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Department of the Treasury Internal Revenue Service

### 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)

Open to Public Inspection

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

OMB No 1545-0047

	A Fo	or the 2	011 calendar year, or tax year beginning	and	ending	•	
E	3 Ch	eck if	C Name of organization			D Employer identific	ation number
		•	SOCIETY FOR THE PRESERVATION & 1				
		Address change Name	OF BARBER SHOP QUARTET SINGING		RIC		926339
	늗	ichange Ilnitial	Doing Business As BARBERSHOP HARMONY So	ı	Doom founds	·	
	$\vdash$	retum Termin-	Number and street (or P.O box if mail is not delivered to street addre 110 7TH AVENUE NORTH	ess)	Room/suite	E Telephone number (615)	
		ated Amended				G Gross receipts \$	5,588,805.
		retum Applica- Ition	NASHVILLE, TN 37203			H(a) Is this a group re	
		pending	F Name and address of principal officer:MARTIN MONSO	N		for affiliates?	Yes X No
			SAME AS C ABOVE			H(b) Are all affiliates incl	uded? Yes No
-	l Ta	ax-exem	ppt status: X 501(c)(3)	4947(a)(1)	or 527	7	list. (see instructions)
			▶ WWW.BARBERSHOP.ORG			H(c) Group exemption	
Į	K Fo	rm of or	ganization X Corporation Trust Association Oti	her 🟲	L Year	of formation 1938 M	State of legal domicile WI
Į	Pa		Summary				
	စ္က	1 Br	nefly describe the organization's mission or most significant activities	es: TO P	ERPETU	JATE AND CELI	EBRATE
	an	_	ARMONY IN THE BARBERSHOP STYLE WH				<del></del>
.1	Activities & Governance		neck this box I if the organization discontinued its operation	ons or dispo	sed of more	1 1	sets.
7107	ဗ် ဗ		umber of voting members of the governing body (Part VI, line 1a)	• \/           1    •    1	• •	3 4	10
_	න්		umber of independent voting members of the governing body (Part otal number of individuals employed in calendar year 2011 (Part V, I			. 5	45
•	ij		otal number of individuals employed in calendar year 2011 (Fait V, I otal number of volunteers (estimate if necessary)	iiile Zaj		6	500
	.⋛		otal unrelated business revenue from Part VIII, column (C), line 12			7a	33,492.
נ ב ב	٩		et unrelated business taxable income from Form 990-T, line 34	7b	<50,840.>		
<b>-3</b> .						Prior Year	Current Year
ري. اي.		8 C	ontributions and grants (Part VIII, line 1h)			341,645.	324,329.
	Ĭ.		ogram service revenue (Part VIII, line 2g)		[	4,213,117.	3,955,792.
ろう	Revenue	<b>10</b> In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)			20,404.	14,005.
,	•		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	e)		254,375.	326,273.
> .			otal revenue - add lines 8 through 11 (must equal Part VIII, cólumn (	(A), line 12)_		4,829,541.	4,620,399.
		<b>13</b> G	rants and similar amounts paid (Part IX, column)(A) IInes 1-3) 1			46,620.	49,725.
			enefits paid to or for members (Part IX, column (A), line 4)		<u> </u>	0.	1 002 (46
	Ses		alanes, other compensation, employee benefits (Part-IX-column (A)	), lines 5·10)	-	1,464,094.	1,802,646.
	Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.	0.
	Exp		otal fundraising expenses (Part IX, column (D), line 25)		<del></del>	2,858,083.	2,850,204.
			ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	. 25)		4,368,797.	4,702,575.
			otal expenses. Add lines 13-17 (must equal Part IX, column (A), line evenue less expenses. Subtract line 18 from line 12	(23)	-	460,744.	<82,176.>
	- %	13 11	svenue less expenses. Subtract line 10 nom line 12		Br	eginning of Current Year	End of Year
	<u>a</u> gg	<b>20</b> To	otal assets (Part X, line 16)			7,776,918.	7,617,117.
	ASS Bas		otal liabilities (Part X, line 26)			3,557,857.	3,490,740.
:	Net Assets or Fund Balances		et assets or fund balances. Subtract line 21 from line 20			4,219,061.	4,126,377.
			Signature Block				
	Unde	er penalti	es of perjury, I declare that I have examined this return, including accompar	nying schedule	es and staten	nents, and to the best of m	y knowledge and belief, it is
	true,	correct,	and complete. Declaration of preparer (other than officer) is based on all inf	formation of w	hich prepare	r has any knowledge	A
			Alogh in Ville				1012
	Sigr	ւ  Մ	Signature of officer			Date	
	Her	e	HEATHER VERBLE, CFO		/		
		!!	Type or print name and title		<u> </u>	Date Check	PTIN
	n_:4		Print/Type preparer's name  DMOND DUNLAVY  Preparer's signatur  S. K. I	re 	- 1	11/14/10	
	Paid	<b>—</b>				11/14/12  self-employe Firm's EIN ▶	62-0713250
	Prep Use		Firm's name KRAFTCPAS PLLC Firm's address 555 GREAT CIRCLE ROAD	<u> </u>	<del></del>	FITTI S CIIV	02-0113230
	Jac	· • • • • • • • • • • • • • • • • • • •	NASHVILLE, TN 37228			Phone no 6	15-242-7351
	May	the IBS	6 discuss this return with the preparer shown above? (see instruction	ons)		Tr none no	X Yes No
	<u>.</u>		the property of the property o				

Form **990** (2011)

Form 990 (2011)

