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# SCANNED FEB 1

Form **990-EZ** 

Department of the Treasury

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 \$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

OMB No 1545-1150

**Open to Public** Inspection

		TIME OCIVIOC								
Α	For the	e 2009 calend	ar year,	or tax year beginning $07/01/09$ , and ending $06/30/$	10					
В	Check if	applicable	Please	C Name of organization		D Em	ployer identification number			
_	Address	change	use IRS label or	Nor						
Ц	Name cl	hange	print or	SUSQUEHANNA VALLEY CHORALE 23-7171719						
	Initial ref	turn	type.	Number and street (or P O box, if mail is not delivered to street address)	Room/suite		ephone number			
_	Termina	ition	See Specific	P O BOX 172		57	0-523-1041			
Ц	Amende	ed return	Instruc-	City or town, state or country, and ZIP + 4		F Gro	up Exemption			
		ion pending	tions.	LEWISBURG PA 17837-017			mber 🕨			
	<ul><li>Sec</li></ul>	tion 501(c)(3)	organi	ations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting	method	X Cash Accrual			
_	a completed Schedule A (Form 990 or 990-EZ).  Other (specify)									
I	_			CMUSIC.ORG	H Check ►	X of th	e organization is <b>not</b>			
<u>J</u>		empt status (ch					hedule B (Form 990,			
K	Check			ganization is not a section 509(a)(3) supporting organization and its gross i		•	ore than \$25,000 A			
				urn is not required, but if the organization chooses to file a return, be sure			101 705			
				to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-E		<u> </u>	<del></del>			
	Part I			penses, and Changes in Net Assets or Fund Balances (S	see the instruc					
	1		• •	ts, and similar amounts received		1	98,338			
	2	<del>-</del>		nue including government fees and contracts	10140110 1	2	53,854			
	3	•		d assessments SEE STAT	EMENT I	3	14,172			
	4	Investment in				4	670			
	5a			ale of assets other than inventory 5a						
	þ			isis and sales expenses 5b		_				
_	C	, ,		of assets other than inventory (Subtract line 5b from line 5a)		5c				
Revenue	6	_		ties (complete applicable parts of Schedule G) If any amount is from gaming, check	nere					
9	a		enue (not including \$ of contributions   6a   1,036							
œ	١.	reported on I	•	s other than fundraising expenses 6b	1,03 87	_				
	b			1.00						
	_ c			rom special events and activities (Subtract line 6b from line 6a) ory, less returns and allowances 7a 7a	10 1	(   6c	162			
	7a	Gross sales								
	b	Less cost of	_	old 7,b	EIVED	<del>5</del> //				
	l °			from sales of inventory (Subtract line 7b from line 7a)	onti '	(01 7c	12 665			
	8			nes 1, 2, 3, 4, 5c, 6c, 7c, and 8	31 10	1 8	13,665 180,861			
_	10			nounts paid (attach schedule)	31 2011 GDEN, UT	10	100,001			
	11	Benefits paid		members	COEN	11	<u> </u>			
	12	•		ensation, and employee benefits	)(3)	12				
enses	13			other payments to independent contractors		13	1,300			
peu	14			ies, and maintenance		14	6,940			
Expe	15			postage, and shipping		15	7,2.0			
	16			cribe ► SEE STATEMENT 3		) 16	177,569			
	17			lines 10 through 16	)	17	185,809			
	18			the year (Subtract line 17 from line 9)		18	-4,948			
Net Assets	19			lances at beginning of year (from line 27, column (A)) (must agree with			<u> </u>			
Ass		end-of-year f	igure rep	orted on pnor year's return)		19	53,409			
É	20	Other change	es in net	assets or fund balances (attach explanation)		20				
	21	Net assets or	r fund ba	lances at end of year Combine lines 18 through 20		21	48,461			
Р	art II	Balanc	e She	ets. If Total assets on line 25, column (B) are \$1,250,000 or more, file For	m 990 instead of Fe	orm 990				
				(See the instructions for Part !! )	) Beginning of year		(B) End of year			
22	Cash, s	savings, and in	vestmer	ts	53,40	9 22	48,776			
		nd buildings				23				
		ssets (describ	e 🕨	)		24				
	Total a				53,40		48,776			
		abilities (desc				0 26	315			
27	Net ass	sets or fund b	alances	(line 27 of column (B) must agree with line 21)	53,40	9 27	48,461			

