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

OMB No 1545-0047

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

Open to Public

		f the Treasury nue Service	Information about Form 990 and its instructions is at www.irs.g	-	0.	Inspect	ion
A			ndar year, or tax year beginning January 1, 2016, and ending		nber 31	, 20 16	
В		applicable	C Name of organization Daraja Children's Choir, Inc.			er identification nu	ımber
<b>V</b>	Address		Doing business as			27-3795949	
$\overline{\Box}$	Name ch	•	Number and street (or P O box if mail is not delivered to street address) Room/suite	<del>,</del>	E Telephor		
	Initial ret	ŭ	3955 Marconi Drive Suite	e 205	l	770-664-4949	
		m/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amende		Alpharetta, Georgia 30005		<b>G</b> Gross re	eceipts \$	411,535
			F Name and address of principal officer	H(a) Is this a g		subordinates?  Yes	
			Kurt Kandler 3955 Marconi Dr. Suite 205, Alpharetta, GA 30005	1	•	s included? Yes	
ī	Tax-exe	mpt status	√ 501(c)(3)  √ (insert no )  √ 4947(a)(1) or  √ 527			list (see instructio	
J	Website		v.DARAJACHOIR.ORG	H(c) Group	exemption	number ►	•
K	Form of		✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formatio	n 2010	M State	of legal domicile	GA
Р	art I	Summ					
	1	Briefly de	scribe the organization's mission or most significant activities: Daraja C	hildren's C	hoir was	organized to ins	spire
9		-	ward intimacy with Jesus Christ. Please see Schedule O (Supplemental info)				
Activities & Governance		-1	,				
/err	2	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed of	more than	1 25% of	its net assets.	
é	3		of voting members of the governing body (Part VI, line 1a)		3		4
જ	4		of independent voting members of the governing body (Part VI, line 1b)		4		4
ties	5		nber of individuals employed in calendar year 2016 (Part V, line 2a)		5		4
Ξį	6		nber of volunteers (estimate if necessary)		6		14
Ac	7a		elated business revenue from Part VIII, column (C), line 12		7a		0
	b	Net unrel	ated business taxable income from Form 990-T, line 34		7b		
				Prior Y	ear	Current Ye	ear
ø	8	Contribut	ions and grants (Part-VIII) line (Ih)		84,776		62,305
Š	9		service revenue (Rart-VIII, line 2g)		321,367		349,230
Revenue	10	_	nt income (RantVIII, column (A), lines 3, 4 (and 7d)		67		49
Œ	11	Other rev	enue (Part Viliຊີເວັດໄມກຸກ)(A), lines 3, 6d, 8c, (ອີດ, 10c, and 11e) .	<del></del>	0		
	12	Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		406,210		411,584
	13		nd sımılar amounts paid (Part IX) column (A), lines 1-3)		0	<u> </u>	0
	14		paid to or for members (Part IX, column (A), line 4)		0		0
ø	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		59,824		82,097
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		0		0
Đ.	b	Total fund	draising expenses (Part IX, column (D), line 25) ▶ 0				
û	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		267,405		257,723
	18	Total exp	enses Add lines 13-17 (must equal Part IX, column (A), line 25)		327,229		339,820
	19	Revenue	less expenses. Subtract line 18 from line 12		78,981		71,764
5 %			Be	eginning of Ci	urrent Year	End of Ye	ar
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)		120,856		117,916
A As	21	Total liab	ılıtıes (Part X, lıne 26)		265,177		190,473
울훈	22	Net asset	s or fund balances. Subtract line 21 from line 20		-144,321		-72,557
Pa	art II	Signat	yre Block				
			ry, I declare that I have examined this return, including accompanying schedules and statem			my knowledge and	belief, it is
tru	e, correct	t, and comple	ete Oeclaration of preparer (other than officer) is based on all information of which preparer h	nas any know	rledge		
_		L X	who we will be a second of the		11/1	0/17	
Sig	jn	Sign	ature of officer	Da	ate	•	
He	re	I Ku	art Kandler, Executive Director				
		Туре	or print name and title				
Pa	id	Print/Typ	pe preparer's name Preparer's signature Date	e	Check	If PTIN	
	epare	r L			self-em	ployed	
	e Oni		ame 🕨	Fin	m's EIN ▶		
		Firm's a	ddress ▶	Ph	one no		
Ма	y the IF	RS discuss	this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	🗌 Ye:	s 🗌 No
For	Paperv	vork Reduc	ction Act Notice, see the separate instructions. Cat No	11282Y		Form 9	<b>990</b> (2016)

