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SCANNED OCT 1 4 2015

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

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Inspection ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2014 calenda	ar year, or tax year beginning	JULY 1	, 2014, a	ınd ending		JNE 30	, 20	15		
Bc	heck if ap					oyer ide	entification numbe	er				
₽′	Address ct	OKEEN WEEE ONO THE SOOIE IT AND NEW CAROLINA SINI CHIA							3 7354442			
=	Name char							hone nu	mber			
_	ndad retur		PO BOX 1357					252	2.756.6451			
=	-inai retum Amended i	n/terminated	City or town, state or province, country, an	d ZIP or foreign postal code		_	F Grou	roup Exemption				
=	Application		GREENVILLE, NC 27835				Num	ber >	•			
		ing Method:	✓ Cash	cify) ►		н	Check I	▶ ∏if	the organization	o is not		
	ebsite:	•	V.GREENVILLECHORALSOCIETY.CO	м					ich Schedule B			
			eck only one) — 2 501(c)(3) 501(c)		4947(a)(1) or	□ 527	•		-EZ, or 990-PF).	-		
			: Corporation Trust	Association	Other							
			7b to line 9 to determine gross receipt:			ore, or if tota	lassets					
			w) are \$500,000 or more, file Form 990					▶ &				
	art I		e, Expenses, and Changes in				inetru	tions.	for Part I)			
	11 (4)		the organization used Schedule			-			-	. 🗸		
	4				question	Tuisraiti	· ·	1	· · · · · ·			
	1		ons, gifts, grants, and similar amou				- •	2		58,022		
	2	-	ervice revenue including governme							1,705		
	3		nip dues and assessments				• •	3		0		
	4	Investment					• •	4		1,782		
	5a		ount from sale of assets other than	•			. 0					
	b		or other basis and sales expenses ss) from sale of assets other than it				0					
	6	Gain or (los Gaming an		5c		0						
	а	Gross inc	come from gaming (attach Sche	dule G if greater t	han							
Revenue		\$15,000)		0								
Š	b	Gross inco	ns	1								
æ			raising events reported on line 1) (1 1							
	}						10,542					
	C											
	ď		ie or (loss) from gaming and fund	raising events (add li	nes ba and	6b and su	btract					
		line 6c)						6d		10,542		
	7a		es of inventory, less returns and allo		7a 7b		0					
	b		•		0							
	C		fit or (loss) from sales of inventory (Subtract line 7b from	line 7a) .			7c		0		
	8							8		2,880		
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7			<u></u>	<u>. ▶</u>	9		74,931		
	10		d similar amounts paid (list in Sche		· ·			10		0		
	11	Benefits pa	aid to or for members	- CENTER)· · / ·			11		0		
98	12	Salaries, o	ther compensation, and employee	benefits	721			12		23,538		
ŝ	13							13		20,470		
Expense	14	Occupanc	cy, rent, utilities, and maintenande	103.0.8.00	. / (i) . C			14		5,970		
ŋ	15	Printing, publications, postage, and shipping SEP. 3. V. S								3,377		
	16		enses (describe in Schedule O) 🚶	المالات	1			16		12,649		
	17	Total expe	enses. Add lines 10 through 16 .	OCALAY,	بسبيي	· · · ·	. ▶	17		66,004		
g)	18		(deficit) for the year (Subtract line)					18		8,927		
Net Assets	19											
AS	-	end-of-yea	ar figure reported on prior year's re	tum)				19		77,162		
e	20	Other char	nges in net assets or fund balance	s (explain in Schedule	O)			20		(1,367)		
Z	21		s or fund balances at end of year. O			<u> </u>	. •	21		84,722		
Eor	Danon		tion Act Notice see the senarate ins			No. 106421			Form 990-E2	Z (2014)		