	JEHANNA VALLEY CHORALE		-7171719			Page 2
Partill Statement of	Program Service Accomplishments	(See the instruction	ons for Part III.	)	E	cpenses
What is the organization's primary	exempt purpose?					for section
SEE STATEMENT 5						and 501(c)(4)
	rying out the organization's exempt purposes Ir rided, the number of persons benefited, or other			ł	•	ons and section
	vided, the number of persons benefited, or other	relevant information for			for others	) trusts, optional
each program title  28 PROVIDE MUSICAL CONCE	ERTS TO REGULAR AUDIENCES - 7				IOI OTITETS	<i>)</i>
	ROXIMATELY 2,500 PEOPLE.				Ì	
220000000000000000000000000000000000000	,					
(Grants \$	) If this amount includes foreign grants,	check here	<b>•</b>		28a	116,336
29						
(Cranta \$	) If the amount moledon foreign grouts	ahaak hasa	_	$\neg$	200	
(Grants \$	) If this amount includes foreign grants,	CHECK HEIE		┸╌┼	29a	
(Grants \$	) If this amount includes foreign grants,	check here	<b>&gt;</b>	$\Box$	30a	
31 Other program services (attack	h schedule)			_		
(Grants \$	) If this amount includes foreign grants,	check here	<u> </u>	44	31a	116 006
32 Total program service expen				<u> </u>	32	116,336
rait i.v List of Officers, t	Directors, Trustees, and Key Employees. List	(b) Title and average	(c) Compensation		Contributions to	(e) Expense
(	a) Name and address	hours per week devoted to position	(If not paid, enter -0)		yee benefit plans & red compensation	account and other allowances
JEAN HORMELL	WATSONTOWN	PRESIDENT		1		
5815 SPRINGTOWN ROAD	PA 17777	20.00	0		(	
NANCY CRAIG	NORTHUMBERLAND	VICE PRESIDE	т			
182 VIEW POINT LANE	PA 17857	10.00	0		(	
MARGARET WEIRICK	NORTHUMBERLAND	CO-VICE PRES				
168 KING STREET ROBERT HARDER	PA 17857	10.00	0	1	(	
1920 JEFFERSON AVENUE	LEWISBURG PA 17837	TREASURER 10.00	0		(	
DEDE GRONLUND	LEWISBURG	SECRETARY	V	1		1
1105 ABBEY LANE	PA 17837	10.00	0	,	(	
ANDREA HALPERN	LEWISBURG	ASSISTANT SEC	RETARY	}		
731 ST LOUIS STREET	PA 17837	5.00	0		C	
						-
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yes No.  33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attached a detailed description of each activity  34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes  35 If the organization had mome from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T a port of the changes gross income of \$1,000 or more or was if subject to section 6033(e) notice, reporting, and prioxy tax requirements?  36 If "Yes," "has if filed a tax return on Form 990-T for this year?  37 If "Yes," "has if filed a tax return on Form 990-T for this year?  38 Did the organization undergro a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  38 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 pinor year and still outstanding at the end of the penid covered by this return?  38 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 pinor year and still outstanding at the end of the penid covered by this return?  38 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 pinor year and still outstanding at the end of the penid covered by this return?  38 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 pinor year and still outstanding at the end of the penid covered by this return?  38 Did the organization fees and capital contributions included on line 9  39 Section 501(c)(7) organizations Enter amount of tax imposed on the organization 4955 excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been r	Pa	irt V Other Information (Note the statement requirements in the instructions for Part V.)			
description of each activity  1. Were any changes made to the organizating or governing documents? If "Yes," attached a conformed copy of the changes  1. If the organization had income from business activities, such as those reported on lines 2, 5a, and 7a (among others), but not reported on Form 1991. The properties of the organization had income from business activities, such as those reported on lines 2, 5a, and 7a (among others), but not reported on Form 1991. The properties of the organization had income the culture of the organization org				Yes	No
34	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
the changes  ### SI If the organization had income from business activities, such as toose reported on lane 2, 5a, and 7a (among others), but not reported on 5cm 990-7, attach a statement explaining why the organization of both organization have unrelated business gross income of \$1,000 or more or was it subject to section 0033(q) notice, reporting, and proxy tax requirements?  ### DI Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 0033(q) notice, reporting, and proxy tax requirements?  ### DI 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  ### DI Did the organization organizat		description of each activity	33		X
