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Change of Accounting Period

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the	2014 calend	ar year, or tax year beginning March 1 , 2014, and ending	J	une 30	, 20 14
B Check if applicable			C Name of organization	D Empl	oyer ide	entification number
	Address c	change	Long Beach Concert Choir Association, Inc.		64	4-0602143
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telep	hone nu	ımber
=	Initial retu			601-460-1754		
=	rınaı retur Amended	m/terminated	F Grou	ıp Exer	mption	
=		on pending	Long Beach, MS 39560-0518	Num	ber 🕨	•
G /	Account	ting Method:		heck I	► 🗹 il	the organization is not
I V	Vebsite	e: ▶ www.				ach Schedule B
J T	ax-exen	npt status (che	eck only one) - 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 (F	Form 99	90, 990)-EZ, or 990-PF).
			☐ Corporation ☐ Trust ☑ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets		
(Pai	t II, col		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	·	▶ \$	79955
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstruc	tions	for Part I)
	,		the organization used Schedule O to respond to any question in this Part I			
	1		ons, gifts, grants, and similar amounts received		1	947
	2	_	ervice revenue including government fees and contracts	• •	2	75913
	3		ip dues and assessments		3	0
	4	Investment			4	0
	5a		unt from sale of assets other than inventory 5a	0	ŀ	
	b		or other basis and sales expenses		_	0
	6	Gain or (los Gaming an	• •	5c	0	
e	а	Gross inc. \$15,000) .	0			
Revenue	b		me from fundraising events (not including \$ 817 of contributions		1	
æ			aising events reported on line 1) (attach Schedule G if the		- 1	
			h gross income and contributions exceeds \$15,000) 6b	3096		
	C		t expenses from gaming and fundraising events 6c	9690		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract	_	(0504)
	_	line 6c) .			6d	(6594)
	7a		s of inventory, less returns and allowances	— <u>⊹</u>		
	b		of goods sold	—- '		n
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8 9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	70266
_	10		similar amounts paid (list in Schedule O)	• •	10	0
امع و	1		aid to or for members	: :	11	0
Expenses 15	12	•	her compensation, and employee benefits]	12	0
JS6	13		al fees and other payments to independent contractors]	13	0
be	/14		v, rent, utilities, and maintenance	1. [14	0
ŭ,	-15		ublications, postage, and shipping Let JUL. 1.6 .2015.	.	15	0
-	76	Other expe	. .	16	181184	
	Other expenses (describe in Schedule O)					181184
Į,	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(110919)
set	ANG	Net assets	with [
As	8	-	r figure reported on prior year's return)....................................	[19	121586
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	[20	0
	21 ¹⁷	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶	21	10667

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2014)



