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# **Return of Organization Exempt From Income Tax**

14 555

OMB No 1545-0047

2014

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

	al Revenu	e Treasury Service ► Information about Form 990 and its instructions is at www	ı.irs.go	ov/form990	) <u>.                                    </u>	Inspect	tion
<u> </u>	or the	014 calendar year, or tax year beginning July 1 , 2014, and er			e 30	, 20 15	
3 (	heck if a	oplicable C Name of organization Arlington Master Chorale			D Employe	r identification n	umber
] A	ddress o	hange Doing business as				23-7390028	
] N	lame cha	nge Number and street (or P.O box if mail is not delivered to street address) Roon	n/suite	- 1	E Telephone	e number	
] 1	nitial retu	P O Box 459				817-460-7464	
] F	inal return	terminated City or town, state or province, country, and ZIP or foreign postal code		1			
] 4	mended	return Arlington, TX 76004			G Gross rec	ceipts \$	7223
] /	pplication	pending F Name and address of principal officer: Tom McGregor				ubordinates? 🔲 Yes	
		P O Box 459 Arlington, TX 76004				included? U Yes	
	ax-exem	ot status:	7	l If "No	o," attach a l	list. (see instructio	ons)
	Vebsite:				exemption r		
		panization:   Corporation Trust Association Other ► L Year of for	mation	1973	M State o	of legal domicile.	TX
Pa	rt I	Summary				<del> </del>	<del></del>
		Briefly describe the organization's mission or most significant activities: Pre		tion of fine	choral mu	usic	
2		o the general public. Adhering to the highest standards of excellence in perform	nance		·		
اع							
Governance		Check this box ▶☐ if the organization discontinued its operations or dispose				ts net assets.	
ଞ୍ଚ					3		2:
Activities &		lumber of independent voting members of the governing body (Part VI, line	16) .		4		2
		otal number of individuals employed in calendar year 2014 (Part V, line 2a)			5		
		otal number of volunteers (estimate if necessary)			6		10
⋖		otal unrelated business revenue from Part VIII, column (C), line 12			7a		
+	_ <u>b</u> _	let unrelated business taxable income from Form 990-T, line 34	<del></del>	Prior Ye	7b	Current Y	·
	_		-	Prior re		Current 10	
흵		Contributions and grants (Part VIII, line 1h)	-		71,049		49,39
Revenue		Program service revenue (Part VIII, line 2g)			11,580	· <del>·······</del>	19,20
2		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			2,956		3,09
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-13,488		-12,89
+		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12			72,137		58,79
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)					
_		Benefits paid to or for members (Part IX, column (A), line 4)			10.000		22.20
Expenses	16a	Calaries, other compensation, employee benefits (Part IX, column (A), The Calaries of 18) Professional fundraising fees (Part IX, column (A), The 116)	1		19,902		22,36
ᅙᆝ		otal fundraising expenses (Part IX, column (A), line 25)					<del></del>
<u>a</u>	17	Other expenses (Part IX, column (A), lines 11a-11d, (21-246) P. 2.8 2015	:   <del>S</del>		55,781		84
	18	otal expenses. Add lines 13–17 (must equal Part IX, eolumn (A), line 25)			75,683		34,69
- 1					-3,546		90
- 8		Revenue less expenses. Subtract line 18 from line 12 . OGDEN, UT	Bec	inning of Cu		End of Ye	
nd Balances	20	otal assets (Part X, line 16)	<u>                                   </u>		134,147		107,28
		otal liabilities (Part X, line 26)			25,150		1,19
		Net assets or fund balances Subtract line 21 from line 20			108,997		106,09
Pa	rt II	Signature Block					,
			stateme	nts, and to ti	he best of m	y knowledge and	d belief. it
true	correct	es of pegary, I detaile that I have examined this return, including accompanying schedules and s and complete the layer than of preparer (other than officer) is begind on all information of which pre	parer ha	as any knowl	edge	<del>_</del>	
		1 100 M/1/1/1/1/2		1			
Sig		Signature of officer		Da	te Q;	, ,	
ler		THOMAS A. M'GREGAR			1/21	12015	
		T∳pe or print name and title					
	d	Print/Type preparer's name Preparer's signature	Date		Check [	f PTIN	
نو(	u :pare:				self-emp		
	JOI C			Firm	ı's EIN ▶		
>re		( Fill 1 S Haine		Pho	ne no.		
Pre Jse	Only	Firm's address ▶					
Pre Use May	the IR	Firm's address ►  6 discuss this return with the preparer shown above? (see instructions)				<u></u> Ye	s 🗌 No
Use May	the IR	Firm's address ► 6 discuss this return with the preparer shown above? (see instructions)	at. No				990 (2014
Pre Use May	the IR	Firm's address ► 6 discuss this return with the preparer shown above? (see instructions)	at. No				
Pre Use May	the IR	Firm's address > Giscuss this return with the preparer shown above? (see instructions) .	at. No				

