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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

**A** For the 2009 calendar year, or tax year beginning 9-01, 2009, and ending 8-31, 2010

<b>B</b> Check if applicable: <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	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <u>MOUNTAINSIDE MASTER CHORALE INC</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>PO BOX 1016</u> City or town, state or country, and ZIP + 4 <u>LIPLAND CA 91786-1016</u>	<b>D</b> Employer identification number <u>33-0630904</u> <b>E</b> Telephone number <u>909/985-8461</u> <b>F</b> Group Exemption Number ▶
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• 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: ▶ WWW.MOUNTAINSIDE-MASTER-CHORALE.ORG

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

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

**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 ▶ \$ -0-

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

	Description	Amount	Code
Revenue	1 Contributions, gifts, grants, and similar amounts received	17891	1
	2 Program service revenue including government fees and contracts	16404	2
	3 Membership dues and assessments	13159	3
	4 Investment income	28	4
	5a Gross amount from sale of assets other than inventory	-0-	5a
	b Less: cost or other basis and sales expenses	-0-	5b
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	-0-	5c
	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 4)	-0-	6a
	b Less: direct expenses other than fund-raising expenses	-0-	6b
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	-0-	6c	
Expenses	7a Gross sales of inventory, less returns and allowances	-0-	7a
	b Less: cost of goods sold	-0-	7b
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	-0-	7c
	8 Other revenue (describe ▶ <u>(SEE ATT)</u> )	26866	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	74348	9
	10 Grants and similar amounts paid (attach schedule)	-0-	10
	11 Benefits paid to or for members <u>(Sheet Music)</u>	2690	11
12 Salaries, other compensation, and employee benefits	29620	12	
13 Professional fees and other payments to independent contractors	9050	13	
14 Occupancy, rent, utilities, and maintenance	3010	14	
15 Printing, publications, postage, and shipping	6213	15	
16 Other expenses (describe ▶ <u>(SEE ATT)</u> )	17490	16	
17 Total expenses. Add lines 10 through 16	68073	17	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	6275	18
	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)	24020	19
	20 Other changes in net assets or fund balances (attach explanation)	-0-	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	30295	21

**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.)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	24020	30295
23	Land and buildings	-0-	-0-
24	Other assets (describe ▶ _____)	-0-	-0-
25	Total assets	24020	30295
26	Total liabilities (describe ▶ _____)	-0-	-0-
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	24020	30295

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

Cat. No. 106421

Form 990-EZ (2009)

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**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? PERFORM CHORAL MUSIC FOR COMMUNITY  
 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	PERFORMED "SPIRIT OF THE SEASON": ALFONSA, BAROQUE + MODERN CHORAL ANTHEMS; ALSO CAROLS AND MOVIE MUSIC. (TWO PERFORMANCES) ATTENDANCE TOTAL 464	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	\$8793
29	PERFORMED "THE GOLDEN AGE OF BROADWAY": SONGS FROM SHOWS BY LOESSER, RODGERS + HARTWIGSTEIN, LEHNER + LOUJE, ETC (ONE PERFORMANCE) ATTENDANCE 357	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	8095
30	PERFORMED "THE SACRED AND SUBLIME": THE QUALIFIE RESILIEM PLUS SEVERAL SACRED SONGS (ONE PERFORMANCE) ATTENDANCE 482	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	7401
31	Other program services (attach schedule)	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	50-
32	<b>Total program service expenses</b> (add lines 28a through 31a)		32	\$74289

**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
DR. ANDREW CRANE, 15962 HOLLY BARK RD, VICTORVILLE CA 92395	ARTISTIC DIRECTOR 7.5 HRS	\$13250	-0-	-0-
SUSAN WINKLER, 7006 PRINCETON PL, ALTA LOMA CA 91701	ASS. ARTISTIC DIR. 3.5 HRS	2400	-0-	-0-
ANTONIA MONIKA, 1314 STRATFORD BREA, CA 92821	ACCOMPANIST 4.2 HRS	8150	-0-	-0-
RICHARD SIMPSON, 1511 COLE LN, LIPANO CA 91784	PRESIDENT 2.5 HRS	-0-	-0-	-0-
MARGIE RLEHN, 8096 HILLSIDE RD, ALTA LOMA CA 91701	VICE PRESIDENT 0.5 HRS	-0-	-0-	-0-
APRIL SIMPSON, 1511 COLE LN, LIPANO CA 91784	TREASURER 0.8 HRS	-0-	-0-	-0-
TOM ANILVARO, 464 HUNTINGTON ST, HUNTINGTON BEACH CA 92648	RECORDING SKTY 0.6 HRS	-0-	-0-	-0-
DIANIE KIRK, 1913 VERDUGO LOMA DR #2, GLENDALE CA 91208	CORRES. SKTY 0.6 HRS	-0-	-0-	-0-
ED LUBBERG, 2417 BORN ST, LA VERNE CA 91750	DIRECTOR 0.5 HRS	-0-	-0-	-0-
PYMM CHARTRAND, 2346 VIA LA MESA CHINO HILLS CA 91709	DIRECTOR 0.5 HRS	-0-	-0-	-0-
MARILYN KAUSEN, 414 LOCKE HAVEN ST, PASADENA CA 91207	DIRECTOR 0.5 HRS	-0-	-0-	-0-
JIM OTTOSEN, 218 SUTTERBURY LN, GLENDALE CA 91208	DIRECTOR 0.5 HRS	-0-	-0-	-0-
LARRY JERRY, 1713 N HUMAN WAY, LIPANO CA 91784	DIRECTOR 0.6 HRS	-0-	-0-	-0-
ANTHONY NAZARIAN, 26 S 5TH AVE, MONROVIA CA 91016	DIRECTOR 0.5 HRS	-0-	-0-	-0-
ANDREW DEL CASTILLO, 440 WINSTON WAY, LIPANO CA 91786	DIRECTOR 0.5 HRS	-0-	-0-	-0-
ROBERT CARPENTER, PO BOX 2471, MONTECLAIR CA 91763	DIRECTOR 0.5 HRS	-0-	-0-	-0-
JUDY CARPENTER, PO BOX 2471, MONTECLAIR CA 91763	DIRECTOR 0.5 HRS	-0-	-0-	-0-
D. VANCE WITHAM, 557 WAYLAND ST, CLAREMONT CA 91711	LIBRARIAN 0.6 HRS	-0-	-0-	-0-
WITSK WITHAM, 557 WAYLAND ST, CLAREMONT CA 91711	DIRECTOR 0.5 HRS	-0-	-0-	-0-
CAROLE SCHURICHT, 20725 E CREST LN, # D WARMINT CA 91789	DIRECTOR 0.5 HRS	-0-	-0-	-0-

