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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)

► Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross recepts 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

2009

Open to Public Inspection

Inter	nal Reve	nue Service		Ine organization may have to use a copy of this return to satisfy state reporting	requirements.						
A I	For th	e 2009 calenda	ar year,	or tax year beginning JULY 1 , 2009, and e	nding	JUNE :	30	, 20 10			
В	Check if						Employer identification number				
	Address	s change	use IRS label or	GREENVILLE CHORAL SOCIETY & NEW CAROLINA SINFONIA		23 7354442					
=	Name o	-	print or	Number and street (or P O box, if mail is not delivered to street address) Room	v/surte E Tel	ephone	numb	er			
님	Initial re Termina		type. See	PO BOX 1357		2	52.7	56.6451			
님			Specific	City or town, state or country, and ZIP + 4	E C.	oup Ex					
=		ed return ton pending	Instruc- tions.	GREENVILLE, NC 27858-1357		ımber	•	.011			
브			<u> </u>					Cook D Account			
	• Se	ction 501(c)(3)		ations and 4947(a)(1) nonexempt charitable trusts must attach pleted Schedule A (Form 990 or 990-EZ).	_		: 14	Cash			
			a cor	·	Other (speci	• •					
								nızatıon is not			
				NVILLECHORALSOCIETY.COM	required to	attach S	Sche	dule B (Form 990,			
<u>J</u> 1	Tax-e	xempt status (check o	nly one) — 🗹 501(c) (3) ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527	990-EZ, or 9	90-PF)	•				
K	Check	: 🕨 🔲 if the	e organı	zation is not a section 509(a)(3) supporting organization and its gross recei	pts are normal	ly not n	nore 1	than \$25,000. A			
	Form	990-EZ or Forn	n 990 re	turn is not required, but if the organization chooses to file a return, be sui	re to file a corr	plete re	eturn				
L	Add lir	es 5b, 6b, and 7	b, to line	9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of F	orm 990-EZ	> ;	\$	72,142			
	art I			enses, and Changes in Net Assets or Fund Balances (S		uction	s fo	r Part I.)			
	1			s, grants, and similar amounts received		1	Ĭ	49,910			
	2		. •	evenue including government fees and contracts		2	†	2,830			
	3	•				3	 	2,000			
			•	and assessments		4	\vdash				
	4	Investmen		1 1			\vdash	9			
	5		1	m sale of assets other than inventory		0	1				
			1	Poasis and sales expenses		0	i				
•	0			n-sale of-assets-other than inventory (Subtract line 5b from line 5a iyties (complete applicable parts of Schedule G). If any amount is from gaming, ch		5c	↓	0			
ž	6			Ī							
ē	8	a Gross reve	nue (n	of contributions							
Revenue		reported o	3								
_	1 .	Less: direc	t expe	işes pther than fundraising expenses 6b		0					
	(ss) from special events and activities (Subtract line 6b from line 6	a)	6c	1	11,263			
	7			entory, less returns and allowances	, · · · ·	ه ا	T	· · · · · · · · · · · · · · · · · · ·			
	Ι.	Less: cost		**		<u> </u>					
			•	A Company of the Comp		7c	l	n			
	` ا	•	•			8	-	8,130			
	8		•	scribe (see attached schedule)		_	-				
_	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> </u>	9	┼	72,142			
_	10			r amounts paid (attach schedule)		10	₩	1,000			
Ξ	11	-		r for members		11	₩	0			
\$2	12	Salanes, o	ther co	mpensation, and employee benefits	· · · · ·	12	ļ	23,834			
4 2010	13	Profession	al fees	and other payments to independent contractors	<i>.</i>	13	$oxed{igspace}$	20,188			
95	. 14	Occupanc	y, rent,	utilities, and maintenance		14	1	3,546			
ي الا الا	15	Printing, p	ublicati	ons, postage, and shipping	<i>.</i> .	15		5,614			
⊋	16	Other expe	enses (describe (see attached schedule))	16		20,240			
	1 17			Add lines 10 through 16		17	I^{-}	74,422			
Assets	18			for the year (Subtract line 17 from line 9)			1	(2,280)			
ets K	19			d balances at beginning of year (from line 27, column (A)) (mus			1				
SS	'			reported on prior year's return)	-			40,019			
ک ج	200	-	•	net assets or fund balances (attach explanation)		20	+-	4,319			
ž	20		_				+				
'	21			d balances at end of year. Combine lines 18 through 20			201 -	44,338			
	art	Dalanc	e one	ets. If Total assets on line 25, column (B) are \$1,250,000 or more,			au C				
		_		(See the instructions for Part II.)	(A) Beginning		+	(B) End of year			
2		_		vestments		40,019	_	44,338			
2		Land and build	_				23	0			
2	4 (Other assets (describ	e >)			24	0			
2	5	Total assets				40,019	25	44,338			
2	6 '	Total liabilitie	s (des	onbe ▶)			26	0			
_	- 1	Not appete o	find I	calances (line 27 of column (R) must agree with line 21)		A0 010	27	AA 338			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form 990-EZ (2009)