Form **990** (2014)

Form 99	90 (2014)	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Pa	art III
1	Briefly describe the organization's mission:	
	Presentation of fine choral music to the general public. Adhering to the highest sta	
2	Did the organization undertake any significant program services during the ye prior Form 990 or 990-EZ?	
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in h services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 54,191 including grants of \$	0) (Revenue \$ 19,200)
	2014-2015 Concert Season, with concerts in Fall, Holiday and Spring.	
	Performances also feature local students in choral programs.	
4b	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
40	(Expenses \$ including grants of \$ ) (Revenue	<b>D</b>
40	Total program service expenses ► 54,191	

Form **990** (2014)

art i	Checklist of Required Schedules		V T	<u> </u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," [ complete Schedule A	1	Yes ✓	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	✓	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>▼</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>✓</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	. 38	*	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓_
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>√</b>
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		<b>√</b>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a 14b		<b>✓</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	· · · · · · · · · · · · · · · · · · ·	20a	<u> </u>	<b>/</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	<u> </u>	[✓_
		For	m <b>99</b> 0	(2014)

Part I	V Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>✓</b>
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		1
		Fo	m <b>99</b>	<b>0</b> (2014)

Form 99	0 (2014)			Page \$
Part				
	Check if Schedule O contains a response or note to any line in this Part V	· ·	Yes	. L
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		165	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			ļ
b C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
·	reportable gaming (gambling) winnings to prize winners?	1c	1	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			$\vdash$
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	ľ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	<u></u>	✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	✓.
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	[		١,
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<del> </del>	<b>/</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	e h		1
-	gifts were not tax deductible?	6b		╁
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a	1	į
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	+-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<del>                                     </del>	-	†
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		<b></b>	1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			İ
	sponsonng organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<del> </del>	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	✓
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Section 501(c)(12) organizations. Enter:	1	1	
''	Gross income from members or shareholders	1	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	İ	
-	against amounts due or received from them.)	ł		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	'	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		ļ	

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . . b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ions.
Secti	on A. Governing Body and Management		Vac	Nic
4 -	Futer the number of victing marshau of the governing had at the and of the toy year		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 22  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6	Did the organization have members or stockholders?	6	1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<b>✓</b>	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.	,
0000	on B. Foliotes (This deciral briequests information about policide het required by the internal reven		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<b>†</b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	ļ	1
b	Other officers or key employees of the organization	15b	✓	<del>  </del>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<b>√</b>
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			ļ
	organization's exempt status with respect to such arrangements?	16b		1
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501	(c)(3):	s only
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the schedule	erest	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	:: ▶	
	Jean Cotellesse 1812 Evergreen Court Grapevine, TX 76051 817-475-9091	r	00	<b>0</b> (2014
		ror	いっつつ	<b>₩</b> (∠UI4

Form **990** (2014)

