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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-1150

A F	or the	2014 calend	ar year, or tax year beginning July 1 , 2014, and endin	g ,	June 3	30 , 20 15
		pplicable:	C Name of organization	D Emp	loyer i	dentification number
	Address o	(64-0602143			
r	Name cha	ohone i	number			
_	nıtıal retu	6	01-460-1754			
=	Final retui Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exe	emption
=		on pending	Long Beach, MS 39560-0518	Nur	nber	>
G A	ccoun	ting Method:	✓ Cash	H Check	▶ 🗹	If the organization is not
I V	Vebsite	e; 🕨 www	longbeachconcertchoir.org			tach Schedule B
J T	ax-exer	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527	(Form 9	90, 99	00-EZ, or 990-PF).
			☐ Corporation ☐ Trust ☑ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t			
<u> </u>			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>	57624
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see t			
		Check if	the organization used Schedule O to respond to any question in this Pa	<u>rtl</u>	· · ·	
	1		ons, gifts, grants, and similar amounts received		1	4020
	2	•	ervice revenue including government fees and contracts		2	21055
	3	Membersh	ip dues and assessments		3	0
	4	Investment			4	0
	5a	Gross amo	unt from sale of assets other than inventory 5a	0	1	
	b		or other basis and sales expenses	0	1	
	С	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	0
	6	-	d fundraising events			
ø.	а		ome from gaming (attach Schedule G if greater than	_	ł	
Ž		\$15,000) .		0	4	
Revenue	b		me from fundraising events (not including \$ 220 of contribut	ions		
æ			aising events reported on line 1) (attach Schedule G if the	22540		
			th gross income and contributions exceeds \$15,000) 6b	32549 16820	1	
	C		t expenses from gaming and fundraising events 6c		-	
	d	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and 6b and	Subtract		15729
		•	a of inventory loss universal allowance		6d	15725
	7a		s of inventory, less returns and allowances		1	
	b		of goods sold		7c	0
	8 8		nue (describe in Schedule O)		8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	40804
_	10		similar amounts paid (list in Schedule O)		10	750
	11		aid to or for members		11	0
, ,	12		ther compensation, and employee benefits	7	12	0
ıse	13		al fees and other payments to independent contractors (EU).		13	0
Expenses	14		/, rent, utilities, and maintenance		14	0
Ë	15		ublications posters and chinains		15	0
	16		insignations, postage, and snipping	SE	16	29113
nn N	17		nses. Add lines 10 through 16		17	29863
4	18		deficit) for the year (Subtract line 17 from line 9)		18	10941
Ğ	19		or fund balances at beginning of year (from line 27, column (A)) (must ag	ree with		
P.S.			r figure reported on prior year's return)		19	10667
er.	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		20	0
Net Assets AUG	21		or fund balances at end of year. Combine lines 18 through 20		21	21608
			ion Act Notice, see the separate instructions. Cat. No. 106421			Form 990-EZ (2014)

