?			-+	<u> </u>	
וו ט	es,' was the related organization a section	527 organization?			49b			
50 Com	nplete this table for the organization's five holoyees) who each received more than \$100	nighest compensated em 0,000 of compensation fr	ployees (other than o	fficers, directors, trustees an If there is none, enter 'None	d key			
	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 and deferred compensation	(e) Expe account other allow	and	;	
NONE								
					-			
					·			
<b>f</b> Tota	I number of other employees paid over \$10	00,000						
	nplete this table for the organization's five he pensation from the organization. If there is	none, enter 'None.'	ependent contractors	,				
NONE	(a) Name and address of each independent control	actor paid more than \$100,000		(b) Type of service	(c) Compe	nsation	1	
							—	
<b>d</b> Tota	I number of other independent contractors	each receiving over \$10	0,000	<b>-</b>				
Sign Here	Under penalties of perjury, I declare that I have examinue, correct, and complete Declaration of preparer (	other than officer) is based on a	Il information of which prepa	ements, and to the best of my knowle arer has any knowledge 9/13/2		ef, it is		
	Type or print name and title	TREASUR	tr					
Paid Pre-	Preparer's Term L N	lavsh	Date 08/20/1		rer's Identifyi nstructions)	ng Nur	nber	
parer's	Firm's name (or LEWIS MARSH & A	SSOC., INC.		c.1 1c	691	ac	د	
Use	employed), address, and			EIN 54 . 16	596	00	<u>,                                    </u>	
Only	ZIP + 4 LYNCHBURG		VA 24502	Phone no ► (434)	239-6	946	<u>:</u>	
May the IF	RS discuss this return with the preparer sho	own above? See instruct	ions		X Yes Form <b>990-</b>		<b>No</b> (2009)	

## SCHEDULE A (Form 990 or 990-EZ)

### **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.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ame o	of the	organization							Employer	identificat	ion number
JEF	FEI	RSON CHORAL S	SOCIETY		_		_		54-15	54423	3
Parl	<u>. T</u>	Reason for Pul	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ir	nstructi	ions
he o	rga	nization is not a priv	ate foundation becaus	se it is (For lines 1 through	gh 11, cł	neck onl	y one bo	ox )			
1	П	A church, convention	on of churches or asso	ciation of churches descr	ribed in s	section	170(b)(1	)(A)(i).			
2		A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	)						
3		A hospital or coope	rative hospital service	organization described i	n <b>sectio</b> i	n 170(b)	(1)(A)(iii	).			
4	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 stat	te <sup>.</sup>							_	
5		An organization ope 170(b)(1)(A)(iv). (C	erated for the benefit of complete Part II)	of a college or university	owned o	r operat	ed by a	governn	nental ui	nit descr	ibed in section
6		A federal, state, or	local government or g	overnmental unit describ	ed in <b>se</b>	ction 17	0(b)(1)(A	4)(v).			
7		ın section 170(b)(1)	<b>(A)(vi).</b> (Complete Pa	•			ernment	al unit c	or from t	ne gener	al public described
8				<b>70(b)(1)(A)(vi).</b> (Complete							
9	<b>x</b>	from activities relate investment income	ed to its exempt functi	more than 33-1/3 % of lons — subject to certain s taxable income (less s emplete Part III)	exceptio	ns, and	(2) no n	nore tha	ın 33-1/3	3 % of its	s support from gross
10		An organization org	anized and operated of	exclusively to test for pub	olic safet	y See s	ection 5	09(a)(4)	).		
11		more publicly suppo	orted organizations de	exclusively for the benefit escribed in section 509(a ation and complete lines	(1) or $s$	ection 5	09(a)(2)	ions of, See <b>s</b> e	or carry ection 50	out the <b>)9(a)(3).</b> —	purposes of one or Check the box that
		a Type I	<b>b</b> 🗌 Type II	c 🗌 Type III	l – Func	tionally	ıntegrate	ed		d 🗌	Type III – Other
е		By checking this bo than foundation ma 509(a)(2)	x, I certify that the org nagers and other than	ganization is not controlle i one or more publicly su	d directly	y or indi organiza	rectly by itions de	one or scribed	more di in sectio	squalifie on 509(a	ed persons other a)(1) or section
f		If the organization r	eceived a written dete	ermination from the IRS t	hat is a	Гуре I, Т	Type II o	r Type I	II suppo	rting org	anization,
g		Since August 17, 20	006, has the organizat	tion accepted any gift or	contribu	tion fror	n any of	the foll	owing pe	ersons?	
											Yes No
		(i) a person who below, the government	directly or indirectly overning body of the su	controls, either alone or to ipported organization?	ogether v	with pers	sons des	cribed i	n (II) an	d (III)	11 g (i)
		(ii) a family mem	ber of a person descr	ribed in (i) above?							11 g (ii)
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)
<u>h</u>		Provide the following	g information about th	ne supported organization	ns				,		
	(I	i) Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	Is the non in cold in your rining ment?	the organ	(ı) of	(vi) la organizati (i) organiz U S	on in col	(vii) Amount of Support
					Yes	No	Yes	No	Yes	No	
						<b></b> -			-		
					-						<u> </u>
					<u> </u>						
Γotal											