33 If the organization had income from bissness advisels, such as those reported on lises 2, 8,3 and 7a (among glines), but not reported on Form 990-7, statch a statement explaining whythe organization did not import the income on Form 990-7.  34 Dut the organization have unreliabled business gross income of \$1,000 or more of was it subject to section of 033(a) notice, reporting, and proxy tax requirements?  35 Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?  36 Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?  37 Dut the organization the Form 120-POL for the year?  38 Dut the organization the Form 120-POL for the year?  39 Dut the organization the Form 120-POL for the year?  30 Dut the organization the Form 120-POL for the year?  31 Dut the organization the Form 120-POL for the year?  32 Dut the organization the Form 120-POL for the year?  33 Dut the organization the Form 120-POL for the year?  34 Dut the organization the Form 120-POL for the year?  35 Dut the organization the Form 120-POL for the year?  36 Dut the organization the Form 120-POL for the year?  37 Dut the organization the Form 120-POL for the year?  38 Dut the organization the Form 120-POL for the year?  39 Dut the organization the year and still outstanding at the end of the pend covered by this return?  30 Section 501(c)(f) organizations Either amount of tax imposed on the organization during the year under section 4911 the pending the year or sit aware that it engaged in an excess benefit transaction with a disqualified person organization. Either amount of tax in nine 40c reminused by the organizations. Either amount of tax in nine 40c reminused by the organizations. Either amount of tax in nine 40c reminused by the organization in the year under sections 4912,  495, and 4958  40 Section 501(c)(3) and 501(c)(4) organizations Either amount of tax on line 40c reminused by the organizati	34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
or Form 980-7, ettath a statement explaining why the organization durind report the more on Form 980-1  a Did the organization have unreliated business gross morme of \$1,000 or more or was it subject to section 6033(c) notice, reporting, and proxy tax requirements?  b Did free organization undergot a injudiation, descolution, termination, or significant disposition of net assets of the requirements of the first spear?  Trifer amount of pricial reportatives, direct or indexer, discribed in the instrict of pricial proprieties, direct or indexer, discribed in the instrict of pricial proprieties, direct or indexer, discribed in the instrict of the spear?  b Did the organization file Form 1120-POI, for this year?  b Did the organization for prevair and still outstanding at the end of the period covered by this return?  b Different organization form, or make any loans to, any officer, director, trustee, or key employee or were say such loans made in a prior year and still outstanding at the end of the period covered by this return?  b Different organization forms of the organization director, trustee, or key employee or were say such loans made in a prior year and still outstanding at the end of the pend covered by this return?  b Different organization forms of the organization director, trustee, or key employee or were say such loans made in a price year and capital contributions included on line 9  b Gross receipts, included on line 9  b Gross receipts, included on line 9  b Gross receipts, included on line 9 for public use of club facilities  Gross receipts, and dept to extend organizations and capital contributions included on line 9  b Gross receipts, and dept to experiment of the time of the organization during the year under section 4958 accesses benefit transaction main give year or its aware that it engaged in an excess benefit transaction with a disqualled person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 90 e10-21 if 11°cs, complete Schedule L		the changes	34		X
bit the conganzation have unrelated business gross income of \$1,000 or more or was it subject to section \$350 in the conganzation are unrelated business gross income of \$1,000 or more or was it subject to section \$350 in \$1,000 or more or was it subject to section \$350 in \$1,000 or more or was it subject to section \$1,000 or mor	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported			