	•		
Part \	/11	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
		Independent Contractors	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization	ation nor any relate	d orga	aniz	atio	n co	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per	box,	ot ch unles	Posi eck is per	more rson	than out the thick the thi	an	(D)  Reportable compensation from	related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Tom McGregor	8.00									
President		1		1				0.00	0.00	0.00
(2) Patricia Stewart	4.00									
1st Vice President				✓				0.00	0.00	0.00
(3) Amy Harsha	4.00		Г							
2nd Vice President - Tickets		1	1	1	1		1	0.00	0.00	0.00
(4) Warren Hastings	4.00									
2nd Vice President - Ushers		1		✓		ŀ		0.00	0.00	0.00
(5) Valerie Gustin	4.00			Г	l					
3rd Vice President - Finances		1		✓	]			0.00	0.00	0.00
(6) Jean Cotellesse	8.00			Î						
Treasurer		1		<b>✓</b>				0.00	0.00	0.00
(7) Pam Durall	4.00				Г				1	
Secretary		1		<b>✓</b>				0.00	0.00	0.00
(8) Randy Jordan	10.00						П			
Choral Director		1.		l	1		<u> </u>	10,000	0.00	0.00
(9) D.J. Cawley	4.00						Π			
Hospitality		1		✓				0.00	0.00	0.00
(10) Tricia Jones	4.00	1					Π			
Hospitality	<u> </u>	1		1	1			0.00	0.00	0.00
(11) Amy Keller	4.00		Τ							
Membership		1		<b>√</b>	ļ	ĺ		0.00	0.00	0.00
(12) Brittany Bleistein	4.00		Т					-		
Fund Development		1		1				0.00	0.00	0.00
(13) Sandi Dietert	4.00	Π	Γ				П			
Librarian	<del>-</del>	1		1				0.00	0.00	0.00
(14) Teresa Vonder Haar	4.00			П						
Publicity	<b>_</b>	1		1				0.00	0.00	0.00

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (cor	tinued	)		
					(C Pos	C)								
	(A)		(do n				than c	one	(D)	(E)	1	•	F)	
	Name and title	Average hours per					is both		Reportable compensation	Reportable compensation fro	am		nated unt of	
		week (list any		_		_		<u> </u>	from	related			her	
		hours for related	Individual trustee or director	stit	Officer	Key employee	호	Former	the organization	organizations (W-2/1099-MIS(	) l	compe	nsauc n the	ЭΠ
		organizations	dual	tion	~	夏	yee c	4	(W-2/1099-MISC)	,	<u> </u>		ızatıo	
		below dotted line)	ੈ ਤੂੰ	al t		8	불	ŀ				and r	elated zation	
		,	stee	Institutional trustee		•	Highest compensated employee					3		
(15) C	ordon Smyth	4.00		L		$\vdash$	8.	-						
Publici		4.00	1		1				0.00	0.0	00			0.00
	ent Sherman	4.00			Ť	<u> </u>	<b></b>		0,00				-	0.00
Publici		† <del></del>	1		<b>✓</b>				0.00	0.0	00			0.00
	enna Schardt	4.00												
	nentarian	1	1		✓	1			0.00	0.	00			0.00
(18) Ma	t Wisbrock	4.00										-		
	ties - Men		l		✓				0.00	0.	00			0.00
(19) Ke	nt Rasmussen	4.00									1			
Proper	ties - Men			L	✓	<u> </u>			0.00	0.	00			0.00
(20) Di	ane Rasmussen	4.00												
Proper	ties - Women	<u> </u>	<u>.                                    </u>	<u> </u>	✓	<u> </u>		1_	0.00	0.	00			0.00
(21) Ke	rry Knox	4.00	ļ		١.		Ì	l		1				
Webm			<u> </u>	ļ	✓	<u> </u>	<b> </b>	ļ	0.00	0.	00			0.00
	y McGough	4.00			١,									
	resident	<u> </u>		-	✓	-	ļ	<del> </del>	0.00	0.	00			0.00
(23)		. <del>.</del>	ł				]	1			-			
(04)		<del> </del>	-	├	├	⊢		╀╌	+		+-			
(24)		+	1				ļ	1			-			
(25)		<u> </u>	<del>                                     </del>	$\vdash$	$\vdash$	1	<u> </u>							
3==1		·	1			1	1				1			
1b	Sub-total		• •	٠.	٠.			<b>&gt;</b>	10,000	0.	00		-	0.00
С	Total from continuation sheets to Part	VII, Sectio	n A					$\blacktriangleright$						
d	Total (add lines 1b and 1c)	<u> </u>			•			▶	10,000	0.	00			0.00
2	Total number of individuals (including bu reportable compensation from the organ		d to ti	nose	e lis	ted	abov	e) w	vho received m	ore than \$100	,000 c	of		
	Toportubio compendation from the organ	Lation											Yes	No
3	Did the organization list any former of	fficer, direc	tor, o	or ti	rust	ee,	key (	emp	ployee, or high	nest compens	ated			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	livid	ual					3		1
4	For any individual listed on line 1a, is the													
	organization and related organizations	•			-			-	•		such			
	ındıvidual										•	4	ļ	<b>✓</b>
5	Did any person listed on line 1a receive of for services rendered to the organization											_	-	,-
<u></u>		rii Yes, c	comp	iete	SCI	nea	uie J	IOF .	sucri person	· · · · ·	•	5		✓
	on B. Independent Contractors  Complete this table for your five highest		ed in	<del></del>			cont		toro that raceu	ad more than	\$100.0	200 01	<del></del>	
1	compensation from the organization. Re													tax
	year.	port compe	,, , <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	O	01 1	110		JUI	your chang w		J 0. gu		0	
	(A)								(B)			(C)		
	Name and business add	dress						1	Description of	services	C	ompens	ation	
	<del></del>							+						
								+						
								+						
								+						
2	Total number of independent contractor							o t	hose listed ab	ove) who				
	received more than \$100,000 of compen	sation from	the o	orga	nıza	atioi	<b>→</b>							