Part III Statement of Program Service Accomplishments (See the instructions for Part III.)								
What is the organization's primary exempt purpose? Community Chorus for Adult, Youth & Children (Re								
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise)(3) and 501(c)(4)		
manner, describe the services provided, the number of persons benefited, and other relevant information for 4947(a)(1) trusts; or								
each	ach program title. for others.)							
28	HOLIDAY CONCERT IN GREENVILLE, NC WITH 30 P	IECE ORCHESTRA FOR AN	AUDIENCE OF 500	PEOPLE				
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ □	28a	16,402		
29	SPRING CONCERT IN GREENVILLE, NC WITH 30 PIE				 	,		
23								
	/Cronto C	includes foreign grants, che	ook boro	. ▶ □	29a	14.613		
30	(Grants \$) If this amount SPRING CONCERT IN GREENVILLE, NC FOR AN AU		CONTICIE	<u> </u>	25a	14,013		
30	SPRING CONCERT IN GREENVILLE, NC FOR AN AU	DIENCE OF 200 FLOFLE						
	(O				200	9.004		
		includes foreign grants, chi			30a	8,091		
31	, , , , , , , , , , , , , , , , , , , ,					0.007		
~~		includes foreign grants, che			31a	6,037		
	Total program service expenses (add lines 28a t				32	45,143		
Par	List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contribute		(e) Expense		
	(a) Name and address	hours per week	(If not paid,	employee benefi	t plans &	account and		
		devoted to position	enter -0)	deferred compe	ensation	other allowances		
	PHEN GRAY	PRESIDENT/5	_		_	_		
3403	FOXWOOD LN GREENVILLE, NC 27858		0		0	0		
	AWRENCE							
3665	N MAIN ST APT E FARMVILLE, NC 27828		0		0	0		
AME	AMBER DAVISSECRETARY/2							
673	673 3RD ST AYDEN, NC 28513							
WILI	LIAM HODGES, JR	TREASURER/5						
111	1 ASBURY RD GREENVILLE, NC 27858 0				0	0		
MAR	ARILYN ALEXANDER							
1906	E 9TH ST GREENVILLE, NC 27858	DIRECTOR	0		0	0		
CLY	DE BAKER	DIDECTOR						
1503	WOODWIND DR GREENVILLE, NC 27858	DIRECTOR	0		0	0		
GRE	G BALDWIN	5155555						
1571	BUNCH LN GREENVILLE, NC 27834	DIRECTOR	0		0	0		
ROB	ERT GENNINGS					1		
680	JORDAN DR GREENVILLE, NC 27834	DIRECTOR	0	}	0	0		
	EY GRAY							
4412	SURREY MEADOWS DR WINTERVILLE, NC 28590	DIRECTOR	o	1	0	o		
	IL MASON							
	W LANG ST FARMVILLE, NC 27828	DIRECTOR	0		0	0		
	VEN ROW			<u> </u>				
	YORK RD GREENVILLE, NC 27858	DIRECTOR	0		0	o		
	OLINE VAUGHAN							
	CHERRYWOOD DR GREEVILLE, NC 27858	DIRECTOR	0		0	0		
	ABETH ROGERS							
	QUEEN ANNE'S RD GREENVILLE, NC 27858	GENERAL MANAGER/5		0	o			
+03	GOLLIA MINE O'ND GIVELIA VICEE, NO 27000		2,000	<u> </u>	<u>.</u>			
-		1						
			·	 				
		1						
				-		-		
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		 		-				
		-						
				ļ				
			1					
		I	I	1		I		