533e   336   X  537e   1f **Ves*, **Long till god at ax return on Form \$90-T for the year?  538   1f **Ves*, **Long till god at ax return on Form \$90-T for the year?  539   Did the organization undergo a liquidation, dissolution, ferrimentation, or significant disposition of net assets during the year? If **Ves*, **Complete applicable parts of Schedule N  540   The standard of policial expenditures, direct or indicate, a described in the instity  541   Did the organization till ferrim 1120-PCL for this year?  542   Did the organization till ferrim 1120-PCL for this year?  543   Did the organization to flie Form 1120-PCL for this year?  544   Did the standard of policial expenditures, direct or interest, and standard and an arrow of the pend covered by this return?  545   March 120   Mar		on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
b If Yes, "has it fleed a tax return on Form 990-T for the year?  50 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  51 Did the organization the Form 1120-POL for the year?  52 Did the organization flooring or year and still outside any organization flooring year and still outside not year or set aware that it was any such loans made in a print place or year and still outsidenting at the end of the penied covered by this return?  52 Did the organization flooring year and still outsidening at the end of the penied covered by this return?  53 Did the organization flooring year and still outsidening at the end of the penied covered by this return?  54 Did the organization organization repair and year of year and still outsidening at the end of the penied covered by this return?  54 Did the organization organization schedule in the penied covered by this return?  55 Did the organization organization included on line 9  56 Gross recepts, included on line 9, for public use of club facilities  56 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on the organization during the year or sit aware that it engaged in an excess benefit transaction with a disqualified person in a priory year, and that the transaction has not been reported on any of the organization's prior Forms 990 of 990-EZ? If Yes, "complete Schedule i. Part I  57 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  61 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c returns used by the organizations A large time the penies of the p	а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
36 Did the organization undergo a liquidation, dissolution, Ierimination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  77a Eritle amount of policial expenditures, direct or indirect, as described in the instr*  17b Did the organization life Form 1120-PCL for this year?  17b Did the organization the Form 1120-PCL for this year?  17b Did the organization the Form 1120-PCL for this year?  17b Did the organization the Form 1120-PCL for this year?  17b Did the organization the Form 1120-PCL for this year?  17b Did the organization the Form 1120-PCL for this year?  17b Did the organization the Form 1120-PCL for this year?  17b Did the organization the Form 1120-PCL for this year?  17b Did the organization the Form 1120-PCL for this year?  17b Did the organization the Form 1120-PCL for this year?  17b Did the organization the Form 1120-PCL for this year?  17c Did the organization the Sand organization organization the sand organization the sand organization the sand organization school organization school organization the sand organization school organization school organization school organization school organization school organization organization engage in any section 4915 excess benefit transaction duming the year or at aware that it engaged an an excess benefit transaction duming the year or at aware that the reganization organization organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  17c Section 501(G)3 and 501(C)4) organizations Enter amount of tax on line 40c remissions by the organization and school organizations are school organizations. Enter amount of tax on line 40c remissions by the organization and the school organiz		6033(e) notice, reporting, and proxy tax requirements?	35a		X
dump the year? If "Yes," complete applicable parts of Schedule N 37	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
37a   Enter amount of political expenditures, direct or indirect, as described in the instr   Did the organization file Form 1120-PDL for this year?   37b   Did the organization borrow from, or make any loans to, any officer, director, fusitee, or key employee or were any such loans made in a prior year and still outstanding at the end of the penod covered by this return?   If 'Yes, 'complete Schedule  , Part I and enter the total amount involved   38b	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
b Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, anny officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the peniod covered by this return?  38b   38a   X   38b   3		during the year? If "Yes," complete applicable parts of Schedule N	36		X
338	37a	Enter amount of political expenditures, direct or indirect, as described in the instr	_		
any such loans made in a prior year and still outstanding at the end of the period covered by this return?    1	b	Did the organization file Form 1120-POL for this year?	37b		X
b   1"ks," complete Schedule L, Part II and enter the total amount involved  3 Section 501(c)(7) organizations Enter  a Initiation fees and capital contributions included on line 9  3 Section 501(c)(3) organizations Enter amount of fax imposed on the organization during the year under section 4911 \( \) section 501(c)(4) organizations Enter amount of fax imposed on the organization during the year under section 4911 \( \) section 501(c)(4) organizations. Did the organization engage in any section 4955 \( \) section 501(c)(4) organizations. Did the organization engage in any section 4956 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-E27 if "Yes," complete Schedule L, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of fax 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 fax on line 40c reimburised by the organization or during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-7  15 Faralley Ctricle # 30.7  Located at	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
39 Section 501(c)(7) organizations. Enter a initiation fees and capital contributions included on line 9 b Gross recepts, 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 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a priory ear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I  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  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of signalified 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 and the vice of the 40c reimbursed by the organization and 501(c)(4) organizatio		any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
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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 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 during the year or is it aware that it engaged in an excess benefit transaction during the year or is at 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-E27 if "Yes," complete Schedule L, Part I  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  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e 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  1. List the states with which a copy of this return is filed. ▶ PA  Telephone no ▶ 570 −523 −1041  1. List the states with which a copy of this return is filed. ▶ PA  1. Located at ▶ LEWISBURG, PA  2. If Yes, "CIRCLE #307  Located at ▶ LEWISBURG, PA  2. If Yes, "complete Form 2. If Yes, and 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 or a security over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  c 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 ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1	39	Section 501(c)(7) organizations Enter			
Section \$10 (c)(3) organizations Enter amount of tax imposed on the organization during the year under section \$11 \\ Section \$11 \\ Section \$11 \\ Section \$10 (c)(3) and \$501(c)(4) organizations Did the organization engage in any section \$458 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-E27 If "Yes," complete Schedule L, Part I  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 organizations Enter amount of tax on line \$40c\$ reimbursed by the organizations Enter amount of tax on line \$40c\$ reimbursed by the organizations of the organization and \$40c\$ reimbursed by the organization and \$40c\$ reimbursed by the organization and \$40c\$ reimbursed by the organization of the section \$401(c)(3) and \$501(c)(4) organizations Enter amount of tax on line \$40c\$ reimbursed by the organization of \$40c\$ reimbursed by the organization of \$40c\$ reimbursed by the organization of the \$40c\$ reimbursed by the \$40c	а	Initiation fees and capital contributions included on line 9	4		
section 4911 \( \)	b		4		
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-E27 If "Yes," complete Schedule L, Part I  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  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. Part yield the organization and party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T  List the states with which a copy of this return is filed. PA  The organization's blocks are in care of P KELLY BEARD  Tolephone no \$\frac{570-523-1041}{570-523-1041}\$  LEWISBURG, PA  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  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C 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  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  Ves. No.  At any time during the calendar year, did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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	40a				