Part	VIII	Check if Schedule O contains	a reenance or note to	n any line in thic	Part VIII		
		Check if Schedule O contains a	a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated campaigns	1a				
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues	1b 12,163		1		
۵ ا	c	Fundraising events	1c 24,552	1		ļ	
£ ₹	d	Related organizations	1d	1			r
5 =		Government grants (contributions)	1e	1			
Sign	e	All other contributions, gifts, grants,	16	i			
黄色	•	and similar amounts not included above	1f 12.682				
울등	_	Noncash contributions included in lines 1a-		{			
5 2	g			40 207	•		
	<u>h</u>	Total. Add lines 1a-1f	Business Code	49,397			<del></del>
Program Service Revenue	0-	Compant Bassassa		4 40 400	40.000	0.00	0.00
e e	2a	Concert Revenue	711120	19,200	19,200	0.00	0.00
e e	b						
ξ	C			<del> </del>			
တ္ခ	d				<del></del>		
Ta	e						
<u>6</u>	f	All other program service revenu			<u>.</u>		<del></del>
Δ.	9_	Total. Add lines 2a–2f		19,200			
	3	Investment income (including and other similar amounts) .			1		
	_			3,097			3,097
	4	Income from investment of tax-exer	•				
	5	Royalties					
	_		(II) Felsonal	4			
	6a	Gross rents .		4			
- 1	b	Less: rental expenses					
1	C	Rental income or (loss)		1	}		
	_d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory (i) Securit	ies (ii) Other	-			
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss)		1			
	d			1 1			
nue		Gross income from fundraising					
Other Reve		events (not including \$ of contributions reported on line 1					
E.		See Part IV, line 18	· I	}			
he				-			
δ		Less: direct expenses		1			12.005
	C	Net income or (loss) from fundra		-12,895		0	-12,895
	9a	Gross income from gaming activ See Part IV, line 19					
	b	Less: direct expenses	. b				
	C	Net income or (loss) from gamin	ig activities >	]			
	10a	Gross sales of inventory, returns and allowances					1
	b	Less: cost of goods sold	<u> </u>	1			
	C	Net income or (loss) from sales		1			
		Miscellaneous Revenue	Business Code				
	11a			1			Í
	ь						
	c						
	ď	All other revenue					
	e	Total. Add lines 11a-11d		<u> </u>			
	12	Total revenue. See instructions		58,799	19,200	0.00	-9,798
				1 30,733	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00	Form <b>990</b> (2014)