Part	Other Information (Note the statement requirements in the instructions for Part V.)			-5- -
	· · · · · · · · · · · · · · · · · · ·		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	 	l
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			
b	Did the organization file Form 1120-POL for this year?	37b		<u>. </u>
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 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		<u> </u>	
b	Gross receipts, included on line 9, for public use of club facilities	1	ŀ	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	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	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			
đ	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 ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u></u>	
	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		l
C	If "Yes," enter the name of the foreign country:	720		<u> </u>
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. 1	▶ □
	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		1.03	1.30
	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		
			1-E7	(0000

Form **990-EZ** (2009)

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	section 4947(a)(1 47(a)(1) nonexemp nd 51.) nonexem ot charitable	n pt charitat e trusts mus	ole trusts only. A st answer question	ll sec ns 40	:tion 3–491	b
46	Did the organization engage in direct or indirect	political campaign	activities o	n behalf of o	in opposition to		Yes	No
	candidates for public office? If "Yes," complete	Schedule C, Part I				46		
47	Did the organization engage in lobbying activitie	s? If "Yes," comple	te Schedule	C, Part II .		47		
	Is the organization a school as described in section				E	48		
	Did the organization make any transfers to an ex		-			49a		
ь								
50	Complete this table for the organization's five hi					ruste	es an	d key
_	employees) who each received more than \$100,	000 of compensation			If there is none, en	ter "N	one."	ı
	(a) Name and address of each employee paid more	(b) Title and avera hours per weel		Compensation	(d) Contributions to employee benefit plans &	(e) Expense account and		
_	than \$100,000	devoted to positi			deferred compensation	other allowance		
_						<u> </u>		
					<u> </u>	<u> </u>		
	Total number of other employees paid over \$100		<u> </u>		<u> </u>			
	\$100,000 of compensation from the organizatio (a) Name and address of each independent contractor				pe of service	(c) Co	mpensa	ation
								
				-				
d	Total number of other independent contractors	each receiving over	\$100,000					
	Under penalties of peruse L declare that I have examin	ert this return including a	accompanying s	schedules and sta	atements, and to the bes	at of my	/ knowl	ledge
	and belief, it is true, correct, and complete Declaration	of preparer (other than o	itticer) is based	on all information	n of which preparer has	any kno	wledge	e
Sign Here	Secretary of the second				10-11-10	<u> </u>		_
Signature of officer Date								
	WILLIAM HODGES, JR TREASURER Type or print name and title							
Paid	Preparer's signature		Date	Check rf self- employed ▶	Preparer's identifying nur	nber (Se	— e instruc	ctions)
Prepare	I FRITTS HAUTE TOTAL		1	E	<u>-</u> 1			
Use On	y yours if self-employed), address, and ZIP + 4				none no 🕨			
May th	e IRS discuss this return with the preparer show	n above? See instru	ictions .		▶ [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