OF BARBER SHOP QUARTET SINGING IN AMERIC

_	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: TO PERPETUATE AND CELEBRATE HARMONY IN THE BARBERSHOP STYLE WHILE
	PROMOTING FELLOWSHIP AMONG MEN OF GOOD WILL AND MUSIC IN THE LIVES OF
	PEOPLE EVERYWHERE.
	SINCE 1938, THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 1,356,524. including grants of \$) (Revenue \$ 1,398,313.)
	CONVENTIONS- THE SOCIETY PRODUCES DOZENS OF BARBERSHOP CONTESTS AROUND
	NORTH AMERICA EVERY YEAR, WHERE 17 DISTRICTS AND 800 CHAPTERS SEND
	HUNDREDS OF CHORUSES AND THOUSANDS OF QUARTETS TO COMPETE AGAINST EACH
	OTHER, CULMINATING IN AN ANNUAL INTERNATIONAL CONVENTION WITH AN AVERAGE ATTENDANCE OF 6,000 SINGERS AND FANS. MANY OTHER SHOWS AND
	EVENTS AND LARGE VARIETY OF BOARD AND COMMITTEE MEETINGS ALSO TAKE
	PLACE AT THESE CONVENTIONS. ALL CONTESTS ARE ADJUDICATED BY CERTIFIED
	MEMBERS IN AN EXTENSIVE CONTEST AND JUDGING PROGRAM, WHO DONATE THEIR
	TIME AND EFFORT TO EVALUATE AND COACH EACH GROUP. EVERY THREE YEARS
	THE JUDGES GO THROUGH AN UPDATED TRAINING PROGRAM.
4b	(Code. ) (Expenses \$ 1,912,824 · including grants of \$ 49,725 · ) (Revenue \$ 2,600,848 · )
	EDUCATIONAL PROGRAMS- FULL-TIME PROFESSIONAL MUSIC EDUCATORS WORK FOR
	THE SOCIETY, WHERE THEY AND HUNDREDS OF HIGH-LEVEL VOLUNTEERS CONDUCT
	INTERNATIONAL AND REGIONAL EDUCATIONAL SCHOOLS. THE LARGEST, HARMONY
	UNIVERSITY, FEATURES DOZENS OF TEACHERS AND HUNDREDS OF CLASSES OVER
	THE COURSE OF A WEEK, WITH MOST OF THE EXPERT INSTRUCTION BY SKILLED
	VOLUNTEERS. DOZENS OF REGIONAL CLASSES, TAUGHT BY A MIX OF VOLUNTEER
	AND PROFESSIONAL SOCIETY STAFF, ALSO TAKE PLACE ANNUALLY. STUDENTS
	LEARN SINGING, COMPOSITION, ARRANGING, SHOW PRODUCTION, DIRECTORS
	SHARPEN THEIR DIRECTING SKILLS, AND JUDGES USE THE WEEKEND TO LEARN AND CERTIFY FOR COMPETITIONS.
	THE SOCIETY ALSO SUPPORTS MANY INITIATIVES FOR ENCOURAGING SINGING IN
	PUBLIC SCHOOLS THROUGHOUT THE U.S. AND CANADA. THE SOCIETY, OFTEN WITH
4c	(Code. ) (Expenses \$ 447,719 · including grants of \$ ) (Revenue \$ 203,942 · )
70	PUBLICATIONS- THE SOCIETY PRODUCES THE HARMONIZER MAGAZINE, A COLORFUL
	BI-MONTHLY PUBLICATION WITH STORIES ABOUT WAYS TO ENHANCE A MEMBER'S
	BARBERSHOP EXPERIENCE. SOCIETY HEADQUARTERS ALSO DEVELOPS AND MAINTAINS
	SEVERAL ONLINE OR EMAIL INFORMATION OUTLETS, INCLUDING WEBSITES
	WWW.BARBERSHOP.ORG AND WWW.BARBERSHOPHQ.COM, AND E-NEWSLETTERS
	LIVEWIRE, ON THE QT, AND DIRECTLY INVOLVED.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 3,717,067.
<u>4e</u>	Total program service expenses ► 3,717,067.  Form 990 (2011)
	10111000 (2011)

Form 990 (2011)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		v
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			х
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	Х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	Λ	
11				
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	Х	
h	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16 <sup>9</sup> If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	·
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			}
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		١,,	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			ų.
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			х
4-7	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<b></b> -	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<del>'</del> '		<u> </u>
18	•	18		х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	<del>                                     </del>	<del>                                     </del>
19	complete Schedule G, Part III	19		Х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
	n 100 to mio Eduj dia tila digunization attach a dapy of no addition mitaliona statemento to tilia lottem		990 (	2011)

OF BARBER SHOP QUARTET SINGING IN AMERIC

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Part IV Checklist of Required Schedules (continued)

		1 1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			1
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ŀ
	Schedule J	23	X	ļ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			٠,,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Is the organization 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			v
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
20	of any of these persons? If "Yes," complete Schedule L, Part III	27	,	, A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c		200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
••	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	I

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Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	ļ
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	<u> </u>
4a	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)?	4a	Х	ļ
b	If "Yes," enter the name of the foreign country: ► <u>CANADA</u>			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1		.,
	any contributions that were not tax deductible?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1	ļ	,
_	were not tax deductible?	6b_	<u> </u>	<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).			v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del></del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<b>-</b> .		X
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	┤ <b>ౣ</b>		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		_
8 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	<b> </b>		$\vdash$
Ü	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
h	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	"		_
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders	Ì		
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	7		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	]		
c	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		Form	990	(2011)

Form 990 (2011)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part Vi			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	}		}
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		.,	
а	The governing body?	8a	X	1,,-
ь	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			<del> </del>
40-	Delthe annual to the state of the state of the state of the state of	40-	Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a		
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10ь	Х	
112	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process if any used by the process of any used by the process of any used by the process.	110		
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<del>                                     </del>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		$\vdash$
·	In Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
ь	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	L	
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion:		
	HEATHER VERBLE - 615-823-3993			
<u> </u>	110 SEVENTH AVE NORTH, NASHVILLE, TN 37203-3704			

01-23-12

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	Average Position (do not check more than one box, unless person is botton)  Average Compensation  Reportable Reportable compensation				Reportable compensation	(F) Estimated amount of				
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) ALAN LAMSON	10.00	v		v					0		
PRESIDENT	10.00	X		X	<u> </u>	_		0.	0.	0.	
(2) SHANNON ELSWICK	5.00	X		Х				0.	0.	_	
EXECUTIVE VICE PRESIDENT	3.00	^		^		-	-	U •	<u> </u>	0.	
(3) DWAYNE COOPER TREASURER	5.00	X		X				0.	0.	0.	
(4) BILL BIFFLE	3.00			<u> </u>		$\vdash$	_	<del>                                     </del>	0.	0.	
IMMEDIATE PAST PRESIDENT/BOARD MEMBE	5.00	X						0.	0.	0.	
(5) RICK ASHBY		<del></del>					_				
BOARD MEMBER	5.00	x						0.	0.	0.	
(6) TED DEVONSHIRE	_										
BOARD MEMBER	5.00	X						0.	0.	0.	
(7) DON FUSON											
BOARD MEMBER	5.00	X					l	0.	0.	0.	
(8) JOHN MILLER											
BOARD MEMBER	5.00	X						0.	0.	0.	
(9) GARY PARKER					ł						
BOARD MEMBER	5.00	Х						0.	0.	0.	
(10) JAMES SAMS				İ	İ						
BOARD MEMBER	5.00	X		<u> </u>		<u> </u>		0.	0.	0.	
(11) CLARKE CALDWELL									1.1- 0.50		
EX OFFICIO/BOARD MEMBER (NON VOTING)	5.00	X	ļ		ļ			0.	145,360.	33,424.	
(12) E.D. WATSON	40.00			.,	ŀ			142 027		42 602	
CEO/EXECUTIVE DIRECTOR/SECRETARY	40.00			X			_	142,827.	0.	42,692.	
(13) RICHARD SPENCER	40.00			x				100,243.	0.	25 20F	
COO/DIRECTOR (14) HEATHER VERBLE	40.00	-		┡	$\vdash$	$\vdash$	<u> </u>	100,243.	0.	35,285.	
CFO/DIRECTOR	40.00			X				79,908.	0.	11,277.	
(15) PAUL WIETLISBACH	10.50			<u> </u>		-	-	15,500.		11,2//•	
DIRECTOR OF EDUCATION	40.00			х				82,337.	0.	12,084.	
132007 01-23-12	<u> </u>									Form <b>990</b> (2011)	