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must com				
Do no	Check if Schedule O contains a responsor include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9l	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	10,000	10,000	0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		3		
7	Other salaries and wages	10,300	10,300	0	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		,		
9	Other employee benefits	700	700		
10	Payroll taxes	700 1362	700 1362	0	
11	Fees for services (non-employees):	1302	1302	<u></u>	······································
	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	842	0	842	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	10,078	10,078	0	
13	Office expenses	332	0	332	
14	Information technology	965	0	965	
15	Royalties				
16	Occupancy	1,500	1,500	0	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,564	0	1,564	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Concert Expenses	18,730	18,730	0	
b	Rehearsal Expenses	1,521	1,521	0	
c		1,021	.,521		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	57,894	54,191	3,703	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ If following SOP 98-2 (ASC 958-720)	·			

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	60,582	1	44,072
	2	Savings and temporary cash investments	63,565	2	63,212
	3	Pledges and grants receivable, net	10,000	3	0
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			1
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
23		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·	8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	134,147	16	107,284
	17	Accounts payable and accrued expenses	25,150	17	1,190
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	_		
ab		disqualified persons. Complete Part II of Schedule L	<del></del>	22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	<del> </del>	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
	00	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	25,150	26	1,190
ces		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	59,764	27	56,861
Ba	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets	49,233	29	49,233
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			ا ا۔
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ξ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	108,997		106,094
	34	Total liabilities and net assets/fund balances	134,147	34	107,284
					Form <b>990</b> (2014)

Page	1	2

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	8,799
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	7,894
3	Revenue less expenses. Subtract line 2 from line 1	3			905
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_	10	8,997
5	Net unrealized gains (losses) on investments	5			2,609
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		10	6,38 <u>8</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other				f
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			,
	Schedule O.		_	ļ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:		1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		İ		
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	ļ	l	1
	separate basis, consolidated basis, or both:		İ		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			Į.	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			ļ	
	of the audit, review, or compilation of its financial statements and selection of an independent according		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	oplain in			
	Schedule O.		L.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			For	n <b>99</b> 0	(2014)

#### 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.

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

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

2014

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Arlington Master Chorale 23-7390028 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-9 support (see other support (see document? instructions) above or IRC section instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

18

Part	II Support Schedule for Organiza	rtions Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(vi	)
	(Complete only if you checked th						alify under
<u> </u>	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		<u> </u>	4 ) 5545	4.0.0040	( ) 0044	(D. T. t. 1
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 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.				l		
	on B. Total Support			·			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4			ļ		ļ	
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.)		i			i	
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	•	n's first, secon	id, third, fourth	n, or fifth tax y	ear as a section	in 501(c)(3)
Cook	organization, check this box and stop he				· · · · ·	• • • •	
	on C. Computation of Public Suppor			14 a a luman (6)		14	
14 15	Public support percentage for 2014 (line ( Public support percentage from 2013 Sci	• • •	-			15	<u>%</u>
16a	331/3% support test—2014. If the organi						
100	box and <b>stop here.</b> The organization qua						
b	331/3% support test—2013. If the organ check this box and stop here. The organ	nization did no	ot check a box	x on line 13 o	r 16a, and line		or more,
	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	014. If the orgets the "facts acts-and-circ	anization did n -and-circumsta umstances" te	ot check a box ances" test, ch st. The organiz	x on line 13, 16 eck this box a cation qualifies	nd <b>stop here.</b> I as a publicly s	line 14 is Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization members to the organization members	tion meets the	e "facts-and-c	ircumstances"	test, check t	his box and st	top here.