293,285

Total program service expenses ▶

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
0	complete Schedule A	1 2	<b>√</b>	<u></u>
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	2		<b>-</b>
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		<b>✓</b>
4	<b>Section 501(c)(3) organizations.</b> 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	ı	<b>/</b>
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		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	<b>-</b>	<del> </del>
b	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		1
С	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		1
d	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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	<b>✓</b>	/
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	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
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	<del> </del>
J	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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	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
		Fori	m <b>99</b> 0	(2016)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Ì	,
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		<b>✓</b> _
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Ì	1
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		✓
24a	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>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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?	ļ l		
	If "Yes," complete Schedule L, Part I	25b		<b>✓</b>
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		/
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		_
	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		✓
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):		į	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	006		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		_
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		✓_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	<u> </u>	'	
	Part I	31		✓
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	32		<del>-</del>
	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		✓
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		l	,
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	_	<b>✓</b>
	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	26		1
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<b>-</b>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	<u> </u>
		For	n <b>990</b>	(2016)

Form 9	90 (2016)		Pag	je
Part				
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	Yes N	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	4		46
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			44.0
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	4		*
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>/</b>	
20	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	<b></b>	_
10	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	ļļ	_
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		/
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	V	7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	· ·	_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b	25-24.42.45	ودع
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	_
c	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was			_
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			100
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	96		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	<del>   -</del>	_
10	Section 501(c)(7) organizations. Enter	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			ć
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			7
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 .			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ا الحد	- 2
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	عاد المراجعة ا	
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			

**c** Enter the amount of reserves on hand . . . .

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

13b

13c

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, 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			. 🔽
Sect	ion A. Governing Body and Management	<del></del> -		·_ <u></u>
<del></del>			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.			
b 2	Enter the number of voting members included in line 1a, above, who are independent .    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>	1
6	Did the organization have members or stockholders?	6	<b> </b>	<b>✓</b>
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		1
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	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1		¥.
a	The governing body?	8a	V	<b>├</b> ─
ь 9	Each committee with authority to act on behalf of the governing body?	8b	<del>-</del> ✓	-
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>/</u>
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	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?	10a		
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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1911
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		<b>/</b>
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	<u> </u>	1
b	Other officers or key employees of the organization	15b	<b>√</b> (E. 9×, 30 × 25 ×	15.7k v
16-	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		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Georgia			
18	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.	n 501(	(c)(3)s	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 infinancial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:: <b>&gt;</b>	
	Story Smith 2055 Marconi Drive Suite 205 Alpharette CA 20005 (770)564 4040			

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Page	•

Form **990** (2016)

F∧rm		

Part VII	Compensation of Officers,	Directors, Trustee	es, Key Employees	, Highest Co	mpensated	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 no	r any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
(A) Name and Trtle	(B) Average hours per	(do n box,	ot ch unles	Pos neck ss pe	c) intion more	than on the than of the than the than the than the than the the than the than the	one n an	(D)  Reportable compensation	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Kurt Kandler, Executive Director	3.00			1				0	0	0
(2) Steve Smith, Officer	3.00			1				0	0	0
(3) James Ward, Officer	1.00			1				0		0
(4) Anne Marie Carlisi, Officer	1.00			1				0		0
(5)				<u>*</u>			-			
(6)		-								
(7)							_			
(8)		-						1		
(9)										
(10)		-								
(11)										
(12)										
(13)		-								
(14)										