Par	t II Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> 🗆</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[121586	22	10667
23	Land and buildings		[Ö	23	0
24	Other assets (describe in Schedule O)		[0	24	0
25	Total assets		[121586	25	10667
26	Total liabilities (describe in Schedule O)		[0	26	0
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	n line 21)	121586	27	10667
Part				Part III)		
	Check if the organization used Schedule	•		•		Expenses
What	is the organization's primary exempt purpose?		ong Beach HS Chora	al Dept.		uired for section
		abarata far arab a	f the Abres Joseph of		,	c)(3) and 501(c)(4) nizations; optional for
as m	ribe the organization's program service accompli leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the			othe	• •
28	Choir performance tour in Austria and Switzerland,	June 1-10, 2014.				
	Tour consisted of 68 travelers (41 students and 27 a	dult chaperones).				
	Association coordinated travel logistics and payment	nts with travel compa	ny.			
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	▶ 🗇	28a	169897
	<u> </u>		 			
	Association covers cost of awards and student atter	ndence at banquet.				
	(Grants \$ 0) If this amount	includes foreign gra	inte chack hara	▶ □	29a	3730
	Performance events (2 concerts) by choral department	ent.			Lou	
•	Association coordinated all logistics for these event					
	(Grants \$ 0) If this amount	includes foreign are	nte chack hara		200	3341
		includes foreign gra		▶ 🗆	30a	3341
31	Other program services (describe in Schedule O)					
31	Other program services (describe in Schedule O) (Grants \$ 0) If this amount	includes foreign gra	nts, check here	▶ □	31a	3852
31 32	Other program services (describe in Schedule O) (Grants \$ 0) If this amount Total program service expenses (add lines 28a	includes foreign grathrough 31a)	nts, check here	 > []	31a 32	3852 180820
31	Other program services (describe in Schedule O) (Grants \$ 0) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Key	includes foreign gra through 31a) . y Employees (list eacl	nts, check here	▶ □ ▶ pensated—see the in	31a 32	3852 180820
31 32	Other program services (describe in Schedule O) (Grants \$ 0) If this amount Total program service expenses (add lines 28a	includes foreign gra through 31a) . y Employees (list each o O to respond to all	nts, check here none even if not comp ny question in this	Densated—see the in	31a 32	3852 180820
31 32	Other program services (describe in Schedule O) (Grants \$ 0) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Key	includes foreign grathrough 31a)	nts, check here	pensated—see the in Part IV	31a 32 nstruc	3852 180820 ctions for Part IV)
31 32 Part	Other program services (describe in Schedule O) (Grants \$ 0) If this amount Total program service expenses (add lines 28a compared to the companies of the comp	includes foreign grathrough 31a)	none even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and	31a 32 nstruc	3852 180820 ctions for Part IV)
31 32 Part	Other program services (describe in Schedule O) (Grants \$ 0) If this amount Total program service expenses (add lines 28a and V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Beth Chancey	includes foreign grathrough 31a)	none even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	31a 32 nstruc	3852 180820 ctions for Part IV)
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31 32 Parti Lena Presi VaRit	Other program services (describe in Schedule O) (Grants \$ 0) If this amount Total program service expenses (add lines 28a and IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Beth Chancey dent	includes foreign grathrough 31a)	nts, check here none even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	31a 32 nstruc	3852 180820 etions for Part IV)
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	<u>v</u>	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		,
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	 	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	1000		<u> </u>
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		ارد
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	-		-
b	Did the organization file Form 1120-POL for this year?	37Ь		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	4		İ
39	Section 501(c)(7) organizations. Enter:			1
a	Initiation fees and capital contributions included on line 9	4		ĺ
40a	Gross receipts, included on line 9, for public use of club facilities	┥		1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			İ
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			_ <u>*</u> _
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	[
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		l i	į
_	40c reimbursed by the organization]	1 [
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ► Mississippi	400	<u> </u>	
	I DOOA Transport	601-46	0-1754	1
	located at LBHS Choral Dept. 300 East Old Pass Road, Long Beach, MS	395		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		4
	If "Yes," enter the name of the foreign country: ▶		T	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		V
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •	▶ 🔲
	and enter the amount of tax-exempt interest received or accrued during the tax year			
440	Did the organization maintain any depart solvined funds during the cond of 804-11 Feet 200 and the		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c	Did the organization receive any payments for indoor tanning services during the year?	44c		<u> </u>
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			<u> </u>
	explanation in Schedule O	44d	- [4
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		1

Form 9	90-EZ (2	2014)								F	age 4
		-	···· · · · ·							Yes	No
46	Did 1	the organization engage, directly or in	ndirectly, in political o	campaign activitie	s on be	ehalf of or	in opposi	tion			
Dowl		andidates for public office? If "Yes," o		, Part I	· · ·		<u> </u>	<u>.</u>	46	L	1
Part	VI.	Section 501(c)(3) organizations		odiona 47, 40h a					.1	!	
		All section 501(c)(3) organization 50 and 51.	is must answer que	estions 47–49D a	ina 52	, and coi	npiete tri	e tat	oles i	or IIn	es
		Check if the organization used Sci	hadula O to respond	t to any quartion	in thic	Dort \/I					
		Check if the organization used oc	riedule O to respont	to any question	ni uns	s rait vi		· · ·		Yes	No
47	Did 1	the organization engage in lobbying	activities or have a	section 501(h) ele	ection i	in effect o	luring the	tax		162	140
•••		? If "Yes," complete Schedule C, Par							47]	
48	-	e organization a school as described in							48		1
49a		he organization make any transfers to							49a		1
b		es," was the related organization a se							49b		Ť
50	Com	plete this table for the organization's	five highest comper	sated employees	(other	than offic	ers, direct	tors, t	truste	es an	d key
	emp	loyees) who each received more than	\$100,000 of compe	nsation from the c	rganiz	ation. If th	ere is non	e, en	ter "N	lone."	
			(b) Average	(c) Reportable		(d) Health ontributions t		(a) F.	-4	d amou	
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-M	l ha	enefit plans, a				pensat	
			devoted to position	(1 01113 44-23 1099-141	130,	compen	sation				
								<u> </u>			
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				i							
f	Total	number of other employees paid over	er \$100,000	. ▶	<u>-</u>		 .				-
51	Com	plete this table for the organization'	s five highest compe	ensated independ	lent co	ntractors	who each	ı rece	eived	more	thar
	\$100	,000 of compensation from the orga	nization. If there is no	ne, enter "None.") 						
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service		(c)	Comp	ensatio	on	
				i							
				}							
					····						
		~		1							
								-			
		·		1		1					
				<u></u>							
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶_						
52		the organization complete Schedu	le A? Note. All se	ction 501(c)(3) o	rganiza	ations mu	ist attach	ıa			
	comp	oleted Schedule A	· · · · · · ·					.▶□	Yes		Ю
Under p	enalties	of perjury, I declare that I have examined this re	eturn, including accompany	ying schedules and sta	tements,	, and to the b	est of my kn	owledç	ge and	belie f, i	t is
true, cor	rrect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	arer has a	any knowled					
Ciam.			44_				<u>ルエ</u>	<u> </u>	<u> 20</u>	215	
Sign		Signature of officer Timethy I Comphell Transpurer	- – (Date		ر ســ			
Here		Timothy J. Campbell, Treasurer		····							
		Type or print name and title	Preparer's signature		Doto				TIAL	-	
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	ıf	PTIN		
Prep			<u> </u>	······································	L	· · · · · · · · · · · · · · · · · · ·	self-employ	/ea			
Use (Only	Firm's name					EIN ►				
May th	ne IRS	Firm's address ► discuss this return with the preparer	shown above? See in	netructions		Phon	e no.		V.: -		
···uy di	.5 10	alcons and retain with the preparer	SHOWIT ADOVE! See II	กอนนับแบกรี	• •		<u> </u>	<u>- U</u>	Yes	N	0