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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		X
<b>35</b>	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.		
<b>a</b>	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? . . . . .		X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	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 . . . . .		
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>   <u>0-</u>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38a</b>	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? . . . . .		X
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	<u>-</u>
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	<u>-</u>
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	<u>-</u>
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0-</u> ; section 4912 ▶ <u>0-</u> ; section 4955 ▶ <u>0-</u>		
<b>b</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 . . . . .	<b>40b</b>	X
<b>c</b>	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 . . . . . ▶ <u>0-</u>		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>0-</u>		
<b>e</b>	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. . . . .	<b>40e</b>	X
<b>41</b>	List the states with which a copy of this return is filed. ▶ _____		
<b>42a</b>	The organization's books are in care of ▶ <u>ANN SIMPSON</u> Telephone no. ▶ <u>909/</u> Located at ▶ <u>1571 COLLEEN LIPAUD, CA</u> ZIP + 4 ▶ <u>91784</u>		
<b>b</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)? . . . . .	<b>42b</b>	X
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	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: ▶ _____	<b>42c</b>	X
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>   <u>43</u>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44</b>	X
<b>45</b>	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 . . . . .	<b>45</b>	X

**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.

	Yes	No
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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 . . . . . ▶ 0

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 . . . . . ▶ 0

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.

Sign Here

Signature of officer: *Richard Simpson* Date: 29 NOV 2010  
 Type or print name and title: RICHARD SIMPSON, PRESIDENT

Paid Preparer's Use Only

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_  
 Phone no.: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**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

Name of the organization

*MOUNTAINSIDE MASTER CHORALE INC.*

Employer identification number

*33-0630904*

**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? . . . . .

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<i>Not Applicable</i>									
<b>Total</b>									

*NOT APPLICABLE*

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 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"/>		
<b>18 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"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Grfts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20918	23693	29077	31616	31050	136354
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	26521	23268	22805	20911	16904	109909
3 Gross receipts from activities that are not an unrelated trade or business under section 513	-0-	-0-	-0-	-0-	-0-	-0-
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
5 The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
6 Total. Add lines 1 through 5	47439	46961	51882	52527	47454	246263
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1700	2050	4150	2550	2800	13250
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	-0-	-0-	-0-	-0-	-0-	-0-
c Add lines 7a and 7b	1700	2050	4150	2550	2800	13250
8 Public support (Subtract line 7c from line 6)	45739	44911	47732	49977	44654	233013

**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	177439	46961	51882	52527	47454	246263
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	266	229	299	115	28	937
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-0-	-0-	-0-	-0-	-0-	-0-
c Add lines 10a and 10b	266	229	299	115	28	937
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	-0-
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	13739	16536	13009	28266	24866	98416
13 Total support. (Add lines 9, 10c, 11, and 12.)	61444	63726	65190	80908	74348	345616
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	67.4 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	69.5 %

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.3 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.3 %

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

**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.

EACH YEAR THE CHORALE HOLDS A GALA/FESTIVAL INCLUDING SILENT AUCTIONS OF DONATED ITEMS.

EACH YEAR MEMBERS PURCHASE WARDROBE ITEMS AND FOLDERS.

THE CHORALE SELLS VIDEOS, CDs, DVDs OF ITS PERFORMANCES.

IN 2010 CHORALE PERFORMED AT AN EASTER SURPRISE SERVICE.

MEMBERS PURCHASED MUSIC.

MOUNTAINSIDE MASTER CHORALE

990-EZ 2009

ATTACHED SCHEDULE

EIN 33-0630904

PART I, Line 8 Other revenue

Member purch: folders/clothing \$ 1018

Supplies + Members MUSIC \$ 418

MISC fundraising 22730

Sale items: Videos, CDs, DVDs 2700

TOTAL \$ 26866

PART I, Line 16 Other expenses

Advertising \$ 1527

Org. Fees 200

Piano Tuning 745

Fundraising 7792

Wardrobe/folders 594

Graphic Desgn./WEB page 1500

DLIES 413

Gifts/Development 1185

Shirts and Jackets 514

Sale items: Videos, CDs, DVDs 1265

Insurance 1000

Gen. Supplies/Retirements 256

Bank charges/Fees 394

TAXES 35

TOTAL \$ 17490.