r all	VI Section A. Officers, Directors, Trus	tees, Key E	mpio	yees		na F C)	ugnes	st C	ompensated E	mployees (co	intinuea)	
	(A)	(B)		-4 -1		ition			(D)	(E)	(F)	
	Name and title	Average					than o		Reportable	Reportable		
		hours per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional	Officer	Key employee	Highest compensated employee	ee) Former	compensation from the organization (W-2/1099-MISC)	compensation fr related organizations (W-2/1099-MIS	other compensation	1
(4 E)			) % 	trustee	-		sated	 				
(15)								L				
(16)		<del> </del>	}							ł 		
(17)			1									
(18)							}					
(19)							 	-				
(20)					-	-		-				
(21)								-	}			
(22)			-					-				
(23)			<del> </del>		<u> </u>	_		-			<del></del>	
(24)					$\vdash$			-		-		
(25)			-			-						
	0.4.4-4-1				<u> </u>							
1b c d	Sub-total	VII, Sectio						<b>&gt;</b>	0		0 0	0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited					above	e) w	nho received m	ore than \$100	0,000 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	nest compens	sated Yes	No 🗸
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble -	con	npe	nsatic				m the	1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv	vidual 5	1
Section	on B. Independent Contractors					_			i			
1	Complete this table for your five highest compensation from the organization. Repyear.											ax
	(A) Name and business add	iress						<u> </u>	(B) Description of s	services	(C) Compensation	
						_		-				
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab			
				-							Form <b>990</b>	

Par	t VIII	Statement of Revenue						
		Check if Schedule O contain	s a res	ponse or note to	any line in this	Part VIII		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
st st	1a	Federated campaigns	1a					
ira	Ь	Membership dues						
S, E	c	Fundraising events	1c					
# F	d	Related organizations .	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)	1e			1		
io S	f	All other contributions, gifts, grants						
₹ē	ŀ	and similar amounts not included above		62,305				
Ęģ	g	Noncash contributions included in lines		02,000				
ã So a	h	Total. Add lines 1a-1f		•	62,305			
				Business Code	02,000		<del></del>	
<u>ē</u>	2a	Tour Booking Fees			322,406	322,406		<del>                                     </del>
æ	b	Choir Merchandise Sales			26,824	26,824	<del></del>	<del>                                     </del>
<u>.</u>	С				20,021	20,021		
ě	d							<del></del>
Ē	е							<del> </del>
Program Service Revenue	f	All other program service reve						†
<u> </u>	g	Total. Add lines 2a-2f		•	349,230			
	3	Investment income (including	divid	ends, interest,				
		and other similar amounts) .		▶ [	49	į		49
	4	Income from investment of tax-ex	empt be	ond proceeds ►				
	5	Royalties		▶ [				
		(I) Re	al	(II) Personal				
	6a	Gross rents .						
	b	`Less' rental expenses						
	C	Rental income or (loss)						
	d	<del>}</del>	<u> </u>	🕨				
	7a	Gross amount from sales of (i) Secu	rities	(II) Other				
		assets other than inventory			•			
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss) .						
	ď	Net gain or (loss)		<u> </u>			<del> </del>	
<u>⊕</u>	0-	0						
nue	8a	Gross income from fundraising						
Other Reve		events (not including \$	2-3-					
r R		of contributions reported on line See Part IV, line 18		}				
ig	_		a					
Õ		Less: direct expenses						
		Net income or (loss) from fund Gross income from gaming acti		events . ►				
- 1	Ja	See Part IV, line 19						
)	ь	Less. direct expenses	_					
,		Net income or (loss) from gami		vitios			······································	ļJ
		Gross sales of inventory,		VILICS P				<u> </u>
}		returns and allowances						
	h	Less: cost of goods sold		<b></b>				
								<del> </del>
	_ <del>_</del>	Miscellaneous Revenue		Business Code				<del>                                     </del>
ļ	11a	<del></del>					<del></del>	<del> </del>
1	b			<del> </del>				<del> </del>
[	c			<del> </del>				<del> </del>
1	ď	All other revenue		<del> </del>		<del></del>		<del> </del>
1	e	Total. Add lines 11a-11d .					<del></del>	1
	12	Total revenue. See instruction			411,584	411,535	<del> </del>	49
			<u> </u>		411,004	4 <u>   </u>		49

	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must com				
<u> </u>	Check if Schedule O contains a respon-			· · · · · · · · · · · · · · · · · · ·	
Bb, 9	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		=		
7 8	Other salaries and wages	76,000	60,800	15,200	
9	Other employee benefits				
10	Payroll taxes	6,097	4,878	1,219	
11	Fees for services (non-employees):			-	
а	Management	12,205	9,764	2,441	
b	Legal	40.004	0.075	2.040	
c d	Accounting	10,094	8,075	2,019	<del></del>
e	Professional fundraising services. See Part IV, line 17			\.	
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	821	657	164	
13	Office expenses	20,794	16,635	4,159	
14 15	Information technology				
16	Occupancy	13,165	10,532	2,633	
17	Travel	131,057	131,057	2,000	
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 23	Depreciation, depletion, and amortization . Insurance	4,575	4,575 4,076	1,019	
24	Other expenses. Itemize expenses not covered	5,095	4,076	1,019	
	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.)		l		
а	Cost of Merchandise Sold	45,845	45,845		
b	Donations to Kenya	14,072	14,072		
c d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	339,820	310,966	28,854	
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)				