Page 2	
<u> </u>	
year	
84.722	

Form 990-EZ (2	(014
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						· ugo =
Pa						
	Check if the organization used Schedule	O to respond to a		Part II	• •	(B) End of year
22	Cash, savings, and investments		- -	77,162	22	``
23	Land and buildings		-	0	23	<u>84,722</u> 0
24	Other assets (describe in Schedule O)			ol		0
25	Total assets			77,162	_	84,722
26	Total liabilities (describe in Schedule O)		[0		0
27	Net assets or fund balances (line 27 of column			77,162	27	84,722
Par		•		, i		_
	Check if the organization used Schedule				/Re	Expenses guired for section
Wha	t is the organization's primary exempt purpose?	PUBLIC CHORAL AN	ID ORCHESTRAL PE	RFORMANCES	501	(c)(3) and 501(c)(4)
	cribe the organization's program service accompli				_	anizations; optional for ers.)
	neasured by expenses. In a clear and concise mons benefited, and other relevant information for each		e services provided,	, the number of	Out	a.s.,
	HOLIDAY CONCERT IN GREENVILLE, NC WITH 30 P		ND SOI DISTS FOR A	N AUDIENCE OF		T
	600 PEOPLE	ILCE ORCHESTRA A	ND SOLOISTS FOR A	IN AUDILINOL OF		
	300 / LOI LL					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	22,916
29	SPRING CONCERT IN GREENVILLE, NC WITH 30 PIE	CE ORCHESTRA AN	D SOLOISTS FOR AN	AUDIENCE		
	OF 300 PEOPLE					
			•••			
	·		ants, check here .	<u> ▶ ⊔</u>	298	17,963
30	CHILDREN AND YOUT SPRING CONCERT FOR AN A	NUDIENCE OF 200 PE	OPLE			

	(Grants \$) If this amount	includes foreign gr	ants, check here .	▶ □	30a	6,266
31	Other program services (describe in Schedule O)					0,200
	, ,	includes foreign gra	ants, check here .	▶ □ │	31a	0
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	47,145
Par	t IV List of Officers, Directors, Trustees, and Ke				stru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a			<u> </u>	· · · · <u> </u>
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employe		
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
MAD.	GE THOMPSON	 	(interpretation of		+-	
	SIDENT	3	0		ام	0
	LA MITRA	<u> </u>	<u> </u>		1	<u></u>
	SIDENT-ELECT	1	0		0	0
	HODGES				T	
TRE	ASURER	3	0	. (0	0
ROS	E MCMAHAN					
SEC	RETARY	1	0	1	0	0
GRE	G BALDWIN	-			1	
DIRE	CTOR	1	0		<u> </u>	0
	VE ROW	-	_			_
	CTOR	1		<u> </u>	<u> </u>	0
	NNA JOHNSON	- _				•
	CYSTUDGE	2	0		<u> </u>	0
	CY STURGIS CCTOR	- ,	0		٥	0
	TUTINO	1	†		+	
	CCTOR	1	o	İ	0	0
	ABETH ROGERS		1		+	
	ERAL MANAGER	5	2000		0	0
					T	
			ļ		\perp	
		_				
			1	L		

Part				
·	instructions for Part'V) Check if the organization used Schedule O to respond to any question in this	Part	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		-163	110
	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	35b		√
c	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	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		1
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?	37b		✓,
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b 40=	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 ▶			
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		 ¹
С	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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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		1
41	List the states with which a copy of this return is filed ▶			
42a		252.75		1
h	Located at ► 111 ASBURY RD GREENVILLE, NC ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	271	Yes	No
, D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	163	√
	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		✓
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	٠.	•	▶ 🗆
			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		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1
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)	45b		1