Par						
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[10667		21608
23	Land and buildings		[23	0
24	Other assets (describe in Schedule O)		[24	0
25	Total assets		[10667		21608
26	Total liabilities (describe in Schedule O)		[26	0
27	Net assets or fund balances (line 27 of column	n (B) must agree with	h line 21)	10667	27	21608
Part	III Statement of Program Service Accom	plishments (see th	ne instructions for F	Part III)		
	Check if the organization used Schedule					Expenses
What	is the organization's primary exempt purpose?	"Booster Club" for I	ong Beach HS Chor	al Dept.		quired for section c)(3) and 501(c)(4)
Desc	nbe the organization's program service accompli	shments for each o	f its three lamest n	rogram services		inizations; optional for
	easured by expenses. In a clear and concise m				othe	rs)
	ons benefited, and other relevant information for ea			,		
28	Performance events (6 concerts and several select of	choir) by choral depar	rtment.			
	Association coordinated all logistics for these even	ts.				
	(Grants \$ 0) If this amount	includes foreign gra	ants, check here .	▶ □	28a	7637
	Honor Choir events (5 events) attended by select str					
	Association coordinated all logistics for students to					
	(Grants \$ 0) If this amount	includes foreign gra	nts check here	▶ □	29a	5973
	Student choral attire (purchase, alterations, and rep		and, directions	<u> </u>		
-						
	(Grants \$ 0) If this amount	includes foreign gra	ents check here	▶ □	30a	4797
	Other program services (describe in Schedule O)	includes loreign gra		· · · · · ·	004	
		includes foreign gra		· · · · · · ·	31a	8832
	Total program service expenses (add lines 28a				32	27239
	Total program service expenses (add into zea	unoughoru,	<i>.</i> .		UŁ	
124141	V List of Officers Directors Trustees and Ko	Employees (list each			etru	tions for Part IVI
Paru	List of Officers, Directors, Trustees, and Ke		n one even if not com	oensated—see the in	struc	ctions for Part IV)
Paru	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a	n one even if not com ny question in this	pensated – see the in Part IV	struc	ctions for Part IV)
Part	Check if the organization used Schedule	O to respond to a	n one even if not comp ny question in this (c) Reportable compensation	pensated — see the in Part IV	 ee (e)	Estimated amount of
Part		O to respond to a	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	 ee (e)	
	Check if the organization used Schedule (a) Name and title	(b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation	pensated — see the in Part IV	 ee (e)	Estimated amount of
Lena	Check if the organization used Schedule (a) Name and title Beth Chancey	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	ee (e)	Estimated amount of their compensation
Lena Presi	Check if the organization used Schedule (a) Name and title Beth Chancey dent	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ir Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	 ee (e)	Estimated amount of
Lena Presi VaRit	Check if the organization used Schedule (a) Name and title Beth Chancey dent a McFarland	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	ee (e)	Estimated amount of their compensation
Lena Presi VaRit Vice	Check if the organization used Schedule (a) Name and title Beth Chancey dent a McFarland President	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	ee (e)	Estimated amount of their compensation
Lena Presi VaRit Vice	Check if the organization used Schedule (a) Name and title Beth Chancey dent a McFarland President ile Rollson	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) (e) 0	Estimated amount of ther compensation
Lena Presi VaRit Vice Conn	Check if the organization used Schedule (a) Name and title Beth Chancey dent a McFarland President le Rollson	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	ee (e)	Estimated amount of their compensation
Lena Presi VaRit Vice Conn Secre	Check if the organization used Schedule (a) Name and title Beth Chancey dent a McFarland President ile Rollson etary Campbell	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	0 0	Estimated amount of other compensation
Lena Presi VaRit Vice Conn	Check if the organization used Schedule (a) Name and title Beth Chancey dent a McFarland President ile Rollson etary Campbell	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	(e) (e) 0	Estimated amount of ther compensation
Lena Presi VaRit Vice Conn Secre	Check if the organization used Schedule (a) Name and title Beth Chancey dent a McFarland President ile Rollson etary Campbell	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	0 0	Estimated amount of other compensation
Lena Presi VaRit Vice Conn Secre	Check if the organization used Schedule (a) Name and title Beth Chancey dent a McFarland President ile Rollson etary Campbell	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	0 0	Estimated amount of other compensation
Lena Presi VaRit Vice Conn Secre	Check if the organization used Schedule (a) Name and title Beth Chancey dent a McFarland President ile Rollson etary Campbell	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	0 0	Estimated amount of other compensation
Lena Presi VaRit Vice Conn Secre	Check if the organization used Schedule (a) Name and title Beth Chancey dent a McFarland President ile Rollson etary Campbell	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	0 0	Estimated amount of other compensation
Lena Presi VaRit Vice Conn Secre	Check if the organization used Schedule (a) Name and title Beth Chancey dent a McFarland President ile Rollson etary Campbell	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	0 0	Estimated amount of other compensation
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Lena Presi VaRit Vice Conn Secre	Check if the organization used Schedule (a) Name and title Beth Chancey dent a McFarland President ile Rollson etary Campbell	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	0 0	Estimated amount of other compensation
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Lena Presi VaRit Vice Conn Secre	Check if the organization used Schedule (a) Name and title Beth Chancey dent a McFarland President ile Rollson etary Campbell	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	0 0	Estimated amount of other compensation
Lena Presi VaRit Vice Conn Secre	Check if the organization used Schedule (a) Name and title Beth Chancey dent a McFarland President ile Rollson etary Campbell	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	0 0	Estimated amount of other compensation