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person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I  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  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rembursed by the organization  a 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  Lest the states with which a copy of this return is filed PA  Telephone no 570-523-1041  155 FARLEY CIRCLE #307  Located at LEWISBURG, PA  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)  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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 Section 4947(a)(1) nonexempt chantable 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    Ves.   No   Ves.   No   Ves.   No   Ves.   Ves.   Ves.   No   Ves.   V	b		}		
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Form 990-EZ 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 44 X  X	4.4	Did the organization maintain any donor advised funds? If "Vos." Form 000 must be seemblated instead of		Yes	NO
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 X			44		y
"Yes," Form 990 must be completed instead of Form 990-EZ	45		-44	<del> </del>	$\vdash $
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	নিখেঁ৷ৈ Section 501(c)(3) organizations and section 4947(a)	(1) nonexempt	charitable trus	ts only. All sec	tion	
	501(c)(3) organizations and section 4947(a)(1) none	kempt charitable	e trusts must a	nswer question	is 46-49	b
	and complete the tables for lines 50 and 51.	•				
16	Did the organization engage in direct or indirect political campaign activities on t	behalf of or in oppos	ition to		Yes	s No
	candidates for public office? If "Yes," complete Schedule C, Part I				46	X
17	Did the organization engage in lobbying activities? If "Yes," complete Schedule	C. Part II			47	X
18	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? I		hedule E		48	X
19a	Did the organization make any transfers to an exempt non-charitable related organization				49a	X
b	If "Yes," was the related organization a section 527 organization?	•			49b	1
50	Complete this table for the organization's five highest compensated employees	(other than officers.	directors, trustees	and key		
	employees) who each received more than \$100,000 of compensation from the					
	(a) Name and address of each employee paid more	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expo	ense
	than \$100,000	hours per week devoted to position	Ì	employee benefit plans & deferred compensation	account other allow	
NONE	7	GOVOICE TO DESIGN	1	deletted compensation	Other dilot	<u>ranocs</u>
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		+				
		<del>                                     </del>			<del></del>	
-	Total number of other employees paid over \$100,000		<u> </u>	<u>l</u>	<u> </u>	
f	Total number of other employees paid over \$100,000	▶		_		
-4	Complete this table for the arrangement and five highest second and an advantage	<b>.</b>		41		
51	Complete this table for the organization's five highest compensated independent		ach received more	tnan		
	\$100,000 of compensation from the organization. If there is none, enter "None"					
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(6) (	ompensation	
NO		(5)	Type of service	(0)	ompensation	<u> </u>
NOI	NL					
-						
		<del></del>				
		<del></del> -	<del></del>			
					·	
	Title 1 ( iii )					
d	Total number of other independent contractors each receiving over \$100,000	<b></b>				
	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete. Declaration of preparer (other than o	(ccompanying schedule	s and statements, and	d to the best of my knowled	wledge	
Sign		incery is based on all in		·, ·	196	
_	- 1 miles 11 . C Concessor MI		//18/	///		
Here	11/1/1/1/2019		Date			
	Type or print name and title	surer				
		Date	Check if	Preparer's Iden	Irfving Number	(See instr.)
)	Preparer's (1000 A A D )		self-	_		(See instr.)
Paid	- I WALLY CIN	12/15	5/10 employed ▶	— <del></del>		
-	parer's Firm's name (or yours ROBERT M) BRUBAKER, PA			EIN ▶ 2	3-218	3169
Jse		SUITE 2		Phone	- <del></del>	
	address, and ZIP+4 LEWISBURG, PA 17837	- <u>-</u>		no ▶ 570	-524-	4134
Mav t	the IRS discuss this return with the preparer shown above? See instructions			<u> </u>	X Yes	No