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Long	Long Beach Concert Choir Association 64-0602143						
Pa	tl Reason for Public Cha	rity Status (Al	l organizations mus	t comple	te this p	art.) See instruction	ons.
	organization is not a private found						
1	A church, convention of church						
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E.)				
3	☐ A hospital or a cooperative ho						
4	A medical research organization	on operated in c	onjunction with a hos	pital desc	enbed in	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and stat						
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	tal unit described in
6 7	 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 						
8	☐ A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	receives: (1) moderated to its exempted and	ore than 331/3% of its functions—subject to unrelated business	support o certain taxable i	exceptio income (ns, and (2) no more less section 511 ta	e than 331/3% of its
10	☐ An organization organized and	d operated exclu	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
11	An organization organized and one or more publicly supported	d organizations of	described in section 5	09(a)(1) c	r section	509(a)(2). See sect	ion 509(a)(3). Check
	the box in lines 11a through 11		• • • • • •			•	
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.						
b	Type II. A supporting organic control or management of the organization(s). You must control or management of the organization organization organization.	e supporting or	ganization vested in th				
c	Type III functionally integrality its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organ	ization generally must	satisfy a	distributi	ion requirement and	
е		ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f	Enter the number of supported				J		1
g							• •
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the d	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(Sec instructions))	Yes	No		
(A)	Long Beach High School	64-0444697	6 - school			180820	
(B)		<u> </u>					
(C)							
(D)							
(E)							
Total	<u></u>		İ	I	ļ	f I	

Schedu	ale A (Form 990 or 990-EZ) 2014						Page 2
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to q	
Sect	ion A. Public Support	, quality array		x.o. 20.011, p	iodos compi	<u> </u>	
$\overline{}$	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	ļ <u> </u>				<u> </u>	-}
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	()	l <u>.</u>		<u> </u>	<u> </u>	
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop her	e organization	n's first, secon	d, third, fourth	, or fifth tax y		
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2014 (line 6					14	%
15	Public support percentage from 2013 Sch					15	<u>%</u>
16a	331/3% support test—2014. If the organization qual						
b	331/2% support test—2013. If the organicheck this box and stop here. The organicheck this box and stop here.	ization did no	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumsta ımstances" tes	nces" test, che st. The organiza	eck this box ar ation qualifies	nd stop here. as a publicly s	Explain in supported

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.)