Form 990 (2011) Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (F) (A) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (describe the organizations compensation hours for (W-2/1099-MISC) organization from the related Institutional trustae trustae ( (W-2/1099-MISC) organization organizations and related ın Schedule organizations O) 145,360 1b Sub-total c Total from continuation sheets to Part VII, Section A 134,762. 405,315. 145,360. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form **990** (2011)

Form 990 (2011)

OF BARBER SHOP OUARTET SINGING IN AMERIC Page 9 Form 990 (2011) Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c 324,329 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 324,329 h Total. Add lines 1a-1f Business Code 2,182,707.2,182,707. 2 a MEMBERSHIP DUES 900099 Program Service Revenue 711130 1,398,313.1,398,313. **b** CONVENTIONS 341,280.711130 c MUSICAL EXPERIENCE d MAGAZINE PUBLISHING 541800 33,492. 33,492 f All other program service revenue 3,955,792. Total. Add lines 2a-2f Investment income (including dividends, interest, and 10,895 10,895. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other 118,474. assets other than inventory b Less: cost or other basis 115,364 and sales expenses 3,110 c Gain or (loss) 3,110. 3,110. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV. line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 817,617. and allowances ь 853,042 b Less: cost of goods sold <35,425.> <35,425. Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 217,283. 217,283 11 a CHAPTER REIMBURSEMENTS 900099 98,945. 900099 98,945 **b** OTHER 45,470. 45,470. 711130 ROYALTIES d All other revenue 361,698. Total. Add lines 11a-11d 33,492. 620,399.4,203,103. 59,475.

Total revenue. See instructions

39-0926339 Page **10** 

Form 990 (2011)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to

comp	olete columns (B), (C), and (D).		***		
	Check if Schedule O contains a respons	401	s Part IX	(6)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	49,725.	49,725.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				· ·
5	Compensation of current officers, directors,	506 651	200 021	107 000	
	trustees, and key employees .	506,651.	308,831.	197,820.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			054 515	
7	Other salaries and wages	894,244.	639,529.	254,715.	
8	Pension plan accruals and contributions (include	100 000	100 100	67 106	
	section 401(k) and section 403(b) employer contributions)	189,382.	122,186. 24,182.	67,196. 58,773.	
9	Other employee benefits	82,955.	24,182.	58,773.	<del> </del>
10	Payroll taxes	129,414.	81,988.	47,426.	<del></del>
11	Fees for services (non-employees):				
а	Management	1.00		1 100	
b	Legal	1,100.		1,100.	
C	Accounting .	39,450.		39,450.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17		, ,		
f	Investment management fees				
g	Other	06 700	0.6. 7.0		
12	Advertising and promotion	26,790. 351,967.	26,790.	25 222	
13	Office expenses .	351,967.	326,687.	25,280.	
14	Information technology				
15	Royalties		<del>_ · -</del>		
16	Occupancy		000 005	0.7. 0.5.1	
17	Travel .	309,616.	282,365.	27,251.	
18	Payments of travel or entertainment expenses			1	
	for any federal, state, or local public officials	1 000 140	1 0 1 1 0 5 0	55 504	
19	Conferences, conventions, and meetings	1,097,147.	1,041,353.	55,794.	<del></del>
20	Interest _	55,642.		55,642.	
21	Payments to affiliates	0.65, 0.00	201 400	62 622	
22	Depreciation, depletion, and amortization	265,032.	201,403.	63,629.	
23	Insurance .	17,760.	12,071.	5,689.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MUSIC EDUCATION & COMPE	173,446.	173,446.	0.	0
b	EQUIPMENT RENTAL & MAIN	156,983.	147,484.	9,499.	0
c	TRAINING & LEADERSHIP	114,304.	109,547.	4,757.	0
d	BUILDINGS & GROUNDS MAI	94,399.	64,159.	30,240.	0
_	All other expenses	146,568.	105,321.	41,247.	
25	Total functional expenses. Add lines 1 through 24e	4,702,575.	3,717,067.	985,508.	0
26	Joint costs. Complete this line only if the organization	,,	, , , , , , , , , , , , , , , , , , ,	•	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				
	0.01-23-12				Form <b>990</b> (201

Form **990** (2011)

Form 990 (2011)

Part X Balance Sheet (A) (B) Beginning of year End of year 578,496. 758,521. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Piedges and grants receivable, net 291,739. 247,280. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 365,246. 393,183. Inventories for sale or use 8 113,175. 94,769. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 7,513,805. 10a basis. Complete Part VI of Schedule D 2,875,836 4,954,300. 4,637,969. 10b 10c b Less: accumulated depreciation 347,215.350,582. 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 1,145,153. 1,116,407. 15 15 Other assets. See Part IV, line 11 7,776,918. 7,617,117. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 433,034. 566,718. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 1,238,835. 1,100,145. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1,885,988. 1,823,877. Schedule D 3,557,857. 3,490,740. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here \( \sum \big| \sum \big| \text{X} \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,163,<u>537</u>. 4,126,377. 27 Unrestricted net assets 55,524. 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here 

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 4,219,061. 4,126,377. 33 33 Total net assets or fund balances

Total liabilities and net assets/fund balances

7,776,918.

Form	990 (2011) OF BARBER SHOP QUARTET SINGING IN AMERIC	39-09	26339	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,62		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,70	2,5	75.
3	Revenue less expenses. Subtract line 2 from line 1	3	<8	2,1	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,21	9,0	61.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<1	0,5	08.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,12	6,3	77.
Pa	rt XII Financial Statements and Reporting		<u>-</u>	<u> </u>	
	Check if Schedule O contains a response to any question in this Part XII				$\mathbf{X}$
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	}		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	•		
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a	ļ	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			

Form **990** (2011)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Name of the organization

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.