Employer identification number

GREENVILLE CHORAL SOCIETY & NEW CAROLINA SINFONIA 23 : 73544							735444	2					
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) S	ee instru	ctions.		
The	orga	anization is n	ot a private four	dation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box	i)			
1			-	rches, or association	-	_	_	-		-			
2		A school des	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)							
3				nospital service organ			in sectio	n 170(b)	(1)(A)(iii).				
4		A medical re	•	tion operated in conj)(A)(iii)	. Ente	r the
5		An organizat	-	the benefit of a colle	ge or uni	versity ov	wned or o	perated	by a gov	ernmenta	l unit d	escrib	ed in
6				ernment or governme	ental unit	describe	d in sect	ion 170(i	b)(1)(A)(v	1)_			
7			_	receives a substantia				-		-	the ger	neral r	ublic
-				(1)(A)(vi). (Complete F		ouppe		9010	ioniai an	0 0	tilo goi	ioidi p	, a 5 c
8				d in section 170(b)(1)		Complete	Part II.)						
9			-	receives: (1) more that		-		m contrib	utions. n	nembersh	ıp fees.	and o	aross
		-	-	ed to its exempt funct							•	•	-
		support from	n gross investm	ent income and unre	lated bus	siness ta	xable inc	ome (les	s section	1 511 tax) from	busine	esses
		acquired by	the organization	after June 30, 1975.	See sec	tion 509((a)(2). (Co	omplete f	Part III.)				
10		An organizat	ion organized a	nd operated exclusive	elv to tes	t for publ	ic safety.	See sec	tion 509	(a)(4).			
11	ī	-	-	and operated exclusiv	-	-	-				r to ca	mv ou	ıt the
		purposes of	one or more put	blicly supported organ	nizations	describe	d ın secti	on 509(a)	(1) or se	ction 509	(a)(2). S	ee se	
				at describes the type									
	_	a 🗌 Type		• •		e ill-Fun	-	•			Type		
е	L			tify that the organizat									
				n managers and other	r than on	e or more	publicly	supporte	ed organi	zations de	escribe	d in se	ection
			section 509(a)(2)										
f		_		a written determinati	ion from	the IRS	that it is	a Type	l, Type I	l, or Type	ill sup	portir	ng _
		•	, check this box		• • •		• • • •						L
g		_		the organization acce	epted any	gitt or c	ontribution	on from a	iny of the	9			
		following per										Yes	No
			_	r indirectly controls, e		_		in persor	is descri	bed in (ii)			
			_	ning body of the supp		ganizatio	n?.				11g(i) 11g(ii)		
				rson described in (i) a		 (v) =b=v=					11g(iii)		
			•	of a person described ation about the suppo							(i i g(m)	<u> </u>	
<u>h</u>		e of supported	(ii) EIN			organization	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	ou notify	4.5	Is the	640	A t	
(1)		janization	(0) 2114	(iii) Type of organization (described on lines 1-9		sted in your		nization in		tion in col		Amount upport	OI .
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S.?			
				(See IIISD dedoils)	Yes	No	Yes	No	Yes	No No			
					163		163		163	110			
						ļ <u>.</u>							
					 	 	 	 	 	 			

Total

Par	(Complete only if you check					and 1/0(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.")	44871	48398	44554	40430	42196	220449
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	44871	48398	44554	40430	42196	220449
5 6	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.		: :				106816 113633
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	44871	48398	44554	40430	42196	220449
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1999	2497	2031	1127	1586	9240
9	Net income from unrelated business activities, whether or not the business is regularly carned on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	18826	21373	23716	21941	18653	104509
11	Total support. Add lines 7 through 10 .					<u></u>	334198
12	Gross receipts from related activities, etc	•	•			12	18921
13 Sec	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<i></i> .		-		n 501(c)(3) ► □
<u> </u>	Public support percentage for 2009 (line			column (fl)		14	34 %
15				,, σσια (.,,		15	35 %
16a	Public support percentage from 2006 Schedule A, Fart II, line 14						
	b 33½% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum"	acts-and-circun	nstances" test,	check this box	and stop here.	Explain ın Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	stances" test, o organization qua	theck this box a difies as a public	and stop here. By supported or	Explain in Part ganization	IV how the