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

Schedule A (Form 990 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 200	9 JEFFERSO	N CHORAL S			54-15544		Page 2
Par	t II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(	A)(vi)	
<u></u>	(Complete only if you checke	ed the box on line 5	, 7, or 8 of Part	1)				
	tion A. Public Support	Г		T				
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) T	otal
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public 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	<b>Public support.</b> Subtract line 5 from line 4							
Sec	tion B. Total Support	г		<del>1</del>	·	1		
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) To	otal
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	ities, etc (see inst	ructions)			1	2	
13	First five years. If the Form 990 organization, check this box and		ion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c	)(3)	► []
Sec	tion C. Computation of Pu	blic Support P	ercentage	·				
	Public support percentage for 20 Public support percentage from 2	• •	••	e 11, column (f)		<b>├</b>	5	<del>%</del>
	33-1/3 support test — 2009. If the	e organization did r	not check the bo	x on line 13, and	the line 14 is 33-1	1/3 % or more, o	check this box	
t	and stop here. The organization  33-1/3 support test — 2008. If the and stop here. The organization	e organization did i	not check a box	on line 13, or 16a,	, and line 15 is 33	-1/3% or more,	check this bo	<b>~</b>
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-ar	d-circumstances	s' test, check this l	box and <b>stop here</b>	e. Explain in Par	rt IV how	► []
ł	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	est – 2008. If the o meets the 'facts-ar	rganization did r	not check a box or s' test, check this	ı lıne 13, 16a, 16b box and <b>stop here</b>	o, or 17a, and lir e. Explain in Par	ne 15 is 10% rt IV how the	<b>▶</b> □
18			_		, or 17b, check the	s box and see i	nstructions	<u> </u>
BAA	<u> </u>		<del></del>		S	chedule A (For	n 990 or 990	-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

<u></u>	(Complete only if you chec	ked the box on line	e 9 of Part I)		<del> </del>	<del></del>		
	tion A. Public Support				·	<del></del> _		
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	<b>(f)</b> Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	30,404.	33,270.	30,742.	29,034.	21,377.	144,827.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	38,094.	43,218.	36,380.	42,008.	51,119.	210,819.	
	Gross receipts from activities that are not an unrelated trade or business under section 513							
	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							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons	68,498.	76,488.	67,122.	71,042.	72,496.	355,646.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6)						355,646.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in) >	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total	
9	Amounts from line 6	68,498.	76,488.	67,122.	71,042.	72,496.	355,646.	
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	332.	1,870.	749.	0.	266.	3,217.	
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	332.	1,870.	749.	0.	266.	3,217.	
	Net income from unrelated business activities not included inline 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)							
	Total support. (add tns 9, 10c, 11, and 12)						358,863.	
14	First five years. If the Form 990 i organization, check this box and	s for the organizat	tion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	) ▶□	
	tion C. Computation of Pul				<del> </del>			
	Public support percentage for 200			13 column (f))		15	99.10%	
	Public support percentage for 200  Public support percentage from 2	•	•	is, coluinn (i))		16	99.02%	
	tion D. Computation of Inv				<del></del>	10	33.04/0	
17	Investment income percentage for				n (ft)	17	0.90%	
18	Investment income percentage for	•	* *	-	· (1))	18	0.98%	
	33-1/3 support tests — 2009. If th				line 15 is more tha		line 17 is not	
136	more than 33-1/3%, check this bo	ox and stop here.	The organization of	qualifies as a publ	icly supported org	anization		
ŧ	more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
	Private foundation. If the organiz	· ·	_	·	• •	=	. H	

Schedule A (Form 990 or 990-E2) 2099 JEFFERSON CRORAL SOCIETY 54-1554423  REACHIVE Supplemental Information. Complete this part to provide the explanations required by Part II, line 17 or 17b; and Part III, line 12. Provide any other additional information. See instruction	Page <b>4</b>
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# Other Assets and Liabilities

2009

Name as Shown on Return ,	Employer Identification No
JEFFERSON CHORAL SOCIETY	54-1554423

Line 24 - Other Assets:	Beginning of Year	End of Year
INVESTMENTS	17,141.	15,891
Totals to Form 990-EZ, Part II, line 24	17,141.	15,891
Line 26 - Total Liabilities:	Beginning of Year	End of Year
DEFERRED INCOME	4,565.	15,090
ACCOUNTS PAYABLE		1,041.
Totals to Form 990-EZ, Part II, line 26	4,565.	16,131

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Form 990-EZ, Part I, Line 8  Other Revenue Statement	
Other revenue (describe) TICKET SALES & ADVERTISING	48,198.
MISC	2,921.
Total	51,119.
Form 990-EZ, Part I, Line 16	
Other Expenses Statement	
Other expenses (describe)	
CONCERT EXPENSES	28,122.
INSURANCE	838.
ADVERTISING	447.
OFFICE EXPENSES	2,181.
BANK S/C	28.
MILEAGE	218.
AMUSEMENT TAX	1,542.
DUES	
MISC	
ACCOUNTING FEES	
Total	33,376.