SOCIETY FOR THE PRESERVATION & ENCOURAGE

OMB No 1545-0047

Inspection

Employer identification number

Part I	Doggon		ER SHOP QUAR						39	-0926	339	
			ty Status (All organiz					tructions.				
		•	because it is: (For lines 1	_		-						
1 ⊣			s, or association of church			ction 170	(b)(1)(A)(i)	).				
2			<b>0(b)(1)(A)(ii).</b> (Attach Sc									
3	•		al service organization of									
4 📖			operated in conjunction	with a hos	pital desci	1bed in se	ction 170	(b)(1)(A)(ii	ii). Enter th	ne hospital	's nam	ıe,
	city, and stat											
5 📖	_		benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describe	d in		
		(b)(1)(A)(iv). (Comple										
6		· ·	ent or governmental uni									
7 📙	-	•	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	e general p	ublic desc	nbed ı	n
	^	<b>(b)(1)(A)(vi).</b> (Comple	•									
8 🖳	-		ection 170(b)(1)(A)(vi).		•							
9 X			eives: (1) more than 33 1									
		•	nctions - subject to certa	•	•	•				-		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anızatıon a	fter June 3	0, 197	′5.
—		<b>509(a)(2).</b> (Complete	•									
10	=		perated exclusively to te	-	-							
11 📖	-		perated exclusively for the						•	•		or
			itions described in secti		-		2). See <b>se</b> o	ction 509(	( <b>a)(3).</b> Che	ck the box	that	
		·· ·· <u></u> -	organization and comple		•							
	а 🔛 Туре		_ ,,		e III - Func	-	_		d	Type III - C		
e 📖	-	•	t the organization is not		-	-	•		•			
		<del>-</del>	han one or more publicly		_				9(a)(1) or s	ection 509	(a)(2).	
f			ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th			•							Ш
9	_		rganization accepted ar			-						
		<del>-</del>	rectly controls, either al	lone or tog	ether with	persons o	described	ın (ii) and (	(iii) below,		Yes	No
	_		upported organization?					•	•	11g(i)		<u> </u>
		· ·	n described in (i) above?							11g(ii)		<u> </u>
_			person described in (i) of							11g(iii)	l	<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
		1	(III) Tune of	Ι.				1	., 1			
	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) is organizati	s the on in col	(vii) An	ount o	if
org	anization		(described on lines 1-9	, ,	sted in your document?	, •	r support?	(i) organiz U S	zed in the	sup	port	
			above or IRC section			., .						
			(see instructions))	Yes	No	Yes	No	Yes	No			
									1			
		į			1							
				ļ								
r	·			<del> </del>	:				<del>  </del>			<del></del>
Total												

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

Schedule A (Form 990 or 990-EZ) 2011

	Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i)
	(Complete only if you checked	-			· · · · · · · ·		•
	fails to qualify under the tests			~	,,		<del>-</del>
Sec	ction A. Public Support					-	
	indar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(4) 2557	(5) 2000	(6) 2000	(4) 2010	(6) 2011	17 1014
	membership fees received. (Do not						
	Include any "unusual grants.")				i		
2	Tax revenues levied for the organ-						
_	ızation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					<u> </u>	
	furnished by a governmental unit to						
	the organization without charge	; ;					
4	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)						
6	Public support. Subtract line 5 from line 4				<del></del>		
	ction B. Total Support		•	,			
Cale	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	<u> </u>					
9	Net income from unrelated business	}					
	activities, whether or not the			,			
	business is regularly carned on	1					
10	Other income. Do not include gain	1					
	or loss from the sale of capital			1			
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				<u> </u>		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
	organization, check this box and stop						<u>▶</u>
	ction C. Computation of Publ					T	
	Public support percentage for 2011 (I		•	column (f))	-	14	%
	Public support percentage from 2010	· ·	•			15	%
16a	a 33 1/3% support test - 2011. If the c				14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies		-				. ▶⊔
t	o 33 1/3% support test - 2010. If the c				d line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization qual	•			:_		▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				•	art IV how the organ	ization
-	meets the "facts-and-circumstances"	=	*		-		▶∟
t	o 10% -facts-and-circumstances test	-					
	more, and if the organization meets the	ie facts-and-circu	ımstances" test, c	neck this box and	stop here. Explai	n in Part IV how the	•

Schedule A (Form 990 or 990-EZ) 2011

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

### SOCIETY FOR THE PRESERVATION & ENCOURAGE

Schedule A (Form 990 or 990-EZ) 2011 OF BARBER SHOP QUARTET SINGING IN AMERIC39-0926339 Page 3

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Se</u>	Section A. Public Support										
Cale	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not				•						
	ınclude any "unusual grants.")	2637636.	2668562.	2447549.	2600217.	2507036.	12861000.				
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity has related to the	3151767.	3141603.	2758725.	2784650.	2652272	14490018.				
^	organization's tax-exempt purpose	3131707.	3141003.	2130123.	2/04030.	2033273.	14490016.				
3	Gross receipts from activities that	İ	,								
	are not an unrelated trade or bus- iness under section 513										
4	Tax revenues levied for the organ-										
	ızatıon'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	5789403.	5810165.	5206274.	5384867.	5160309.	27351018.				
	Amounts included on lines 1, 2, and			2232271							
•	3 received from disqualified persons						0.				
ı	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.				
	Add lines 7a and 7b						0.				
	Public support (Subtract line 7c from line 6)						27351018.				
	ction B. Total Support	•									
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
	Amounts from line 6	5789403.	5810165.	5206274.	5384867.	5160309.	27351018.				
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1664111.	275,502.	166,815.	130,173.	73,005.					
ı	Unrelated business taxable income			•	::_, ,: - : - :						
	(less section 511 taxes) from businesses										
	acquired after June 30, 1975										
	Add lines 10a and 10b	1664111.	275,502.	166,815.	130,173.	73,005.	2309606.				
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			10070131	100,170	7370036	2303000:				
12	Other income. Do not include gain or loss from the sale of capital	245,009.	257 702	252 427	201 074	275 600	1212702				
40	assets (Explain in Part IV.)	7698523.	257,793.		281,874.						
	Total support (Add lines 9, 10c, 11, and 12)		6343460.		5796914.		30973416.				
14	First five years. If the Form 990 is for check this box and stop here	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ration,				
<u>Se</u>	ction C. Computation of Publ	ic Support Per	rcentage								
15	Public support percentage for 2011 (I	ine 8, column (f) di	vided by line 13, o	olumn (f))		15	88.30 %				
16	Public support percentage from 2010	Schedule A, Part	III, line 15	<u>.                                    </u>		16	88.84 %				
Se	ction D. Computation of Inves	stment Income	e Percentage								
17	Investment income percentage for 20	11 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	7.46 %				
18	Investment income percentage from 2	2010 Schedule A, I	Part III, line 17			18	7.28 %				
	33 1/3% support tests - 2011. If the			on line 14, and line	,						
	more than 33 1/3%, check this box as	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation .	<b>►</b> X				
	33 1/3% support tests - 2010. If the	-				-	<del></del>				
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization		_	· ·		-					

132023 01-24-12

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

SOCIETY FOR THE PRESERVATION & ENCOURAGE OF BARBER SHOP QUARTET SINGING IN AMERIC

Employer identification number 39–0926339

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Dreservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
đ	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located -	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		- <u> </u>
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		. L Yes L No
9	In Part XIV, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
Ph	conservation easements.	S A.A. Illiahadaal Turaaaaaa aa C	M O: A 4
Pal	* III Organizations Maintaining Collections o		Aner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		A Thirting of the desired and back on the
þ	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		<b>5</b>
_	(ii) Assets included in Form 990, Part X		<b>* * * *</b>
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	<b>.</b> .
a	Revenues included in Form 990, Part VIII, line 1		<b>5</b>
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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Schedule D (Form 990) 2011