P	art X	Balance Sheet					
		Check if Schedule O contains a response or	note to any line	in this Par	t X	· · ·	
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			116,281	1	117,916
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3_	
	4	Accounts receivable, net		h=		4	······································
	5	Loans and other receivables from current and					
	}	trustees, key employees, and highest co	·				
	}	•		·  =		5	
	6	Loans and other receivables from other disqualified pers					
	ļ	4958(f)(1)), persons described in section 4958(c)(3)(B), are					
	ł	sponsoring organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sche					
Assets	,			<u> </u>		6 7	
Ass	7   8	Notes and loans receivable, net				8	
•	9	Prepaid expenses and deferred charges		· ·		9	
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	3,048			
	ь	Less: accumulated depreciation	10b	3.048	4,575	10c	0
	11	•				11	<del></del>
	12	Investments-other securities. See Part IV, line				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 equa			120,856		117,916
	17	Accounts payable and accrued expenses		<u> </u>	8,256		777
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		<b>)</b>		20	
	21	Escrow or custodial account liability. Complete		72		21	
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest comper		Đ			
pili		disqualified persons. Complete Part II of Schedu				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	-	-	256,921	<del></del>	189,915
	25	Other liabilities (including federal income tax,		P-	200021		100,010
		parties, and other liabilities not included on lines				1	
		of Schedule D				25	-219
	26	Total liabilities. Add lines 17 through 25			265,177	26	190,473
G		Organizations that follow SFAS 117 (ASC 958		☐ and			
Se		complete lines 27 through 29, and lines 33 an					
lar	27	Unrestricted net assets			-144,321	$\overline{}$	-72,557
ä	28	Temporarily restricted net assets		F		28	<del> </del>
בַּ	29	Permanently restricted net assets				29	
Ę		Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.	ooj, check here	□ and			
0	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or e		F-		31	
As	32	Retained earnings, endowment, accumulated in	•	<b>⊢</b>		32	
Ę	33	Total net assets or fund balances			144,321	t	-72,557
_	34	Total liabilities and net assets/fund balances .		F-	120,856		117,916
							Form <b>990</b> (2016)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2016)

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

20**16**Open to Public

Inspection

Employer identification number

OMB No 1545-0047

	aja Children's Choir, Inc.					27-379	
	rt I Reason for Public Char						ns.
	organization is not a private foundar		· ·		-		
1	A church, convention of church						
2	=		· ·				
3	☐ A hospital or a cooperative hos						550 Fatautha
4	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	oitai desc	ribea in <b>s</b>	ection 1/0(b)(1)(A)(	iii). Enter the
5			college or unweresty			d by a gayaramant	al unit described in
3	section 170(b)(1)(A)(iv). (Comp		college or university	owned o	горегате	d by a government	ar unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally indescribed in section 170(b)(1)(	receives a subs	tantial part of its supp		-		the general public
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	☐ An agricultural research organizor university.or a non-land-granuniversity:	zation described	d in section 170(b)(1)	( <b>A)(ix)</b> op			
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fui income and uni	nctions—subject to co related business taxal	ertain exc ole incom	eptions, ie (less se	and (2) no more thai ection 511 tax) from	n 33¹/₃% of its
11	☐ An organization organized and	operated exclus	sively to test for public	safety. S	See <b>sect</b> i	on 509(a)(4).	
12	An organization organized and						
	of one or more publicly suppo						
	Check the box in lines 12a throi	ugh 12d that des	scribes the type of sup	porting o	rganizatio	on and complete line	s 12e, 12f, and 12g
а		-		-			
	the supported organization supporting organization. <b>Yo</b>					he directors or trust	ees of the
b	<b>Type II.</b> 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). <b>You must complete Part IV, Sections A and C.</b>						
C		ated. A suppor	ting organization oper	ated in c			ally integrated with,
d		•	· -		-		orted organization(s)
_	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.						
е	e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.						
f	Enter the number of supported o						
<u>g</u>			<del></del>		<del></del>	<del> </del>	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
A)							
B)							
C)							
D)					-		
E)							
	. — — — — — — — — — — — — — — — — — — —		ļ	<del> </del>	<del> </del>		