	if the Organization falls to quality	under the te	sta listed bei	ow, please co	Jinpiete Fait	ıv. <i>)</i>		· · · · · · · · · · · · · · · · · · ·
	on A. Public Support		T	T	T	1 -		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2	2014	(f) Total
1	Gifts, grants, contributions, and membership fees			•				
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise							
_	sold or services performed, or facilities						Ī	
	furnished in any activity that is related to the						ł	
3	organization's tax-exempt purpose		 	ļ	 			
3	unrelated trade or business under section 513							
4	Tax revenues levied for the		ļ	İ				
7	organization's benefit and either paid						1	
	to or expended on its behalf		}	1			İ	
5	The value of services or facilities							
•	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							-
	Amounts included on lines 1, 2, and 3							
	received from disqualified persons .							
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support (Subtract line 7c from							
O1	line 6.)		<u> </u>	L	L.,			
	on B. Total Support	(-) 0010	#-> 0044	(-) 0040	(-1) 0040	(-) ((0 T-1-1
Calen 9	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2	2014	(f) Total
10a								
iva	payments received on securities loans, rents,							
	royalties and income from similar sources .							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses						1	
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business		:					
	activities not included in line 10b, whether							
	or not the business is regularly carried on		<u> </u>					
12	Other income. Do not include gain or							
	loss from the sale of capital assets						-	
	(Explain in Part VI.)						1	
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is for the	-						`````
I	organization, check this box and stop her			· · · · ·		•••	<u> </u>	· · • 📙
	on C. Computation of Public Suppor			0 ashum (6)				
15 16	Public support percentage for 2014 (line 8					15		<u>%</u>
16 Section	Public support percentage from 2013 Schoon D. Computation of Investment Inc					16		<u> </u>
17	Investment income percentage for 2014 (I			v line 13 colur	nn (fl)	17		%
18	Investment income percentage for 2014 (18		
19a	331/3% support tests—2014. If the organi						n 331/3%	
	17 is not more than 331/3%, check this box							
b	331/3% support tests—2013. If the organize							
_	line 18 is not more than 331/3%, check this b	ox and stop h	ere. The organi	zation qualifies	as a publicly su	pporte	d organi	zation \blacktriangleright
20	Private foundation. If the organization did							

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Castian	A AII	Cumparting	Organi	-ations
Section	A. All	Supporting	ı Organı	zauons

ecti	on A. All Supporting Organizations		,	,
1	Are all of the organization's supported organizations listed by name In the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	•	,
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		•
b		3b		-
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		•
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		•
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		v
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		/
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		4
c b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI . Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	9b		/
l0a	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	9с		<u> </u>
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		/
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	}	•

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		_ ا
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		1
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		1
	ion B. Type I Supporting Organizations	1110	<u>. </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		•	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_	ĺ	
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	لـــــــــــــــــــــــــــــــــــــ	L	٠
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
^		1	-	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		1
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		. •
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		V
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	ctions	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	_		
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructio	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		l	
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		İ	
	that these activities constituted substantially all of its activities.	2a	,	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	24	•	
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		ļ	
	activities but for the organization's involvement.	2b	•	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	, /	1	
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	İ	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization of the containing o			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	· · · · · · · · · · · · · · · · · · ·	
6 Portion of operating expenses paid or incurred for production or		- · · · · · · · · · · · · · · · · · · ·	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	ł		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	······································	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		· · · · · · · · · · · · · · · · · · ·	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	,	
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	 	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	· · · · · · · · · · · · · · · · · · ·	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-int	egrated Type III support	ng organization (see
instructions).			

Part		3) Supporting Organ	izations (continuea)	†
	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish	····		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	nizatione		
4	Amounts paid to acquire exempt-use assets	ooses of supported orga	ilizations	
	Qualified set-aside amounts (prior IRS approval required)			·····
6	Other distributions (describe in Part VI). See instructions.	·		<u></u>
7	Total annual distributions. Add lines 1 through 6.	<u> </u>		
8	Distributions to attentive supported organizations to which	h the emenization is me		
0	(provide details in Part VI). See instructions.	on the organization is res	sponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
<u> </u>			(ii)	(iii)
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
	Excess distributions carryover, if any, to 2014.			
<u>а</u> b				
				