### SOCIETY FOR THE PRESERVATION & ENCOURAGE

		ER SHOP QUA				1926339 Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Oth	<u>er Similar As</u>	sets (continued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the t	following that are a	significant use of	its collection items
	(check all that apply):					
а	Public exhibition	d	Loan or exch	nange programs		
ь	Scholarly research	е	Other			
c	Preservation for future generations					
4	Provide a description of the organization's co	lections and explain	how they further th	ne organization's ex	empt purpose in l	Part XIV.
5	During the year, did the organization solicit or					
	to be sold to raise funds rather than to be ma				ai assets	Yes No
	t IV Escrow and Custodial Arrang				o Form 000 Port	
Far	reported an amount on Form 990, Par		te ii trie organization	nanswered res d	o romi 990, ran	iv, line 9, or
		•				<del></del>
та	Is the organization an agent, trustee, custodia	an or other intermed	ary for contribution	s or other assets no	ot included	_,,
	on Form 990, Part X?			• •		Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table:		<del> </del>	
						Amount
С	Beginning balance				1c	
d	Additions during the year	-			1d	
e	Distributions during the year				1e	<del></del>
f	Ending balance .			••••	1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?			Yes No
b	If "Yes," explain the arrangement in Part XIV.					
Par	t V Endowment Funds. Complete it	the organization ans	swered "Yes" to For	m 990, Part IV, line	10.	
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance	1,465,378.	1,447,971.	1,375,277		
ь	Contributions	24,797.	12,643.	40,639		
С	Net investment earnings, gains, and losses	3,104.	23,814.	80,301		
d	Grants or scholarships	1	,			
_	Other expenditures for facilities					
•	and programs	16,612.	16,113.	46,321		
	, -	2,835.	2,937.	1 925		
'	Administrative expenses	1,473,832.	•	1,447,971	1	
9	End of year balance [		1,465,378.		•1	
2	Provide the estimated percentage of the curr	ent year end balance		ij) neid as		
a	Board designated or quasi-endowment		_%			
Ь	Permanent endowment ► 100.00	%				
C	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2c should					
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organization	
	by:					Yes No
	(i) unrelated organizations		•			3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?			_ 3ь   Х
4	Describe in Part XIV the intended uses of the	organization's endo	wment funds			
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumulated	(d) Book value
	, , , ,	basis (investri	nent) basis	(other) d	epreciation	
1a	Land		77	5,000.		775,000.
	Buildings			2,183.	674,148.	3,778,035.
~	Leasehold improvements	•				
ں ۔	_		2.28	6,622. 2,	201,688.	84,934.
d	• •			-,	,,	21,5010
	Other		V anhuma (D) (v = 4	l	<b>•</b>	4,637,969.
ota	I. Add lines 1a through 1e. (Column (d) must e	quai rorm 990, Part	∧, column (B), line 1	U(C).)	<u> </u>	310011000

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED LIFE MEMBERSHIPS	64,183.
(3)	DEFERRED MEMBERSHIP DUES	1,070,833.
(4)	DEFERRED FUTURE CONVENTIONS	390,019.
(5)	OTHER DEFERRED REVENUE	154,622.
(6)	DUE TO BARBERSHOP HARMONY SOCIETY	
(7)	DISTRICTS AND CHAPTERS	144,220.
(8)		
(9)		
(10)		
(11)		
Tatal	(Column (h) must sound Form 000, Dort V and (D) (no. 25)	1 823 877

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

SOCIETY FOR THE PRESERVATION & ENCOURAGE
OF BARBER SHOP QUARTET SINGING IN AMERIC 39-0926339 Page 4

	dule D (Form 990) 2011 OF BARBER SHOP QUARTET SING					0926339	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A	\udit	ed Finan	cial State	men		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		4,620,	399.
2	Total expenses (Form 990, Part IX, column (A), line 25)	-		2		4,702,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-	3		<82,	176.>
4	Net unrealized gains (losses) on investments			4		<10,	508.>
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8		<del></del>	
9	Total adjustments (net). Add lines 4 through 8			9			508.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10			<u>684.</u> >
Par	XII Reconciliation of Revenue per Audited Financial Statemen	ts W	th Rever	nue per R	eturr		050
1	Total revenue, gains, and other support per audited financial statements				1	7,704,	859.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	. 1	_				
а	Net unrealized gains on investments	2a		<u>0,508.</u>	₽		
b	Donated services and use of facilities	2b	15	3,900.	1 1		
C	Recoveries of prior year grants	2c			]		
d	Other (Describe in Part XIV.)	2d	3,30	7,163.			
е	Add lines 2a through 2d				2e	3,450, 4,254,	555.
3	Subtract line 2e from line 1				3	4,254,	304.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b	36	6,095.	1		
С	Add lines 4a and 4b				4c	366	095.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•			5	4,620	
Pat	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expe	nses per	Retu		
1	Total expenses and losses per audited financial statements		•		1	7,342,	084.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•				•	
_ a	Donated services and use of facilities	2a	15	3,900.			
b	Prior year adjustments	2b			1		
c	Other losses	2c			1		
d	Other (Describe in Part XIV.)	2d	2 48	5,609.	1		
	·	20	2/10	<del>5,005.</del>	1 1	2 639	509
e	Add lines 2a through 2d	• ••	•	-	2e	2,639, 4,702,	575
3	Subtract line 2e from line 1			•	3	4,702	373.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			-		
Ь	Other (Describe in Part XIV.)	4b					^
	Add lines 4a and 4b				4c	4 700	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			<del>.</del>	5	4,702	5/5.
	t XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,						4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple						
PAR	RT X, LINE 2: MANAGEMENT PERFORMS AN EVALUA	T.101	N OF A	TT INC	OME	TAX	
<b>DO</b>	THIONG MAKEN OF BUDGGED HO DE HAKEN IN MY		aun an	00 DDE		T.10 MILE	
PO:	SITIONS TAKEN OR EXPECTED TO BE TAKEN IN TH	E CO	JURSE	OF PRE	PAR	ING THE	
000	TEMPLE AND MUD ECIDIDAMIONLE TROOVE MAY DEM		~ m^ n		`ATT '	······	mun
500	CIETY'S AND THE FOUNDATION'S INCOME TAX RET	UKN	5 TO D	ETERMI	NE	WHETHER	THE
T376	NOVE THE DOCUMENT WHEN A HOODE TIMELY THE	370			<b>^</b>	D = 1110	
TMC	COME TAX POSITIONS MEET A "MORE LIKELY THAN	NO.	I'' STA	NDARD	OF.	BEING	
0116						<b>a</b>	
508	STAINED UNDER EXAMINATION BY THE APPLICABLE	TA	XING A	UTHORI	TIE	S	
MAN	NAGEMENT HAS PERFORMED ITS EVALUATION OF AL	т. т1	NCOME	ጥልሄ ውር	יידי	דראוכ שאז	r FNI
· IVJ	MICHIGHT HAD I BRI ORTHOD I TO EVALUATION OF AL	<u></u>		IAA EU		TOMO IM	<u>/T174</u>
<u>on</u>	ALL OPEN INCOME TAX RETURNS AND HAS DETERM	INE	THAT	THERE	WE	RE NO	
D01	NITHIONIC MANUAL MINE BO NOT VEET MINE HACES TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	v m	NO	am.		
POS	SITIONS TAKEN THAT DO NOT MEET THE "MORE LI	KEL.	THAN	NOT"		NDARD.	20) 000
					ocnec	dule D (Form 9	90) 2017