Page	4
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	to can	e organization engage, directly or in didates for public office? If "Yes," c	omplete Schedule C,	ampaign activities or Part I	behalf of c	r in opposr	tion 4	5	√		
Part \	_ /	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.		stions 47-49b and	52, and co	omplete th	e tables	for lin	es		
		Check if the organization used Sch	nedule O to respond	to any question in t	this Part VI	<u> </u>	<u> </u>	., .	<u>, D</u>		
48 49a b 50	year? Is the Did th If "Yes Comp	ne organization engage in lobbying If "Yes," complete Schedule C, Part organization a school as described in e organization make any transfers to s," was the related organization a selete this table for the organization's eyees) who each received more than	till	i)? If "Yes," complete ritable related organi in?	Schedule Ezation?		. 49 . 49 tors, trus	a b tees ar	√ √ √ nd key		
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans	n benefits, s to employee , and deferred ensation	(e) Estim		unt of		
NONE											
51	Comp \$100,	number of other employees paid ow plete this table for the organization' 000 of compensation from the organ Name and business address of each independent	s five highest compenization. If there is no	ensated independent		<u> </u>	h receive		e than		
NONE							· ·	· · · · <u>-</u> · · ·			
d 52	Did t	number of other independent contra he organization complete Scheduleted Schedule A	_					es 🗆	No		
Under pe	enalties		return, including accompar officer) is based on all info	iving schedules and staten	nents, and to th	e best of my k					
Sign		Signature of officer			Da	S·25.	/1				
Here		WILLIAM HODGES, JR TREASUR Type or print name and title	ER			,					
Paid	ores	Print/Type preparer's name	Preparer's signature	C	Pate	Check C self-empl		N			
Prepa Use (Firm's name ▶			Fit	m's ElN ▶	•				
		Firm's address > Phone no.									

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ 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	of the organization					Employer identification	number
GREE	ENVILLE CHORAL SOCIETY AND NEV	N CAROLINA SIN	IFONIA			23 73	54442
Pai	rt I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The d	organization is not a private foundat	tion because it is	s: (For lines 1 through	11, chec	k only or	ne box.)	
1	A church, convention of church			bed in se	ction 17	0(b)(1)(A)(i).	
2	A school described in section						
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	ection 170(b)(1)(A)(iii). Enter the
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	al unit described in
6	☐ A federal, state, or local govern	ment or governi	mental unit described	in sectio	n 170(b)	(1)(A)(v).	
7	An organization that normally redescribed in section 170(b)(1)(receives a subst	tantial part of its sup				the general public
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete i	Part II.)			
9	☐ An organization that normally r			-	rom con	tributions members	hin fees, and gross
	receipts from activities related						
	support from gross investmer acquired by the organization af	nt income and	unrelated business t	taxable i	ncome (le	ess section 511 tax	
10	An organization organized and					•	
11	☐ An organization organized and o		-	-			out the nurnoses of
•	one or more publicly supported the box in lines 11a through 11d	organizations de	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
a				_		•	-
_	the supported organization(s) organization. You must com	the power to re	gularly appoint or ele				
b				nection w	ith its sui	pported organization	n(s) by having
_	control or management of the organization(s). You must co	e supporting org	anization vested in th				
С		ted. A supportin	ng organization operat				y integrated with,
d	I ☐ 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 requirement (see instructions)	ated. The organiz	zation generally must	satisfy a	distributı	on requirement and	• • • • • • • • • • • • • • • • • • • •
е	Check this box if the organization functionally integrated, or Type						I, Type III
f			, ,,,,	· · · · · · · · · · · · · · · · · · ·	9		
g			orted organization(s).	· · ·			• •
<u>_</u>	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		roanization	(v) Amount of monetary	(vi) Amount of
		(,	(described on lines 1-9	listed in you	ır goveming	support (see	other support (see
			above or IRC section (see instructions))	docui	ment?	instructions)	instructions)
			(See Biodidoloris))	Yes	No		
(A)		•					
(B)							
		· · · · · · · · · · · · · · · · · · ·					
(C)							
(D)							
(E)							

Total

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 qualify 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 (d) 2013 (e) 2014 (f) Total (c) 2012 Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . 41698 24680 49383 50469 48493 214723 revenues levied for organization's benefit and either paid to or expended on its behalf . . . 0 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge O O 0 Total. Add lines 1 through 3. . . . 41698 24680 49383 50469 48493 214723 The portion of total contributions by each person (other governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 98248 Public support. Subtract line 5 from line 4. 116475 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 7 41698 24680 49383 50469 48493 214723 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources 1702 1778 1780 1781 1782 8823 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 19261 20325 23762 19544 19684 102576 11 Total support. Add lines 7 through 10 326122 Gross receipts from related activities, etc. (see instructions) 12 24850 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 36 % 14 Public support percentage from 2013 Schedule A, Part II, line 14 15 35 % 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 b 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 \square 17a 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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.)