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	rant	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	₩ O
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		1
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	ļ		1
b 38a	Did the organization file Form 1120-POL for this year?	37b	ļ	ļ
30a	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	Gross receipts, included on line 9, for public use of club facilities	-		
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	40ь		,
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 ► Mississippl			
42a	The organization beat and the control of the contro	601-46 395		4
b	Located at LBHS Choral Dept., 300 East Old Pass Hoad, Long Beach, MS ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	393	Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	110
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	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		.)	▶ □
110	Did the organization maintain any dense advised funds during the week K W/cz // Farm 2000 www.h.		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
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		4
45a		44d 45a		1
ноа b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		4

om 99	0-EZ (20	J14)								aye -
									Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," c						1		_ ا
Dor't		Section 501(c)(3) organizations	<u> </u>	Parti	• • •	• • •		46		V
Part \		All section 501(c)(3) organizations		stions 47_49h ar	nd 52 ar	nd compl	ete the	tables	for lin	es
		50 and 51.	s mast answer que	3110113 41 405 41	ia 02, ai	ia compi	010 1110	tabioo		-
		Check if the organization used Sch	edule O to respond	to any question i	n this Pa	rt VI .				. П
		oncon in the original and							Yes	No
47		ne organization engage in lobbying a If "Yes," complete Schedule C, Part		section 501(h) elec		ffect durin	ng the t	ax 47		,
48	-	organization a school as described in)? If "Yes," comple	te Schedi	ule E.		48		4
49a		ne organization make any transfers to						498	3	4
b	If "Ye	s," was the related organization a se	ction 527 organizatio	n?				491		
50	Comp	plete this table for the organization's	five highest compen	sated employees (other tha	n officers,	directo	ors, trust	ees an	d key
	emple	oyees) who each received more than	\$100,000 of comper	sation from the or				, enter "	None."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contrib	Health bene outlons to en plans, and compensation	ployee leferred	(e) Estima other co		
	-		·							
							ŀ			
			·		-					
]			
							1			
							<u> </u>			
							ı			
f 51	Comp \$100,	number of other employees paid over olete this table for the organization's 000 of compensation from the organ	s five highest compenization. If there is no	ensated independe ne, enter "None."		actors wh				than
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service		(c)	Compensa	tion	
								 .		
d	Total	number of other independent contra	ctors each receiving	over \$100.000 .	. ▶	1				
52	Did t	he organization complete Schedu	-		ganizatio	ns must				
· · · · · · ·	<u>_</u>	leted Schedule A	<u> </u>					► ✓ Ye		
Inder po rue, cor	enalties rect, and	of perjury, I declare that I have examined this red complete. Declaration of preparer tother than	eturn, including accompany officer) is based on all info	rng schedules and stat rmation of which prepai	ements, and rer has any i	I to the best knowledge.	of my kno	owledge ar	id belief,	ıt ıs
						16	3Ju	1420	15	
Sign		Signature of officer				Date		_		
lere		Timothy J. Campbell, Treasurer								
	Щ,	Type or print name and title	Proportie ales et :		Data			PTIN		
Paid		Print/Type preparer's name	Preparer's signature		Date		neck 🔲 If-employe	if		
rep			<u> </u>					eu		
Jse (Only	Firm's name				Firm's Ell				
Aou th	- IDC	Firm's address discuss this return with the preparer	chown above? See i	notructions		Phone no		-		·