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

	(Complete only if you checke	ed the box or	n line 9 of Pa	art I.)			
	tion A. Public Support						
Ca	llendar 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	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						
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				<u> </u>		
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.)						
	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						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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.)						
14	First five years. If the Form 990 is for to organization, check this box and stop					e"	on 501(c)(3)
Sec	tion C. Computation of Public Su	_					<u> </u>
	Public support percentage for 2009 (lin		-	ne 13. column	(f))	15	%
15 16	Public support percentage for 2009 (iiii Public support percentage from 2008 §					16	
	tion D. Computation of Investmen						
17	Investment income percentage for 200	9 (line 10c, co	lumn (f) dıvide	d by line 13, c	olumn (f)) .	17	%
18	Investment income percentage from 20	-		-		18	%
19a	331/3 % support tests—2009. If the orga						
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this						
20	Private foundation If the organization	-	_	•	•		_

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

h to Form 990 or Form 990-EZ. ➤ See separate instructions. Inspection Employer identification number

GREENVILLE CHORAL SOCIETY & NEW CAROLINA SINFONIA 23 7354442 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants f Solicitation of government grants Internet and email solicitations g Special fundraising events Phone solicitations d ✓ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid to (or retained by) (v) Amount paid to (or retained by) (i) Name of individual (ii) Activity (iv) Gross receipts or entity (fundraiser) from activity fundraiser listed in col (i) organization No Yes Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Pe	I	more than \$15,000 on F					portec	נ
			(a) Event #1 Fall Fundraiser (event type)	(b) Event #2 Spring Gala (event type)	(c) Other events NONE (total number)	(d) Total (add col. (a col (through	า
Revenue	1	Gross receipts	8,175	9,578	(ibiai numba)		17	7,753
Œ	2	Less: Charitable contributions	3,586	4,344			7	,930
	3	Gross income (line 1 minus line 2)	4,589	5,234			9	,823
	4	Cash prizes	0	0				0
	5	Noncash prizes	0	0		<u> </u>		0
ses	6	Rent/facility costs	0	3,395			3	,395
Direct Expenses	7	Food and beverages	0	0		<u> </u>		0
irect	8	Entertainment	0	0				0
	9	Other direct expenses	4,589	1,839			6	5,428
	10 11	Direct expense summary. Ad Net income summary. Comb				(9,	823) 0
Pa	rt II		the organization answ			or reporte	ed mo	re
- anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total o		
Revenue	1	Gross revenue						
Ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses .				_		
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes%			
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		()
	8	Net gaming income summar	y. Combine line 1, colum	nn d, and line 7	<u>, ,</u>		1	T
9		ter the state(s) in which the o	-	_				No
b		the organization licensed to o "No," explain:	. •			. <u>9a</u>		
40-								
		ere any of the organization's ("Yes," explain:	-				-	
11		bes the organization operate o	againg activities with n					
11 12	ls	the organization operate to the organization a grantor, be rmed to administer charitable	eneficiary or trustee of		a partnership or other	entity		

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-			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	1		
b	An outside facility]		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

Greenville Choral Society & New Carolina Sinfonia EIN 23-7354442 Form 990-EZ (2009) Schedule Attachments

Part I Line 8: Other Revenue

Music	\$4,474
Concert Attire	\$3,656
Total	\$8,130

Part I Line16: Other Expenses

Total	\$ 20,240
Other	\$ 7,219
Fundraiser	\$ 4,408
Concert Attire	\$ 4,031
Music	\$ 4,582

Part I Line 20: Other Changes in net assets of fund balances

Realized and Unrealized Investment Capital Gains \$4,319

Part III Line 31a: Other Program services

Salaries	\$:	\$5,295	
Other Expenses	\$	742	
Total		6.037	