017	- A Darblic Comment			, , , , , , , , , , , , , , , , , , , ,		,	
	on A. Public Support	() 0040	0.0044	430040	4 5 0040	4.3.0044	(5
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the			,			
7	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$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						
C4	line 6.)			l			
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(-0.0012	(a) 2014	/O Total
Calen 9	Amounts from line 6	(a) 2010	(0) 2011	(0) 2012	(d) 2013	(e) 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				ļ		
	acquired after June 30, 1975			1			
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether				1		
	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						
40	(Explain in Part VI.)		ļ		-	ļ	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the				-		
Cant	organization, check this box and stop he			• • • • •	• • • • •	• • • •	· · · <u>P</u> [
15	on C. Computation of Public Suppor Public support percentage for 2014 (line 8			2 column (fl)		15	0/
16	Public support percentage from 2013 Sch	. ,,	•	,,			<u> </u>
	on D. Computation of Investment In			<u> </u>	· · · · · · · · · · · · · · · · · · ·		70
17	Investment income percentage for 2014 (v line 13. colu	mn (fl)	17	%
18	Investment income percentage from 2013			-			
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box						•
ь	331/s% support tests-2013. If the organiz		_		- · · ·	_	_
_	line 18 is not more than 331/3%, check this						·
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ictions ▶ □

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.)

Section	A. Ali	Suppo	orting	Organizations
---------	--------	-------	--------	----------------------

ecti	on A. All Supporting Organizations		Yes	No
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 class or purpose, describe the designation. If historic and continuing relationship, explain.	1	162	140
2	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	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	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		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.	40 4c		
5a	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 filling organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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		
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? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (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		

Schedul	e A (Full 1990 to 1990-122) 2014		r	age J
Part	V Supporting Organizations (continued)			
		r	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			i
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<u> </u>
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	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		
Section	on B. Type I Supporting Organizations		Yes	Nic
1	Did the directors, trustees, or membership of one or more supported examinations have the newer to		res	No
•	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]		Ι.
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			i
	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).			
Co ati		1		Ь
Secu	on D. All Type III Supporting Organizations		Voc	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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		
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			1 :
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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	1		
	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		L
Secti	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 i	nstru	ction	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.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	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			
	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			[i
	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			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	}		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		<u> </u>
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			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		ļ	ز ۔ ۔۔ ا
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
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):					
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	1		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 instructions).	ly-in	tegrated Type III support	ing organization (see		

Part		B) Supporting Organi	zations (continued)	
Secti	on 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			
	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which			
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2014 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		
10	Line 8 amount divided by Line 9 amount	<u> </u>	(a)	(:=A
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) 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:			
a			<u></u> .,	
<u>b</u>				
С	ļ			
d	1			
<u>e</u>	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	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:			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2014 distributable amount			
C	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	T			
b				
С				
d	Excess from 2013			
e	Excess from 2014			

Schedule A /F	orm 990 or 990-EZ) 2014 Page
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.)
PART II LIN	
2010 OTHE	R FUNDRAISER - \$19261
2011 OTHE	R FUNDRAISER - \$20325
2012 OTHE	R FUNDRAISER - \$23762
2013 OTHE	R FUNDRAISER - \$19544
2014 OTHE	R FUNDRAISER - \$19684

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

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization	Employer identification number
GREENVILLE CHORAL SOCIETY AND NEW CAROLINA SINFONIA	23 7354442
990 EZ PART 1 LINE 8:OTHER REVENUE	
MUSIC PURCHASE - \$2111	
CONCERT ATTIRE - \$ 744	
RETURN CHECK FEE - \$ 25	
TOTAL COORD	
TOTAL - \$2880	
PART 1 LINE16: OTHER EXPENSES	
FART I LINE 10, OTHER EAFLINGES	
MUSIC PURCHASED - \$2447	
FUNDRAISING EXPENSES - \$3755	
OTHER EXPENSES - \$6447	
TOTAL - \$12649	
PART 1 LINE 20: UNREALIZED CAITAL GAIN(LOSS) - (\$1367)	
•••••••••••••••••••••••••••••••••••••••	

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