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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)

OMB No. 1545-1150

Open to Public Inspection

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.

Ā	For the	2014 calenda	ar year, or tax year beginning January 1 , 2014, and ending	Dec	ember 31	, 20 14		
В	B Check if applicable. C Name of organization D Er			D Empl	D Employer identification number			
Address change Prescott Pops Symphony			Prescott Pops Symphony		86-070)475		
	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telep	hone number			
밁	Initial retur	PO Box 10231			928-759-9255			
H	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Grou	F Group Exemption			
Ħ	Application		Prescott, AZ 86304-0231	Num	nber 🕨			
G	Account	ing Method:	☐ Cash ☑ Accrual Other (specify) ► H	Check I	▶ ☑ if the c	rganization is not		
1 1	Website	:Ď wu	IW. prescottpops. com		to attach So	•		
J 1	ax-exem		eck only one) — 🗹 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 9	90, 990-EZ, d	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	d assets		-		
(Pa	ırt II, colu		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	▶ \$	81582		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	ctions for I	Part I)		
		Check if	the organization used Schedule O to respond to any question in this Part					
	1	Contribution	ons, gifts, grants, and similar amounts received		1	27026		
	2	Program s	ervice revenue including government fees and contracts		2	54557		
	3	Membersh	ip dues and assessments		3			
	4	Investmen	tincome		4			
	5a		ount from sale of assets other than inventory 5a					
	b		or other basis and sales expenses					
	6		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
e e	а		ome from gaming (attach Schedule G if greater than					
Revenue	b	from fundr	me from fundraising events (not including \$ of contribution aising events reported on line 1) (attach Schedule G if the					
\mathbb{D}			ch gross income and contributions exceeds \$15,000) 6b	3620				
	l c		et expenses from gaming and fundraising events 6c	2027				
	d	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	otract	6d	1593		
	7a	Gross sale	s of inventory, less returns and allowances					
	b		of goods sold					
	C		it or (loss) from sales of inventory (Subtract line 7) from line 7a)		7c			
	8		nue (describe in Schedule O) /	• •	8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	83176		
	10		d similar amounts paid (list in Schedule O)	• •	10	30700		
	11	•	aid to or for members	• •	11			
Expenses	12		ther compensation, and employee benefits	• •	12	1947		
ě	13		al fees and other payments to independent contractors	• •	13	1316		
2	. 14	-	y, rent, utilities, and maintenance	• •	14 15	2835 8439		
ш	1		ublications, postage, and shipping	• •		61066		
	16	-	enses (describe in Schedule O)		16 17	104357		
Net Assets	17		enses. Add lines 10 through 16		18	-21181		
	18 19		s or fund balances at beginning of year (from line 27, column (A)) (must agre	 e with	10	-21161		
	'		ar figure reported on prior year's return)		19	31013		
	20	-	nges in net assets or fund balances (explain in Schedule O)	- •	20	31013		
	21		or fund balances at end of year. Combine lines 18 through 20		21	9834		
_		101 033013	the Ast Matter and the great this state of the state of t			990-E7 (0014)		

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			F
	monactions for fact ty chook in the digamization about confedence of to respond to any question in the	, ait	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		~
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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		v
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		,
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		V
b 39 a b 40a	## Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	38a		
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 that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		· · ·
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d e	40c reimbursed by the organization			
	transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed Arizona The averagination to a large and the large are a few large and the large are a few large ar	928-75	0.025	F
42a	· · · · · · · · · · · · · · · · · · ·	86327		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1.00	· · ·
	If "Yes," enter the name of the foreign country: ▶			
	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	<u></u>	v
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	• •	.	▶ 🗆
			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	_	Ž
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		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		V
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
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)	45b		,