SOCIETY FOR THE PRESERVATION & ENCOURAGE  Schedule D (Form 990) 2011 OF BARBER SHOP QUARTET SINGING IN AMERIC 39	0 0026220 5 -
Part XIV Supplemental Information (continued)	7-0920339 Page 5
ACCORDINGLY, THERE ARE NO PROVISIONS FOR INCOME TAXES, PENALTI	IES OR
INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN INCOME TA	AX POSITIONS_
IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	853,042.
HARMONY FOUNDATION'S PORTION OF INCOME	2,454,121.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,307,163.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
GRANT FROM HARMONY FOUNDATION (FISCAL YEAR 09/30/11)	366,095.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	853,042.
HARMONY FOUNDATION'S PORTION OF EXPENSES	1,998,662.
GRANT FROM HARMONY FOUNDATION (FISCAL YEAR 09/30/11)	-366,095.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	2,485,609.

### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047
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ZUII
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 

SOCIETY FOR THE PRESERVATION & ENCOURAGE 39-0926339 OF BARBER SHOP QUARTET SINGING IN AMERIC General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (e) If activity listed in (d) (f) Total (a) Region (d) Activities conducted in region expenditures employees, (by type) (e.g., fundraising, program offices is a program service, agents, and for and in the region services, investments, grants to describe specific type independent contractors investments recipients located in the region) of service(s) in region ın region in region 371,707. CANADA PROGRAM SERVICES MEMBERSHIP ACTIVITIES 371,707. 0 0 3 a Sub-total **b** Total from continuation 0<u>.</u> 0 0 sheets to Part I c Totals (add lines 3a

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule F (Form 990) 2011

371,707.

and 3b)

SOCIETY FOR THE PRESERVATION & ENCOURAGE OF BARBER SHOP QUARTET SINGING IN AMERIC

Schedule F (Form 990) 2011 OF BARBER SHOP QUARTET SINGING IN AMERIC 39-0926339

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

Page 2

39-0926339

	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
									·
I									
I	±								
I	+								
I									

Schedule F (Form 990) 2011

Enter total number of other organizations or entities

28

SOCIETY FOR THE PRESERVATION & ENCOURAGE OF BARBER SHOP QUARTET SINGING IN AMERIC

Page 3

39-0926339

Schedule F (Form 990) 2011 OF BARBER SHOP QUARTET SINGING IN AMERIC 39-0926339

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

	(h) Method of valuation (book, FMV, appraisal, other)	•	•				1, 100
	(g) Description of non-cash assistance						
	(f) Amount of non-cash assistance						: ::
	(e) Manner of cash disbursement						
	(d) Amount of cash grant					<u>:</u>	
d.	c) Number of recipients						
dditional space is neede	(b) Region						
Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance						

Schedule F (Form 990) 2011

## SOCIETY FOR THE PRESERVATION & ENCOURAGE

Schedule F (Form 990) 2011 OF BARBER SHOP QUARTET SINGING IN AMERIC
Part IV Foreign Forms 39-0926339 Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the	
•		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	
	Corporation (see Instructions for Form 926)	Yes X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization	
	may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and	
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With	
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To	
	Certain Foreign Corporations. (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a	
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,	
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.	
	(see Instructions for Form 8621)	Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"	
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain	
	Foreign Partnerships. (see Instructions for Form 8865)	Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If	
	"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions	
	for Form 5713)	Yes X No

Schedule F (Form 990) 2011

**Employer identification number** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. SOCIETY FOR THE PRESERVATION & ENCOURAGE OF BARBER SHOP QUARTET SINGING IN AMERIC General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Parti

**2**.

X Yes

39-0926339

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Part # Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. C	complete if the org	anization answered "`	res" to Form 990, Part IV	/, line 21, for any	
recipient that received more than	55,000. Check this	s box if no one recipier	it received more th	ian \$5,000. Part II	can be duplicated if	additional space is need	<b>▲</b>	_
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government (e) Amount of or government (f) Method of (g) Description of rash grant or government (f) Method of (g) Description of non-cash assistance (g) Description of non-cash assistance (h) Method of (g) Description of non-cash assistance (h) EIN (g) Description of non-cash assistance (h) Method of (g) Description of non-cash assistance (h) Method of (g) Description of non-cash assistance (h) Method of (g) Description of non-cash assistance (h) Method of (g) Description of non-cash assistance (h) Method of (g) Description of non-cash assistance (h) Method of (g) Description of non-cash assistance (h) Method of (h) Description of non-cash assistance (h) Method of (h)	( <b>p</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	nd government or s listed in the line	suoi	isted in the line 1 table					
ı							***************************************	١

Schedule I (Form 990) (2011)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

# SOCIETY FOR THE PRESERVATION & ENCOURAGE

OF BARBER SHOP QUARTET SINGING IN AMERIC

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Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2011) Part ##

(f) Description of non-cash assistance SCHOLARSHIPS COVER ROOM, SOARD, AND TUITION (book, FMV, appraisal, other) TUITION RATES FOR THE Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 49,725, SCHOOL YEAR. 2: GRANTS ARE SCHOLARSHIPS TO AN EDUCATIONAL ATTENDANCE IS TRACKED AND TO THE RECIPIENTS (d) Amount of non-cash assistance Ö (c) Amount of cash grant EVALUATIONS ARE COLLECTED TO ASCERTAIN VALUE (b) Number of recipients 88 CONFERENCE ADMINISTERED BY THE SOCIETY. NON-CASH SCHOLARSHIP TO HARMONY UNIVERSITY. (a) Type of grant or assistance LINE PART SCHEDULE

Schedule I (Form 990) (2011)

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

SOCIETY FOR THE PRESERVATION & ENCOURAGE OF BARBER SHOP QUARTET SINGING IN AMERIC

Employer identification number 39-0926339

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			İ
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			İ
	First-class or charter travel  Housing allowance or residence for personal use			İ
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	İ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	1
				[
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			ĺ
	establish compensation of the CEO/Executive Director. Explain in Part III.			1
	X Compensation committee			ĺ
	Independent compensation consultant Compensation survey or study			1
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	40	•	х
a	Receive a severance payment or change-of-control payment?	4a 4b		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4c		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	40	<del>                                     </del>	<del></del>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	ļ		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b	ļ	Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	l		
а	The organization?	6a	-	X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			,,
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			١
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

# SOCIETY FOR THE PRESERVATION & ENCOURAGE

OF BARBER SHOP QUARTET SINGING IN AMERIC 39-0926339

Schedule J (Form 990) 2011

Page 2

Part If Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	netifement and other deferred compensation	Nontaxable benefits	(B)(I)-(D)	reported as deferred in prior Form 990
	€	$\perp \perp$		0	0.0	0.00	0.0	0
1 CLARKE CALDWELL		142,193	0,01,01	000	22.23.	20.469.	185.519.	0
2 E.D. WATSON	<b>E</b>			0	0	0	0	0
	€							
3								
•	€ €							
LO,	<b>E</b>							
	3							
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Schedule J (Form 990) 2011

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

SOCIETY FOR THE PRESERVATION & ENCOURAGE OF BARBER SHOP QUARTET SINGING IN AMERIC

Employer identification number 39-0926339

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF GOOD WILL AND MUSIC IN THE LIVES OF PEOPLE EVERYWHERE.