### 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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SUSQUEHANNA VALLEY CHORALE

Employer identification number 23-7171719

Pa	art I	Reas	on for Public Charity S	Status (All organizations	must co	mplete	this pa	art.) Se	ee ins	tructio	ns.		
he	orgar	nization is not	a private foundation because	it is (For lines 1 through 11, che	eck only o	ne box )							
1		A church, cor	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(/	A)(i).						
2	П	A school des	school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П			e organization described in secti	on 170(b)	(1)(A)(iii)							
4	П	A medical res	earch organization operated	in conjunction with a hospital de	scnbed in	section 1	70(b)(1)	(A)(iii).	Enter th	ne hospi	ıtal's name.		
		city, and state											
5	$\Box$	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
_	ليسا	_	section 170(b)(1)(A)(iv). (Complete Part II )										
6		•	federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7			in organization that normally receives a substantial part of its support from a governmental unit or from the general public										
•	ш	_	section 170(b)(1)(A)(vi). (Co		ra gorom	memar an	01 11011	ii iiio go	noral pe				
8				<b>'0(b)(1)(A)(vi)</b> . (Complete Part II									
9	X	•		more than 33 1/3 % of its suppo	•	ntribution	s memb	ershin fe	es and	d aross			
Ť	[==]	-	•	ot functions—subject to certain e				-		_			
			•	d unrelated business taxable inco	•								
			•	, 1975 See section 509(a)(2). (	•			o bao					
10		•	•	xclusively to test for public safety	•	•	a)(4).						
11	П	_	= :	xclusively for the benefit of, to pe				carry or	ıt the				
		•	• ,	d organizations described in sec			-	•		tion			
		-	, , , , ,	e type of supporting organization	•								
		a Type		c Type III–Functions		•	d	—ĭ	e III–Ot	her			
е		By checking t	- · ·	inization is not controlled directly			or more	disqual	ified				
		persons other	than foundation managers a	ind other than one or more public	cly suppor	ted organ	ızatıons	describe	ed in sec	ction			
		509(a)(1) or s	ection 509(a)(2)			_							
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or 1	ype III s	upportin	ig				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the							
		following per	sons?										
		(i) A persor	who directly or indirectly cor	ntrols, either alone or together wi	th person:	s describe	ed in (ii)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(i	)	
		(ii) A family	member of a person describe	ed in (i) above?							11g(i	i)	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(i	iı)	
h		Provide the f	ollowing information about the	e supported organization(s)									
(i)		of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization		ou notify		ls the	(VII) AI	mount of	
	org	anization		(described on lines 1–9 above or IRC section	1	sted in your document?	the organ	nzation in of your	organizat	on in col zed in the	su	pport	
				(see instructions))	governing	document.	supp			S ?			
			· · · · · · · · · · · · · · · · · · ·		Yes	No	Yes	No	Yes	No			
				<del></del>	<u> </u>				-				
		<del></del>			<u> </u>				<u> </u>				
											<u></u> _		
		2	<u> </u>		<u> </u>				<del> </del>				
						·							
ota	II.				1	ı		i	1	, I	l .		

Schedule A (Form 990 or 990-EZ) 2009 SUSQUEHANNA VALLEY CHORALE 23-7171719 Page 2 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.) Section A. Public Support (a) 2005 Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned 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 activities, etc. (see instructions) 12 13 First five 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15

16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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Schedule A (Form 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.)

Sec	tion A. Public Support						
	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	60,050	78,572	105,174	88,612	112,510	444,918
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	24,503	28,331	28,763	39,587	63,259	184,443
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	84,553	106,903	133,937	128,199	175,769	629,361
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	10.500	22.22	03.760			
_	amount on line 13 for the year Add lines 7a and 7b	19,503	23,331	23,763	29,284	58,259	
С 8	Public support (Subtract line 7c from	19,503	23,331	23,763	29,284	58,259	154,140
	line 6)						475,221
	tion B. Total Support lendar year (or fiscal year beginning in)	( ) 2005	# \ 0000 T		4.0.000	4 3 0000	(D.T.)
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends,	84,553	106,903	133,937	128,199	175,769	629,361
iva	payments received on securities loans, rents, royalties and income from similar sources	255	125	1,140	1,069	670	3,259
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	255	125	1,140	1,069	670	3,259
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)	7,949	12,012	23,541	13,504	4,422	61,428
13	Total support. (Add lines 9, 10c, 11,		1				
	and 12 )	92,757	119,040	158,618	142,772	180,861	694,048
14	First five years. If the Form 990 is for the o	rganızatıon's first, s	second, third, fourth	, or fifth tax year as	s a section 501(c)(	3)	. —
<u></u>	organization, check this box and stop here						<b>&gt;</b>
	tion C. Computation of Public Sup		*		<del></del>		
15	Public support percentage for 2009 (line 8,	* *	-	))		15	68.47%
16 Sec	Public support percentage from 2008 Sched					16	69.28 <b>%</b>
	tion D. Computation of Investmen			luma (A)		47	111 Q f = 0f
17 18	Investment income percentage for 2009 (lin Investment income percentage from 2008 S		-	numn (1))		17	<u>.4696 %</u> .3334 %
19a	33 1/3 % support tests—2009. If the organ			4 and line 15 is mo	ore than 33 1/3 %		
.va	17 is not more than 33 1/3 %, check this box						<b>▶</b> [X
b	33 1/3 % support tests—2008. If the organ			-			- [==
	line 18 is not more than 33 1/3 %, check this						<b>&gt;</b>
20	Private foundation. If the organization did						▶ [

	part to provide t	LE 23-7171719 he explanations required by Part II, line 10; ther additional information. See instructions.	Page 4
PART III, LINE 12 - OTHER INCOME [			
ALZHEIMER	\$	119	
OTHER	\$	142	
FUNDRAISERS - NET OF DIRECT EXP	\$	162	
REC SOC	\$	61,005	