ronn 990-	-EZ (2014)						۲	age 4	
40 [indunation in malianal a					Yes	No	
	Did the organization engage, directly or to candidates for public office? If "Yes,"								
Part V		ns only					or line		
	Check if the organization used S	chedule O to respond	d to any question in	this Part VI					
							Yes	No	
	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, Pa		section 501(h) election	on in effect o	luring the	tax 47		>	
	s the organization a school as described					. 48		/	
	Did the organization make any transfers								
	If "Yes," was the related organization a Complete this table for the organization					. 49b		d kov	
	employees) who each received more the								
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health I contributions t benefit plans, a compen	penefits, o employee and deferred	(e) Estimate other com	ed amou	ınt of	
None									
				+					
				 	·				
						r			
51 (Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization and business address of each independent of the compensation from the organization from the	n's five highest comp ganization. If there is no	ensated independent			received		than	
None			 		<u> </u>			_	
	······································	·							
				Ì					
		· · · · · · · · · · · · · · · · · · ·							
- ر	Total number of other independent	rootors cook receive	over \$100,000						
	Total number of other independent conf Did the organization complete Schei	_		nuzatione m	uet attack				
	completed Schedule A	· · · · · · · · ·				.► ✓ Yes		ok	
Under per	nalties of perjury, I declare that I have examined the	s return, including accompar	rying schedules and statem	ents, and to the				ıt ıs	
true, corre	ect, and complete. Declaration of preparer (other the	nan officer) is based on all info	ormation of which preparer	has any knowled	ge.				
C:	April 2, 2015								
Sign Here	Signature of Officer () John Agan, Treasurer								
	Type or print name and title	Description	· · · · · · · · · · · · · · · · · · ·	-4-		I none:			
Paid	Print/Type preparer's name	Preparer's signature	l Di	ate	Check	· •			
Prepa	1 = .		. <u> </u>	· · · · · · · · · · · · · · · · · · ·	self-emplo	yeu			
Use O	Inly Firm's name ► Firm's address ►				's EIN ▶ ne no				
May the	e IRS discuss this return with the prepar	er shown above? See	instructions			► ☐ Yes	<u> </u>	ok	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name	ame of the organization Employer identification number							
Prescott Pops Symphony							86-07	00475
Pa	tΙ	Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The o	ne organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)							
1		A church, convention of church			ibed in se	ection 17	0(b)(1)(A)(ī).	
2		A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E.)				
3		A hospital or a cooperative hos						
4		A medical research organization hospital's name, city, and state	-	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5		An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6		A federal, state, or local govern	nment or govern	mental unit described	l in secti o	on 170(b)	(1)(A)(v).	
7	V	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	the general public
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		An organization that normally	receives: (1) mo	re than 331/3% of its	support	from con	tributions, members	hip fees, and gross
		receipts from activities related	to its exempt	functions—subject to	certain	exception	ns, and (2) no more	than 331/3% of its
		support from gross investme						x) from businesses
		acquired by the organization at	fter June 30, 197	75. See section 509(a	1)(2). (Co	nplete Pa	art III.)	
10		An organization organized and		-	_			
11	Ц	An organization organized and	•	-	•		•	
		one or more publicly supported	•				, ,, ,	· · · ·
		the box in lines 11a through 11c			•		•	. •
а	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 organiz	ation supervised	d or controlled in con	nection w	ith its su	pported organization	n(s), by having
		control or management of the	•				•	
		organization(s). You must co	mplete Part IV,	Sections A and C.	·			
C	[Type III functionally integra its supported organization(s)						y integrated with,
d	[☐ Type III non-functionally int	egrated. A supp	oorting organization o	perated i	n connec	tion with its support	ed organization(s)
		that is not functionally integra	ated. The organiz	zation generally must	satisfy a	dıstributı	on requirement and	
		requirement (see instructions). You must cor	mplete Part IV, Secti	ons A an	d D, and	Part V.	
е		Check this box if the organize						I, Type III
		functionally integrated, or Ty		onally integrated supp	orting or	ganizatio	n.	
f		nter the number of supported of						
9		rovide the following information					r	
	(i) I	Name of supported organization	(ii) EIN	(described on lines 1–9 above or IRC section	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				(see instructions))	Yes	No		
		··			165	140		
(A)		·			i 			
(B)								
(C)			-					
(D)								
(E)								
		·		- All 184 -	 	J 25 88	 	

Total

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total grants, contributions, Gifts, membership fees received. (Do not include any "unusual grants.") . . . 18317 16238 16295 23276 25189 99315 levied 2 revenues for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 18317 Total. Add lines 1 through 3. . . . 16238 16295 23276 25189 99315 The portion of total contributions by each person (other than unit governmental or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2014 Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (f) Total 18317 16238 16295 23276 7 Amounts from line 4 25189 99315 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 20 27 47 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.) Total support. Add lines 7 through 10 11 99362 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 99.95 % 14 14 Public support percentage from 2013 Schedule A, Part II, line 14 99.82 % 15 15 331/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this \square 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported \Box b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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SCHEDULE 0 (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

Open to Public Inspection

86-0700475

Department of the Treasury Internal Revenue Service

Prescott Pops Symphony

➤ 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.

Name of the organization Employer identification number

PRESCOTT POPS SYMPHONY 86-0700475

	2014
Advertising	201
Bank charges	332
Dues	911
Hospitality	45
Insurance	1919
Music	4403
Performers	3150
Student Orchestra	42135
Ticket Commissions	6858
Usher Staff	1005
Website	107
	61066

Prescott Pops Symphony 86-0700475

Schedule O (Form 990EZ)

Form 990EZ, Part 1, Line 10 Grants and Similar Amounts Paid **Class: Music Grants Grantee Relationships: None**

Grantee's Name and Address		Amount
Mile High Middle School	300 S. Granite St., Prescott, AZ 86303	\$ 4,500
Granite Mountain Middle School	1800 Williamson Valley Rd., Prescott, AZ 86305	\$ 4,500
Parkview Middle School	9030 E. Florentine Rd., Prescott Valley, AZ 86314	\$ 500
Mountain Oak School	1455 Willow Creek Rd., Prescott, AZ 86301	\$ 2,000
Acorn Montessori School	8556 E. Loos Dr., Prescott Valley, AZ 86314	\$ 1,000
Chino Valley Middle School	760 E. Center St., Chino Valley, AZ 86323	\$ 2,000
Franklin Phonetic School	6116 Highway 69, Prescott Valley, AZ 86314	\$ 2,000
Prescott High School	1050 Ruth St., Prescott, AZ 86301	\$ 4,000
Glassford Hill Middle School	6901 Panther Pass, Prescott Valley, AZ 86314	\$ 2,500
Liberty Traditional School	3300 Lake Valley Rd., Prescott Valley, AZ 86314	\$ 2,500
Bradshaw Mountain Middle School	12255 E. Turquoise Circle, Dewey, AZ 86327	\$ 1,000
Tri-City College Prep High School	5522 Side Rd., Prescott, AZ 86301	\$ 1,000
Music Scholarships to individuals - none	over \$500 - no grantee relationships	\$ 3,200