SINCE 1938, THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF

BARBER SHOP QUARTET SINGING IN AMERICA, INC. (SPEBSQSA, INC.) DBA THE

BARBERSHOP HARMONY SOCIETY HAS BEEN SPREADING THE CHORDS AND CULTURE OF

FOUR-PART HARMONY TO PEOPLE EVERYWHERE. TODAY, ABOUT 24,000 MEMBERS

SUPPORT THE MISSION TO PRESERVE A UNIQUELY AMERICAN MUSICAL FORM,

SPREAD SINGING IN SCHOOLS, SUPPORT SINGERS YOUNG AND OLD, COMPETE,

IMPROVE THEIR CRAFT AND SUPPORT A CULTURE THAT FOSTERS ENCOURAGEMENT,

SERVICE AND FRATERNITY. 800 SOCIETY CHAPTERS PROVIDE SINGING, SERVICE

AND COMMUNITY INVOLVEMENT THROUGHOUT NORTH AMERICA.

BARBER SHOP QUARTET SINGING IN AMERICA, INC. (SPEBSQSA, INC.) DBA THE

BARBERSHOP HARMONY SOCIETY HAS BEEN SPREADING THE CHORDS AND CULTURE OF

FOUR-PART HARMONY TO PEOPLE EVERYWHERE. TODAY, ABOUT 24,000 MEMBERS

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SPREAD SINGING IN SCHOOLS, SUPPORT SINGERS YOUNG AND OLD, COMPETE,

IMPROVE THEIR CRAFT AND SUPPORT A CULTURE THAT FOSTERS ENCOURAGEMENT,

SERVICE AND FRATERNITY. 800 SOCIETY CHAPTERS PROVIDE SINGING, SERVICE

AND COMMUNITY INVOLVEMENT THROUGHOUT NORTH AMERICA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ASSISTANCE FROM HARMONY FOUNDATION INTERNATIONAL, PROVIDES FREE SHEET

MUSIC TO MANY SCHOOLS (BOTH BARBERSHOP AND NON-BARBERSHOP

ARRANGEMENTS), PROVIDES CLINICIANS FOR YOUTH BARBERSHOP CAMPS AND

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

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization SOCIETY FOR THE PRESERVATION & ENCOURAGE OF BARBER SHOP QUARTET SINGING IN AMERIC

Employer identification number 39-0926339

FESTIVALS, AND PROVIDES EXPERT ASSISTANCE TO MUSIC EDUCATORS AND INDEPENDENT YOUTH GROUPS THAT WANT TO START BARBERSHOP CHORUSES AND QUARTETS.

ANNUALLY THE SOCIETY, IN CONJUNCTION WITH THE 17 DISTRICTS, HOLDS

WEEKEND EDUCATIONAL SCHOOLS FOR NEWLY-ELECTED CHAPTER OFFICERS TO

BECOME PROFICIENT IN THEIR OFFICE (PRESIDENTS, SECRETARIES, TREASURERS,

MEMBERSHIP AND MUSIC).

AN ANNUAL DISTRICT LEADERSHIP FORUM IS ALSO HELD TO TRAIN THE OFFICERS

OF THE 17 DISTRICTS. IN TOTAL, THESE SCHOOLS, CAMPS, WORKSHOPS, AND

SEMINARS REACH WELL OVER 10,000 PEOPLE ANNUALLY. INSTRUCTION AND

ASSISTANCE IS ALSO PROVIDED TO INDIVIDUALS, QUARTETS, AND CHORUSES TO

HELP THEM LEGALLY OBTAIN MUSICAL ARRANGEMENTS FOR PERFORMING.

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE A COMMITTEE THAT HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE

AUDIT COMMITTEE AND BOARD TREASURER, THEN DISCUSSED WITH MANAGEMENT AND THE

PREPARER. THE ENTIRE BOARD RECEIVES A COPY VIA E-MAIL TO REVIEW PRIOR TO

FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER AND MANAGEMENT

STAFF RECEIVES A COPY OF THE RULES AND REGULATIONS HANDBOOK, WHICH INCLUDES

A CONFLICT OF INTEREST POLICY UNDER THE GENERAL STATEMENTS OF POLICY; THE

BOARD IS REMINDED OF THE CONFLICT OF INTEREST POLICY AT EACH MEETING.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE CEO, EXECUTIVE

DIRECTOR, OR TOP MANAGEMENT IS DETERMINED ANNUALLY BY A SALARY BUDGET THAT

| 132212 | | Schedule O (Form 990 or 990-EZ) (2011)

Schedule R (Form 990) 2011 (g) Section 512(b)(13) 2011 Open to Public Inspection Employer identification number 39-0926339 ž OMB No 1545-0047 × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling entity End-of-year assets status (if section Public charity 501(c)(3)) 509(A)(2) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total Income Related Organizations and Unrelated Partnerships Exempt Code Ð section 501(C)(3) ত্ত ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) ENCOURAGE OF BARBER SHOP QUARTET SINGING IN AMERIC WISCONSIN SOCIETY FOR THE PRESERVATION & ► Attach to Form 990. FOUR-PART VOCAL HARMONY Primary activity Primary activity AND SCHOLARSHIPS TO PROMOTE ASPECTS OF For Paperwork Reduction Act Notice, see the Instructions for Form 990. 39-6073041, 110 7TH AVENUE NORTH, NASHVILLE, INC -HARMONY FOUNDATION INTERNATIONAL, Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R 37203 (Form 990) ₽art # Part Z

SOCIETY FOR THE PRESERVATION & ENCOURAGE

OF BARBER SHOP QUARTET SINGING IN AMERIC Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

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General or Percentage managing ownership Percentage ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Yes No Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of total Income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets Ø Direct controlling entity Share of total income  $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) Û <u>e</u> Primary activity Direct controlling entity ூ (c)
Legal
domicite
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part IV

## ENCOURAGE ت SOCIETY FOR THE PRESERVATION

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IN AMERIC OF BARBER SHOP QUARTET SINGING Schedule R (Form 990) 2011 Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s)

Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)

Sale of assets to related organization(s)

Purchase of assets from related organization(s) Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

Performance of services or membership or fundraising solicitations for related organization(s)

1 Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Sharing of paid employees with related organization(s)

Reimbursement paid to related organization(s) for expenses 0

Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(6)	3	(9)	(5)
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved
GRANT FROM HARMONY FDN INT INC. (BHS			
(1) CALENDAR YEAR)	၁	324,329.CASH	CASH
THE SOCIETY OWNS BUILDING THAT IS OCCUPIED			
(2) BY THE SOCIETY & HARMONY FDN	M	0	0.CASH
THE SOCIETY GETS REIMBURSEMENTS FOR			
(3) SALARIES & FRINGE BENEFITS FROM HARMONY	ሷ	724,763.CASH	CASH
FUNDS ARE HELD ON BEHALF OF SOCIETY BY			
(4) HARMONY FOUNDATION	R	861,864.CASH	CASH
(2)			
(9)			
132163 01-23-12	40		Schedule R (Form 990) 2011

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SOCIETY FOR THE PRESERVATION & ENCOURAGE OF BARBER SHOP QUARTET SINGING IN AMERIC

Schedule R (Form 990) 2011

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Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Disprepordinocations?