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

64-0602143 Long Beach Concert Choir Association Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 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). 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. 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 I, Type III, 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 (iv) is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing other support (see (described on lines 1-9 support (see document? above or IRC section instructions) instructions) (see instructions)) Yes No (A) Long Beach High School 64-0444697 27239 6 - school (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 (a) 2010 (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) (b) 2011 (c) 2012 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . The portion of total contributions by person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2013 Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (e) 2014 (f) Total Amounts from line 4 7 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 14 % Public support percentage from 2013 Schedule A, Part II, line 14 15 15 % 331/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 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 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported \Box 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.

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

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.)

C4	if the organization rails to qualify	under the te	SIS listed bei	ow, please co	Jinpiele Part	11.)	
	ion A. Public Support	(-) 0040	(b) 0044	(-) 0010	(4) 0040	(-) 0014	(6) Total
Calen 1	idar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
•	received. (Do not include any "unusual grants.")		Ì				
2	Gross receipts from admissions, merchandise				 		
_	sold or services performed, or facilities						
	furnished in any activity that is related to the			·			
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
3	unrelated trade or business under section 513					1	
4							
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			<u> </u>			
3	furnished by a governmental unit to the						
	organization without charge				1		
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3	·	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6		<u> </u>				
10a	Gross income from interest, dividends,				i		
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business				1		
	activities not included in line 10b, whether or not the business is regularly carried on						
40				·		-	
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)		ļ				
13	Total support. (Add lines 9, 10c, 11,	· · · · ·					· · · · · · · · · · · · · · · · · · ·
	and 12.)						
14	First five years. If the Form 990 is for th	e organization	n's first, secon	d, third, fourth	, or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	-			· · · · · · · · · · · · · · · · · · ·		
Secti	on C. Computation of Public Suppor	t Percentag	е		·····		
15	Public support percentage for 2014 (line 8	, column (f) di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2013 Sch			<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2014 (I			-		17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organi						
	17 is not more than 331/3%, check this box	-	_	•		_	
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this b		-	•	•		
20	Private foundation. If the organization did	not check a	box on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🔲

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.)

Sect	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	,	
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		•
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		4
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		•
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		•
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	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		1
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		*
9 a	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		<u> </u>
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.)	10a		<u>/</u>

Part	Supporting Organizations (continued)		r	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		4
	A family member of a person described in (a) above? 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.	11b 11c		4
	on B. Type I Supporting Organizations	110	<u></u>	
	on by type to deporting digunizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1	L	
2	Did the organization operate for the benefit of any supported organization other than the supported	ŀ		
	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.			
O 1'		2		
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		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	····		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		1
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		•
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	netru	ctions	e) ·
	The organization satisfied the Activities Test. Complete line 2 below.		01.0770	.,.
a 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	ee ins	tructio	ons).
		ı		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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	,	
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	~	
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		ļ	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
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) 7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		-
Section B - Minimum Asset Amount	10	(A) Prior Year	(B) Current Year (optional)
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			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-functionall instructions).	y-in	tegrated Type III supporti	ng organization (see

Part		3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity		<u> </u>	
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 which	h the organization is res	ponsive	
	(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	T	/::\	(iii)
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)		<u></u>	
3_	Excess distributions carryover, if any, to 2014:			
a				
b				
С				
d				
е	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)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D. line 7: \$			
				
<u>a</u>	Applied to underdistributions of prior years Applied to 2014 distributable amount		· · · · · · · · · · · · · · · · · · ·	
<u>b</u>	Remainder. Subtract lines 4a and 4b from 4.			······································
<u> </u>	Remaining underdistributions for years prior to 2014, if			
3	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions).		•	
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			· · · · · · · · · · · · · · · · · · ·