<u>c</u>				
— е	From 2013			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>;</u>	Carryover from 2009 not applied (see instructions)			
— i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С			-	
d	Excess from 2013			
е	Excess from 2014			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Section E, Line 2a
Supported organization Long Beach High School (EIN. 64-0444697) (a public charity under section 509(a)(2))
The Long Beach Concert Choir Association (LBCCA) is an organization comprised of interested parents, family members, alumni, and friends who give
their support to the Long Beach High School (a public funded school) Choral Program in Long Beach, Mississippi Funding for the choral events is
provided through student activity fees, fundraising events, and donations from the local community and businesses LBCCA assists the choral director
with fundraising, transportation, and organizational duties that aide in furthering the musical education of the high school students. LBCCA serves as a
a means of communication to keep parents of choral music students informed of on-going activities and projects. LBCCA provides assistance with
choir expenses for students with financial hardships to ensure every student has the opportunity to fully participate
The activities of LBCCA correlate with and are in direct support of the activities of the high school choral program. The regular choral activities fall
broadly under four categories performances, contests, honor choir, and fundraising Other activities include College Scholarships, Choral Performance
Tours, and Website LBCCA works closely with the choral director to organize all event logistics and handles all costs for these events.
Section E, Line 2b
The supported organization does not have the financial or personnel resources to perform the activities required for maintaining a productive
and educational high school choral program

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

Long	Beach Concert Choir Association,					I	-0602143
Par	Form 990-EZ filers are r	ot required to	complete	this part.			line 17.
1	Indicate whether the organization	n raised funds	through any	of the follo	owing activities. C	check all that apply.	
а			е [☐ Solicitat	ion of non-govern	ment grants	
b	☐ Internet and email solicitatio	ns	f [ion of governmen		
С	☐ Phone solicitations		g [fundraising events	_	
d	☐ In-person solicitations		9 -	p	,	-	
2a	Did the organization have a writ	ten or oral agre	ement with	any indivi	dual (including of	ficers directors trus	tees
	or key employees listed in Form						
b	If "Yes," list the ten highest paid compensated at least \$5,000 by	individuals or	entities (fun				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	······		Yes	No		COI. (I)	
1							
_2							
_ 3			_				
4							
- 5			 				<u> </u>
- 6							
- 7	<u> </u>						
8							ļ
	······································		<u> </u>		-		
9							
10							
 Total				•			
3	List all states in which the orga registration or licensing.	nization is regis	tered or lic	ensed to s	olicit contribution	s or has been notific	ed it is exempt from
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
							·
			••				
							,_+

P	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions	ion answered "Yes" to and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with		
			(a) Event #1 "Door-to-door" Sales (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))		
Revenue	1	Gross receipts	3096			3096		
Œ	2	Less: Contributions	0			0		
	3	Gross income (line 1 minus line 2)	3096			3096		
	4	Cash prizes	0			0		
Direct Expenses	5	Noncash prizes	0			0		
	6	Rent/facility costs	0			0		
	7	Food and beverages	0			0		
Direct	8	Entertainment	0			0		
	9	Other direct expenses .	9298			9298		
	10 11	Direct expense summary. Ad Net income summary. Subtra				9298 (6202)		
Pa	rt III		organization answer			I		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
-Be	1	Gross revenue						
ses	2	Cash prizes						
Expen	3	Noncash prizes		1.0				
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses .						
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No			
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary	v. Subtract line 7 from li	ne 1, column (d)		· · · · · ·		
	a Ist	nter the state(s) in which the org the organization licensed to co	ganization conducts gai	ming activities:		🗌 Yes 🗌 No		
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax years.  If "Yes," explain:				•	<del></del>			

schedu	ile G (Form 990 or 990-EZ) 2014 Page \$
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
þ	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ lif "Yes," enter name and address of the third party:
	Name ▶
	Address►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
	***************************************

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

## 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.

OMB No. 1545-0047 20**14** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Long Beach Concert Choir Association, Inc.	64-0602143				
Part I, Line 1 - Contributions, Gifts, Grants, and Similar Amounts: \$946.58					
Sponsorships & Donations: \$130.00					
Fundraising (contribution report within parentheses on line 6b): \$816.58					
Part I, Line 2 - Program service revenue: \$75912.76					
Traveler payments for choir performance tour in Austria & Switzerland, June 1-10, 2014: \$71237.93					
Student & Adult fees for Attire, Activities, Choral Contests, & Honor Choir: \$4047.83	Student & Adult fees for Attire, Activities, Choral Contests, & Honor Choir: \$4047.83				
Performance events by choral department (admissions, ticket sales, program ads, concessions): \$627	7.00				
***************************************					
Part I, Line 16 - Other Expenses: \$181184.44					
Program service expenses (described in Part III): \$180819.83					
Miscellaneous expenses (bank fees, director gifts, p.o. box, refunds, web site hosting): \$364.61					
Part III, Line 31/31a - Other Program Services: \$3852.22					
Choral Contests & Honor Choir Events: 2758.36	·				
Music Supplies: \$754.92					
Choral Attire & Alterations: \$252.00					
Music Equipment: \$86.94					