# 237171719 SUSQUEHANNA VALLEY CHORALE 23-7171719 Federal Statements

FYE: 6/30/2010

### Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description			Amount
MEMBERSHIP	DUES	\$_	14,172
TOTAL		\$_	14,172

### Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	 Amount
ADVERTISING SALES	\$ 9,405
SOCIAL/RECEPTION	3,999
PHOTO DIRECTORY	142
PURPLE BOWS (ALZHEIMERS) NET	 119
TOTAL	\$ 13,665

### Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	 \$
SUPPLIES & EQUIPMENT	50,804
ASCAP	367
INSURANCE	2,094
DUES	138
MARKETING & ADVERTISING	33,376
PROFESSIONAL SERVICES	90,790
TOTAL	\$ 177,569

## Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	 End of Year
PAYROLL TAXES PAYABLE	\$	\$ 315
		315

237171719 SUSQUEHANNA VALLEY CHORALE

**Federal Statements** 

FYE: 6/30/2010

23-7171719

# Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

_		
Desc	מוזי	tion
DESI	<i>,</i> , , , , ,	III

TO INSPIRE THE LOVE OF GREAT CHORAL MUSIC THROUGH CONCERTS, EDUCATIONAL TALKS, YOUTH AND ADULT PROGRAMS

12/15/2010 10:07 AM

Form **8868**Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

internal Revenue	Service			
If you are to	iling for an Automatic 3-Month Extension, complete only Part I and check this box			► X
If you are to	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form	1)		
Do not compl	ete Part II unless you have already been granted an automatic 3-month extension on a previously filed For	m 8868		
Part'	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
•	equired to file Form 990-T and requesting an automatic 6-month extension—check this box and complete			
Part I only				▶ ⊔
All other corpo	rations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exten me tax returns	sion of		
Electronic Fil	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of tir	ne to file		
one of the retu	ms noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 88	68		
electronically r	(1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870,	group		
returns, or a co	emposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part	i II) of For	m	
8868 For mor	e details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofi	ts		
Type or	Type or Name of Exempt Organization		Employer identification number	
print				
File by the	SUSQUEHANNA VALLEY CHORALE	23-7171719		
due date for filing your	Number, street, and room or suite no. If a P O. box, see instructions P. O. BOX. 172			
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions LEWISBURG PA 17837-0172			
Check type of	return to be filed (file a separate application for each return)			
X Form 99			Form 4720	
Form 99	H		Form 5227	
Form 99			Form 6069	
Form 99			Form 8870	
			Full 8870	
Telephone If the orga If this is for the whole galist with the n	are in the care of ► HEATHER RICH HECKERT  No ► 570-523-1041  FAX No ►  nization does not have an office or place of business in the United States, check this box  a Group Return, enter the organization's four digit Group Exemption Number (GEN)  roup, check this box  If it is for part of the group, check this box  ames and EINs of all members the extension will cover  an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	If this is attach		▶ □
	2/15/11 , to file the exempt organization return for the organization named above. The extension is			
for the organization's return for				
▶ 🗌	calendar year or			
ightharpoons	ax year beginning $07/01/09$ , and ending $06/30/10$			
2 If this tax	year is for less than 12 months, check reason Initial return Final return Change i	n account	ing period	
3a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
less any	nonrefundable credits. See instructions	3a	\$	
<b>b</b> If this ap	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax			
payment	s made Include any pnor year overpayment allowed as a credit	3b	\$	
c Balance	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	2		
deposit v	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment			
System)	See instructions	Зс	\$	
Caution. If you	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-FO and Form 8879-	-O		

for payment instructions