# 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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	84,137	29,148	61,085	57,601	36,502	268,473
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	26,002	16,702	23,172	11,580	19,200	96,656
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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	110,139	45,850	84,257	69,181	55,702	365,129
7a	Amounts included on lines 1, 2, and 3				1		
	received from disqualified persons .	0	0	. 0	0	0	0
b	Amounts included on lines 2 and 3	1					
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					_	_
_	•	0	0	0	0	0	0
С 8	Add lines 7a and 7b	0	0	0	0	<u>o</u>	0
0	line 6.)						365,129
Secti	on B. Total Support		I			L	303,123
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	110,139	45,850	84,257	69,181	55,702	365,129
10a	Gross income from interest, dividends,	,					
	payments received on securities loans, rents,			İ		-	
	royalties and income from similar sources .	8	7	7	2,956	842	3,820
-b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	8	7	7	2,956	842	3,820
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support (Add lines 9, 10c, 11,						
	and 12.)	110,147			72,137	56,544	368,949
14	First five years. If the Form 990 is for the organization, check this box and stop he	_				ear as a section	
Secti	on C. Computation of Public Support	rt Percentag	е				
15	Public support percentage for 2014 (line	8, column (f) di	vided by line 1	3, column (f))		15	98.96 %
16	Public support percentage from 2013 Sci			<u> </u>	<u> </u>	16	99.22 %
Secti	on D. Computation of Investment In			<del></del>			
17	Investment income percentage for 2014					17	1.04 %
18	Investment income percentage from 2013					18	.78 %
19a	331/3% support tests—2014. If the organ						
_	17 is not more than 331/3%, check this box						
b	331/3% support tests—2013. If the organization 18 is not more than 331/3%, check this						
	Private foundation If the organization d		_				

### 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	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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> 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 <b>Part VI</b> when and how the organization made the determination.	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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (ii) 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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	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		
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 <b>Part VI</b> .	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 <b>Part VI</b> .	9b		
C	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 <b>Part VI.</b>	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	T -	

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			į
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		- '
b	A family member of a person described in (a) above?	11b		
	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		
	on B. Type I Supporting Organizations			
			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 <b>Part VI</b> 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.	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, supervised, or controlled the supporting organization.			'
Soction	on C. Type II Supporting Organizations	2	l	<u> </u>
Secu	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			1
-	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		
Section	on D. All Type III Supporting Organizations		124	
	Did the annual state of the annual state of the second state of the least day of the Effit month of the		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 pnor 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			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<u> </u>	ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			İ
	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	~ ~ ~ ~ ~ ~		
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	instru	ction	s):
a	The organization satisfied the Activities Test. Complete <b>line 2</b> 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 (	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ	103	110
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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			
	that these activities constituted substantially all of its activities.	2a	<u> </u>	ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b	-	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	120	<del> </del>	+
о a	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.	За	L	1
b	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	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
other Type III non-functionally integrated supporting organizations must cor	nple	ete 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	i	(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 pnor-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		1	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ın	tegrated Type III support	ing organization (see

Part		) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	-·		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
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:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	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				
c				
d	Excess from 2013			
е	Excess from 2014			

schedule A (F	orm 990 or 990-EZ) 2014 Page (	_
Part VI	<b>Supplemental Information.</b> 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.)	_
		-
		•
		-

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

**Employer** identification number

Department of the Treasury Internal Revenue Service Name of the organization

<u>Arlingt</u>	on Master Chorale		23-7390028
Par			
	Complete if the organization answered '	'Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benefit conferring impermissible private benefit?	fit of the donor or donor advisor, or	for any other purpose
Part			
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation o	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribute	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	ts <i></i>	2b
С	Number of conservation easements on a certified l		
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a
_	historic structure listed in the National Register .		[ ]
3	Number of conservation easements modified, transtax year ►	sterrea, releasea, extinguisnea, or tei	minated by the organization during the
4	Number of states where property subject to conse	rvation easement is located ►	
5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspect	cting, and enforcing conservation eas	sements during the year
.8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easements.	of the footnote to the organization's fi	
Part		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8	•
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	r assets held for public exhibition, e	education, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements th	at describes these items.
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts related	r assets held for public exhibition, earling to these items:	education, or research in furtherance of
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	. <b></b> .	<b>&gt;</b> \$
2	If the organization received or held works of art following amounts required to be reported under \$	, historical treasures, or other simila	ar assets for financial gain, provide the
а	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Page 2
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	990) 2014	