Code V-UBI
General or/Percentage
dinocations?
of Schedule K-1
Pearine?

Ves No
(Form 1065)
Yes No 3 Ξ Share of end-of-year assets Share of total Income Predominant income partnesse (related unrelated, ons?) excluded from tax under section 512-514) Yes No (state or foreign Legal domicile country) ত Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2011

SOCIETY FOR THE PRESERVATION & ENCOURAGE

(Rev. January 2012) Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

ightharpoons

Form 8868 (Rev. 1-2012)

• If yo	u are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			ightharpoonup		
•	u are filing for an Additional (Not Automatic) 3-Month Ext	•		this form).				
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed For	m 8868.			
	onic filing (e-file). You can electronically file Form 8868 if y					corporation		
	d to file Form 990-T), or an additional (not automatic) 3-mor							
	to file any of the forms listed in Part I or Part II with the exc							
	al Benefit Contracts, which must be sent to the IRS in pap							
	www.irs.gov/efile.and.click.on.e-file.for.Chanties.&Nonprofits		(Coo)	•	<b>3</b> -	•		
Part			ubmit original (no copies nee	eded).				
	oration required to file Form 990-T and requesting an auton					-		
Part I								
	er corporations (including 1120-C filers), partnerships, REM	ICs. and t	rusts must use Form 7004 to reques	t an exten	sion of time	•		
	ncome tax returns.	•	·					
Туре	r Name of exempt organization or other filer, see instru-	ctions.		Employer	ıdentification	number (EIN) or		
print	SOCIETY FOR THE PRESERVATION & ENCOURAGE							
<b>P</b>	OF BARBER SHOP QUARTET SINGING IN AMERIC X 39-09263							
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number								
filing your return See 110 7TH AVENUE NORTH								
return S instruction	98	ress, see instructions.						
	NASHVILLE, TN 37203-3704							
	· · · · · · · · · · · · · · · · · · ·							
Enter t	he Return code for the return that this application is for (file	a separa	te application for each return)			0 1		
			, ,					
Applic	ation	Return	Application			Return		
Application Is For		Code	Is For					
Form 9	90	01	Form 990-T (corporation)					
		02	Form 1041-A			07		
Form 990-BL Form 990-EZ		01	Form 4720					
Form 9		04	Form 5227			10		
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	90-T (trust other than above)	06	Form 8870			12		
	HEATHER VERBLE							
• The	books are in the care of ▶ 110 SEVENTH AVI	E NOR'	TH - NASHVILLE, TN	3720	3-3704			
	ephone No ► 615-823-3993		FAX No. ▶					
	e organization does not have an office or place of business	s in the Ur	·			<b>D</b>		
	is is for a Group Return, enter the organization's four digit			If this is fo	r the whole are	oup, check this		
box D		1 .	· · · · · · · · · · · · · · · · · · ·		_	•		
	request an automatic 3-month (6 months for a corporation	-			-			
·	1		tion return for the organization nam		The extension			
•	s for the organization's return for:	3						
	►X calendar year 2011 or							
	tax year beginning	. an	d ending					
					_			
2	f the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	m			
	Change in accounting period							
	Oa.igo iii doodaittiiig pollod							
	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	inter the tentative tax less any			···-		
	nonrefundable credits. See instructions.	J. 0003, 6	and the contains tax, 1000 any	За	\$	0.		
	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		<u> </u>			
	estimated tax payments made. Include any pnor year overs			3ь	s	0.		
	Balance due. Subtract line 3b from line 3a. Include your pa			- 1 33	<u> </u>			
	by using EFTPS (Electronic Federal Tax Payment System).			3с	s	0.		
	by using an IFS (alectronic rederal rax mayinent System).		orm 8868, see Form 8453-EO and F			-		

123841 01-04-12

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)					Page 2
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Ext</li> </ul>	tension, c	omplete only Part II and check this	box		► LXJ
Note. Only complete Part II if you have already been granted an a	utomatic :	3-month extension on a previously fi	led Form 8	8868.	
<ul> <li>If you are filing for an Automatic 3-Month Extension, complete</li> </ul>	te only Pa	rt I (on page 1).			
Partill Additional (Not Automatic) 3-Month E	xtensio	of Time. Only file the origin	al (no co	opies neede	ed).
		Enter filer's	identifyin	g number, se	e instructions
Type or Name of exempt organization or other filer, see instru	ctions		Employer	identification	number (EIN) or
print SOCIETY FOR THE PRESERVATION		ICOURAGE			
File by the OF BARBER SHOP QUARTET SING	ING IN	N AMERIC	$\mathbf{X}$	39-092	6339
due date for Number street, and room or suite no. If a P.O. box, so			Social sec	curity number	(SSN)
filling your return See 110 7TH AVENUE NORTH					
Instructions City, town or post office, state, and ZIP code. For a for NASHVILLE, TN 37203	oreign add	ress, see instructions.			
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			01
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01		S. Salar	mgr og 123g 1	
Form 990-BL	02	Form 1041-A		· · · · · · · · · · · · · · · · · · ·	08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227	-		10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069		· · · · · · · · · · · · · · · · · · ·	11
Form 990-T (trust other than above)	06		Form 8870		
STOP! Do not complete Part II if you were not already granted	<del></del>		iously file	d Form 8868	12_
Telephone No ► 615-823-3993  If the organization does not have an office or place of busines:  If this is for a Group Return, enter the organization's four digit box ► ☐ I fit is for part of the group, check this box ► ☐  I request an additional 3-month extension of time until  For calendar year 2011, or other tax year beginning  If the tax year entered in line 5 is for less than 12 months, of ☐ Change in accounting penod  State in detail why you need the extension AWAITING INFORMATION FROM THIS	Group Exe and atta NOVEM	emption Number (GEN)	f all memb	ers the exten	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions	or 6069, e	inter the tentative tax, less any	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,			17.		
tax payments made. Include any prior year overpayment al	llowed as	a credit and any amount paid		1	•
previously with Form 8868.			8b	\$	0.
• •	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using				^
EFTPS (Electronic Federal Tax Payment System). See instr			8c	\$	
Signature and Verificat Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this form.	ding accomp	st be completed for Part II of panying schedules and statements, and t		of my knowledge	
Signature ► 55. Dinlar Title ►	(	C+77	Date		6/2012 368 (Rev 1:2012)