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

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 64-0602143

Long	Beach Concert Choir Association,	Inc.				64-	0602143
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" to F	orm 990, Part IV,	ine 17.
						Shook all that apply	
1	Indicate whether the organization	on raised tunds t					
а			e		ion of non-govem		
b	Internet and email solicitation	ns	f [] Solicitati	ion of government	t grants	
С	Phone solicitations		g [] Special 1	fundraising events	3	
d	☐ In-person solicitations		•	- •	· ·		
2a	Did the organization have a wri	tten or oral agre	ement with	any indivi	dual (including off	icers directors trus	tees
Lu	or key employees listed in Form						
			=		•		
b	If "Yes," list the ten highest paid compensated at least \$5,000 by			uraisers) p	ursuant to agreen	lents under which ti	ie ignoraiser is to be
		1	GIA Dud fum			(v) Amount paid to	6/8 Amount poid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							l
2							
3		 	-				
4		 			 		
		<u></u>					
5							
6							
7							
-8			 			_ 	
9	·						
10							
Total							
Total	List all states in which the orga					t t	101
3	List all states in which the orga	inization is regis	stered or lic	ensea to s	collect contribution	s or nas been notitie	ea it is exempt trom
	registration or licensing.						

						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
						. 4	

		***************************************				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Pa	rt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
		3.0	(a) Event #1 *Door-to-door" Sales	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
<u>o</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	24845			24845
Œ	2	Less: Contributions Gross income (line 1 minus	9527			9527
		line 2)	15318			15318
	4	Cash prizes	0			0
	5	Noncash prizes	0			0
uses	6	Rent/facility costs	0			0
Direct Expenses	7	Food and beverages	0	-		0
Direc	8	Entertainment	0			0
	9	Other direct expenses .	15318			15318
	10 11	Direct expense summary. Ad Net income summary. Subtra				15318 0
Pa	rt III	Gaming. Complete if the		ed "Yes" to Form 99	0, Part IV, line 19, or	reported more
une -		than \$15,000 on Form 9	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Revenue	1	Gross revenue				
	•	Gross revenue				
Expenses	2	Cash prizes				
	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary	/. Subtract line 7 from li	ne 1, column (d)	>	
	a İst	ter the state(s) in which the ord the organization licensed to co 'No," explain:	onduct gaming activities	in each of these states	3?	🗌 Yes 🗌 No
10		ere any of the organization's g	aming licenses revoked	, suspended or termina	ited during the tax year?	. Yes No

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Long Beach Concert Choir Association, Inc.

► 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

Employer identification number

64-0602143

Part I, Line 1 - Contributions, Gifts, Grants, and Similar Amounts: \$4020.00
Sponsorships & Donations: \$3800.00
Fundraising (contribution report within parentheses on line 6b): \$220.00
Part I, Line 2 - Program service revenue: \$21054.98
Student & Adult fees for Attire, Activities, Choral Contests, & Honor Choir: \$10925.18
Performance events by choral department (admissions, ticket sales, program ads, concessions): \$9013.80
Traveler payments for choir performance tour in Austria & Switzerland, June 1-10, 2014: \$1116.00
Part I, Line 10 - Grants and Similar Amounts Paid: \$750.00
College scholarship awarded to one (1) senior choir student: \$750.00
Scholarship money paid directly to the college or university attended by the student.
Scholarship selection performed by external panel based on essays written by students.
Part I, Line 16 - Other Expenses: \$29113.07
Program service expenses (described in Part III): \$26489.09
Miscellaneous expenses (bank fees, director gifts, p.o. box, refunds, web site hosting): \$2623.98

Schedule O (Form 990 or 990-EZ) (2014)	Page 2		
lame of the organization Long Beach Concert Choir Association, Inc.	Employer identification number 64-0602143		
Part III, Line 31/31a - Other Program Services: \$8831.59			
End of the year awards banquet: \$4405.01			
Choral contests: \$1960.57			
	/		
Music Supplies: \$1454.77			
College scholarship: \$750.00			
Music Equipment: \$156.82			
Fraveler payments for choir performance tour In Austria & Switzerland, June 1-10, 2014: \$104.42			
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