Part								
3	Using the organization's acquisition, a	accession, and oth	ner records, chec	k any of the follow	ving that are a sig	nificant i	use of r	ts
	collection items (check all that apply):							
а	Public exhibition			or exchange prog				
b	Scholarly research		e 🗌 Other					
C	Preservation for future generations						o in Do	
4	Provide a description of the organizat XIII.						e III Pa	ĮΓE
5	During the year, did the organization							
	assets to be sold to raise funds rather		ined as part of the	organization's co	ollection?	☐ Yes	<u>    N</u>	<u>o</u>
Part					renewted on amo	unt on E	·	
	Complete if the organization 990, Part X, line 21.	answered "Yes"	to Form 990, P	art iv, line 9, or i	reported an amo	urit Oli F	OHH	
	Is the organization an agent, trustee,	custodian or othe	er intermediany fo	or contributions of	other assets not	<del></del>		_
14	included on Form 990, Part X?					☐ Yes	s $\square$ N	0
b	If "Yes," explain the arrangement in Pa						- Ш	•
_	ii 100, Oxpidiii tiio aliangement iii 1				Am	ount		_
С	Beginning balance			10	;			_
d	Additions during the year			10	1			
e	Distributions during the year							
f	Ending balance							_
<b>2a</b>	Did the organization include an amour						s ∐ N	0
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explanation	n has been provid	ed in Part XIII .	<u> </u>		
Par	Endowment Funds.	anguared "Vee"	' to Form 000 B	ort IV line 10				
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	ears bac	
1a	Beginning of year balance	49,233	44,560		-		44,50	
b	Contributions	49,233	4,673				-1-1,0	0
C	Net investment earnings, gains, and	Ü	4,070					Ť
_	losses							
d	Grants or scholarships							_
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses					ļ		
g	End of year balance	49,233		<del> </del>		<u> </u>	44,5	<u>60</u>
2	Provide the estimated percentage of t		id balance (line 1g	i, column (a)) held	as:			
a	Board designated or quasi-endowmer		%					
b	Permanent endowment	<sup>%</sup>						
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2	o should equal 10	n%					
За	Are there endowment funds not in the			at are held and ad	dministered for the	)		
	organization by:						Yes N	0
	(i) unrelated organizations					3a(i)		7
	(ii) related organizations					3a(ii)		<u> </u>
b	If "Yes" to 3a(ii), are the related organ					3b		
4	Describe in Part XIII the intended uses		on's endowment f	unds.		·		_
Par								
	Сотпрете ії іле огданідатог							
	Description of property	(a) Cost or of (investm			Accumulated depreciation	(d) Bool	value	
1a	Land							
b	Buildings							
C	Leasehold improvements	·						
d	Equipment						-	
8	Other			(2) (1)				
Total.	. Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part X, colum	n (B), line 10c.) .	<u> ▶   </u>			

(g) Beck raise  (g) Beck raise  (g) Method of valuation Coat or end-of-year market value  (h) Financial derivatives  (l) Closely-held equity interests  (l) Cheer (l)  (l) Cheer (l)  (l) Cheer (l)  (l) Cheer (l)  (l) Cheer (l)  (l) Cheer (l)  (l) Cheer (l)  (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l) Cheer (l)  (l) Cheer (l) Cheer (l)	Part VII	Investments – Other Securities.  Complete if the organization answered "	'Yes" to For	m 990, Part IV. line	11b. See Form 9	990, Part X, line 12.
Closely-held equity interests		(a) Description of security or category		T	(c) Meth	od of valuation.
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(6) That. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►    Investments — Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value   (d) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-ye						
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77 89 90 10tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 11  (a) Description (b) Book value  1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  11) Federal income taxes  2) 33 44 55 66 67 68 67 69 77 68 99 otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
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_ rait	XI Reconciliation of Revenue per Audited Financial Stateme		Return.
	Complete if the organization answered "Yes" to Form 990, F		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1 1
а	Net unrealized gains (losses) on investments	2a	<u> </u>
b	Donated services and use of facilities	2b	_
С	Recoveries of prior year grants	2c	] ]
d	Other (Describe in Part XIII.)		<u> </u>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>↓</b> }
b	Other (Describe in Part XIII.)	4b	4 . 1
	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" to Form 990, F		
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1 1
a	Donated services and use of facilities	2a	-{
b	Pnor year adjustments	2b	4 1
C	Other losses	2c	-
d	Other (Describe in Part XIII.)	2d	-  <sub>00</sub> -
е	Add lines 2a through 2d		2e   3
3	Subtract line 2e from line 1	i i i	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 40	1
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a   4b	-
b	•	<del></del>	4c
С 5			
	- Lotal eynenses, Add lines 3 and Ac. Linis milst edilal Form 990. Part i, lin	18 L	151
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information	e 18.)	5
Part	XIII Supplemental Information.		
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information.	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
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Part Provid	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional i	b; Part V, line 4; Part X, line nformation.
Part Provid	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional i	b; Part V, line 4; Part X, line nformation.
Part Provid	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional i	b; Part V, line 4; Part X, line nformation.

