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Short Form  
Return of Organization Exempt From Income TaxUnder 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

2009

Open to Public  
Inspection

<b>A For the 2009 calendar year, or tax year beginning</b>		<b>July 1</b>	<b>, 2009, and ending</b>	<b>June 30</b>	<b>, 2010</b>
<b>B Check if applicable</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <b>Federal Way Chorale c/o Cynthia Piennett</b> <b>Number and street (or P.O. box, if mail is not delivered to street address)</b> <b>PO Box 26182</b> <b>City or town, state or country, and ZIP + 4</b> <b>Federal Way, WA 98093-3182</b>		<b>D Employer identification number</b> <b>91-1657148</b> <b>E Telephone number</b> <b>253-839-2883</b> <b>F Group Exemption Number</b> <b>►</b>	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting Method:**  Cash  Accrual  
Other (specify) ►

**I Website:** ► fwchorale.com

**H Check** ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Tax-exempt status (check only one)** —  501(c) ( 3 ) ▲ (insert no.)  4947(a)(1) or  527

**K Check** ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 47,353**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 17,156		
			2 Program service revenue including government fees and contracts . . . . .	2 23,951
3 Membership dues and assessments . . . . .	3 6,175			
4 Investment income . . . . .	4 71			
5a Gross amount from sale of assets other than inventory . . . . .	5a			
b Less: cost or other basis and sales expenses . . . . .	5b			
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .				
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a			
b Less: direct expenses other than fundraising expenses . . . . .	6b			
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .				
7a Gross sales of inventory, less returns and allowances . . . . .	7a			
b Less: cost of goods sold . . . . .	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .				
8 Other revenue (describe ►				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				
10 Grants and similar amounts paid (attach schedule) . . . . .	10	17,156		
11 Benefits paid to or for members . . . . .	11	23,951		
12 Salaries, other compensation, and employee benefits . . . . .	12	6,175		
13 Professional fees and other payments to independent contractors . . . . .	13	71		
14 Occupancy, rent, utilities, and maintenance . . . . .	14	47,353		
15 Printing, publications, postage, and shipping . . . . .	15	3,000		
16 Other expenses (describe ► <i>music, insurance, supplies</i> ) . . . . .	16	24,913		
17 Total expenses. Add lines 10 through 16	17	2,242		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	4,596	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	16,467		
20 Other changes in net assets or fund balances (attach explanation) . . . . .	20	39,398		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	7,955		
22 Cash, savings, and investments . . . . .	22	15,756		
23 Land and buildings . . . . .	23	23		
24 Other assets (describe ►	24	24		
25 Total assets . . . . .	25	15,756		
26 Total liabilities (describe ►	26	25		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	27	23,711		

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	22 15,756	23,711
23 Land and buildings . . . . .	23	
24 Other assets (describe ►	24	
25 Total assets . . . . .	25 15,756	23,711
26 Total liabilities (describe ►	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	27 15,756	23,711

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)What is the organization's primary exempt purpose? **Exclusively for charitable purpose of 501c3 of IRS code**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	Through performance, provide diverse, talented local vocalists the opportunity to achieve musical excellence and recognition as a premiere choral group. Semi-annual concerts feature classical and popular works with estimated 1500-2000 audience attending per year. We also perform public service	(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	39,398
29	outreach and chamber ensembles for the community.	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
30		(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (attach schedule)	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)		32	39,398

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Laird M. Thornton 285 Earlington Ave. SW, Renton, WA 98057	Music Director 10 hrs / wk	11,550 contracted	0	0
Brian B. Soushek 12517 SE 261st St, Kent, WA 98030	Asst. Director 10 hrs / wk	2,500 contracted	0	0
Bob Dockstader 32648 39th Pl., SW, Federal Way, WA 98023	President 5 hrs / wk	0	0	1319
Betsy Roberson 5909 Panorama Drive SE 16-101, Auburn, WA 98092	Vice President 4 hrs / wk	0	0	0
Phil Wamba 32225 22nd Ave SW, Federal Way, WA 98023	Past President 3 hrs / wk	0	0	0
Sylvia Hagmann 12002 43rd St Ct. E, Edgewood, WA 98372	Secretary 5 hrs / wk	0	0	0
Henk Goeyenbier 4602 45th Ave., NE #401, Tacoma, WA 98422	Treasurer 5 hrs / wk	0	0	0
Carole Brown 28818 7th Ave So, Federal Way, WA 98003	Officer 3 hrs / wk	0	0	0
Mark Krupp 31212 4th Ave SW, Federal Way, WA 98023	Officer 3 hrs / wk	0	0	0
Richard Lundgren 4822 So 311th Ct, Auburn, WA 98001	Officer 3 hrs / wk	0	0	33
Denise McDermott 812 Meade Ave, Sumner, WA 98390	Officer 3 hrs / wk	0	0	0
Kim Myers 33621 25th Lane SW #K4, Federal Way, WA 98023	Officer 3 hrs / wk	0	0	0
Sheryl Piskel 1918 24th St Pl SE, Puyallup, WA 98372	Officer 3 hrs / wk	0	0	0
James Relgalado 1825 So 33rd St #B-1, Federal Way, WA 98003	Officer 3 hrs / wk	500 contracted	0	35
Kathie Thornton 285 Earlington Ave. SW, Renton, WA 98057	Concert Chair 3 hrs / wk	450 contracted	0	0

## Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. . . . .		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year? . . . . .	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .	39a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0	40a	0
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	✓
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 . . . . . ► 0		0
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ► 0		0
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. . . . .	40e	✓
41 List the states with which a copy of this return is filed. ► none		
42a The organization's books are in care of ► Henk Goeyenbier, Treasurer Located at ► PO Box 26182, Federal Way, WA	Telephone no. ► 253-952-0154	
	ZIP + 4 ► 98093-3182	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial 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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	42c	✓
If "Yes," enter the name of the foreign country: ►		
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 ► 43		► □
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	45	✓

## Part VI

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46	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 . . . . .	Yes	No
46		✓	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	Yes	No
47		✓	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	Yes	No
48		✓	
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	Yes	No
49a		✓	
b	If "Yes," was the related organization a section 527 organization? . . . . .	Yes	No
49b			
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 organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 . . . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$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	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 . . . ►

Sign Here	<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge</p> <p><i>Bob Dockstader</i></p> <p>Signature of officer</p> <p><b>Bob Dockstader, President</b></p>	
	<p><i>11/8/2010</i></p> <p>Date</p>	

Type or print name and title		Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
<b>Paid Preparer's Use Only</b>	Preparer's signature 			EIN 
	Firm's name (or yours if self-employed), address, and ZIP + 4 			Phone no. 

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  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.**

OMB No 1545-0047

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

## Federal Way Charge

**Employer identification number**

91 |

1657148

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)  
 3  A hospital or a cooperative hospital service organization described in **section 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 state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_  
 (ii) A family member of a person described in (i) above? \_\_\_\_\_  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_  
 h Provide the following information about the supported organization(s).  

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**Part II 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**

Calendar 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.") . . . . .	16419	19768	32993	21320	23331	113831
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	16419	19768	32993	21320	23331	113831
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) . . . . .						6124
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						107707

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	16419	19768	32993	21320	23331	113831
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	52	119	287	71	529
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 <b>Total support.</b> Add lines 7 through 10 . . . . .						114360
12 Gross receipts from related activities, etc. (see instructions) . . . . .				12		116230
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	94.18 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	95.25 %
16a <b>33½% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
b <b>33½% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Support Schedule for Organizations Described in Section 501(c)(3)**  
**(Complete only if you checked the box on line 9 of Part I.)**

**Section A. Public Support**

Calendar 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						
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 \$6,000 or 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)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 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 ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

**2009 Attachment**  
**Form 990-EZ Part 1, line 10 Grants Paid**

**Statement explaining how organization determines that individuals receiving grants from the Federal Way Chorale qualify to receive payments.**

Beginning in the fiscal year starting July 1, 1995, the Federal Way Chorale has administered a scholarship program, whereby a \$500 scholarship would be awarded to a graduating senior (individual student) from the Federal Way, WA or surrounding area's public school districts who plans to pursue University study in vocal music. During our fiscal year 2000, the scholarship award was increased to \$1,000 per student and in 2009, the scholarship award was increased to a maximum of \$2000 per student.

Following are our scholarship grants to-date:

- one scholarship was granted and paid in fiscal year 1997 for \$500,
- two scholarships were granted in 1999 for \$500 each and paid to recipients in fiscal year 2000,
- one scholarship was granted in 2000 and paid in fiscal year 2001 for \$1,000,
- one scholarship was granted in 2001 and paid in fiscal year 2002 for \$1,000,
- one scholarship was granted in 2002 and paid in fiscal year 2003 for \$1,000,
- no scholarship was awarded in fiscal 2004,
- one scholarship was granted in 2005 and paid in fiscal year 2006 for \$1,000,
- two scholarships were granted in 2006 and paid to recipients in fiscal year 2007 for \$1,000 each,
- two scholarships were granted in 2007 and paid to recipients in fiscal year 2008 for \$1,000 each,
- three scholarships were granted in 2008 and paid to recipients in fiscal year 2009: two for \$500 each and one for \$2000