Schedule D (Form 990) 2014 Page <b>5</b>					
Part XIII	Supplemental Information (continued)				
<del>-</del>					
	***************************************				

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

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Ariing	ton Master Chorale	O					1390028
Part	Fundraising Activities. Form 990-EZ filers are in	•	•		vered "Yes" on F	orm 990, Part IV,	iinė 17.
1	Indicate whether the organization	on raised funds t	hrough any	of the follo	owing activities. C	heck all that apply.	
а	☐ Mail solicitations		е [	] Solicitati	ion of non-govern	ment grants	
b	☐ Internet and email solicitation	ons	f [	] Solicitati	on of government	grants	
C	☐ Phone solicitations		g 🗆	Special f	fundraising events	l .	
d	☐ In-person solicitations						
2a	Did the organization have a wri						
	or key employees listed in Form	n 990, Part VII) o	r entity ın co	onnection v	with professional f	undraising services?	Yes 🗌 No
b	If "Yes," list the ten highest pair compensated at least \$5,000 b		-	draisers) p	ursuant to agreem	ents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(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			
1					1		
					<u> </u>		ļ
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			
3	List all states in which the org registration or licensing.	anızation is regi	stered or lic	ensed to	solicit contribution	ns or has been notif	led it is exempt from

Pa	rt II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater tha	g event contributions	on answered "Yes" on and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1 a	18, or reported more nd 6b. List events with
		gross recorpts greater tha	(a) Event #1  Spring Fling (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	24,552			24,552
н	2 3	Less: Contributions Gross income (line 1 minus	24,552			24,552
		line 2)	0			0
	<b>4</b> 5	Cash prizes				
nses	6	Rent/facility costs	4,800			4,800
Direct Expenses	7	Food and beverages	3,893			3,893
Direc	8	Entertainment	300			300
	9	Other direct expenses .	3,902	olump (d)		3,902
Pa	10 11 rt III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answer	olumn (d)		12,895 -12,895 reported more
Revenue		than ψ15,000 on 1 on 1 σ	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from l	ine 1, column (d)	<b>.</b>	
g	a Is	nter the state(s) in which the or the organization licensed to c "No," explain:	onduct gaming activitie	s in each of these state	es?	Yes   No
10		/ere any of the organization's c "Yes," explain:	gaming licenses revoked		ated during the tax year	

Schedu	lle G (Form 990 or 990-EZ) 2015 Page <b>3</b>
11 12	Does the organization conduct gaming activities with nonmembers?
13 a	Indicate the percentage of gaming activity conducted in:  The organization's facility
b	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?
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "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.

20**15** 

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 Italiber
Arlington Master Chorale	23-7390028
Part VI, Line 6 - The organization has members	
Date William 7. The continuous baseline continuous and afficient and affiliations are affiliated as a filiple affiliation and affiliations and affiliations are affiliated as a filiple affiliation and affiliations and affiliations are affiliated as a filiple affiliation and affiliations are affiliated as a filiple affiliation and affiliations are affiliated as a filiple affiliation and affiliations are affiliated as a filiple affiliation and affiliations are affiliated as a filiple affiliation and affiliated and affiliated and affiliated and affiliated and affiliated and affiliated and affiliated and affiliated and affiliated and affiliated and affiliated and affiliated and affiliated and affiliated and affiliated and affiliated and affiliated and affiliated and affiliated and a	
Part VI, Line 7a - The entire membership votes annually on the board of directors	
Part VI, Line 11b - A copy of the 990 is available to board members, prior to filing	
Part VI, Line 15b - An annual contract and compensation of key employees is vote	d on in the budget process
	•
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