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	17		<u></u> ,			
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(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						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4					<b> </b>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			,			
11	Total support. Add lines 7 through 10				1		
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u></u>	<u> </u>	<u> </u>	· · · <b>&gt;</b> 🗀
	on C. Computation of Public Support						
14	Public support percentage for 2016 (line		-			14	
15	Public support percentage from 2015 Sci 331/3% support test—2016. If the organ	nedule A, Part	II, line 14 .			15	shock this
16a	box and <b>stop here.</b> The organization qua						
b	331/3% support test—2015. If the organi	•	• • •	=			_
	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	016. If the orgets the "facts facts and-circ	janization did r s-and-circumst	not check a bo ances" test, cl est. The organ	ox on line 13, 1 heck this box ization qualifie	l6a, or 16b, an and <b>stop here</b>	d line 14 is . Explain in
b	10%-facts-and-circumstances test – 2 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	ation meets the neets the "fac	ne "facts-and-	circumstances stances" test.	" test, check The organizat	this box and	stop here. s a publicly
18	Private foundation. If the organization dustructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	ck this box and	see ▶ □

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 10 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 A	Public Support

	ion A. Public Support						
Caler	idar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")	107,473	276,706	32,973	81,197	62,305	560,654
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	83	42,670	188,280	321,072	349,230	901,335
3	Gross receipts from activities that are not an				_		
	unrelated trade or business under section 513	11,931	116,900				128,831
4	Tax revenues levied for the						
	organization's benefit and either paid	Į į		.			
	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	119,487	436,276	221,253	402,269	411,535	1,590,820
7a	Amounts included on lines 1, 2, and 3			İ			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3	Ì	'				
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b		F-08 - 3-27 - 1-12	2003 10146.	e herr	/ 15	
8	Public support. (Subtract line 7c from						
	line 6.)	<b>到一种种心理的</b>	Marin Marin		(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1,590,820
	on B. Total Support	,				<u></u>	
	dar year (or fiscal year beginning in)	. <b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	119,487	436,276	221,253	402,269	411,535	1,590,820
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources					_	
	•			53	67	49	169
D	Unrelated business taxable income (less		ļ				
	section 511 taxes) from businesses acquired after June 30, 1975					}	
	,	ļ					<del></del>
	Add lines 10a and 10b	<u> </u>	<del></del>	53	67	49	169
11	Net income from unrelated business activities not included in line 10b, whether					i	
	or not the business is regularly carried on					1	
10					<del></del>		
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	ĺ				ļ	
13	Total support. (Add lines 9, 10c, 11,	-			_	<del></del>	
10	and 12.)	110 107	420.270	224 200	400 220	444 504	1 500 000
14	First five years. If the Form 990 is for the	119,487	436,276				1,590,989
• •	organization, check this box and <b>stop he</b>	_			_		
Secti	on C. Computation of Public Suppo			<u> </u>	<del></del>	_ <del></del>	
15	Public support percentage for 2016 (line			3 column (fl)		15	100 %
16	Public support percentage from 2015 Sc	. ,,	•			16	99.99 %
	on D. Computation of Investment In			<del></del>	<del>· · · · · · · · · · · · · · · · · · · </del>		99.99 /0
17	Investment income percentage for 2016			v line 13 colur	nn (fl)	17	0 %
18	Investment income percentage from 201:			-		<del></del>	0 %
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organiz		-			-	
	line 18 is not more than 331/3%, check this					-	
20	Private foundation If the organization d			•	· ·	-	<u>=</u>

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) 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.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **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.)

	6 A ( diff 300 0 22) 2010			age J
Part	Supporting Organizations (continued)			
			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)			اـــــــا
	below, the governing body of a supported organization?	11a		
	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		
Secti	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.			
•	Did the annual to the beauty of an arranged and arranged and arranged and arranged to the arranged and	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			İ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	2		
<u> </u>	on or type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<u> </u>	162	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			ĺ
	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	i <u>'</u>	l	
	on B. All Type in 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		103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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	<u> </u>		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ĺ
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard.	3		ſ
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	netru	ctions	e)
		iisti u	CHOIL	<b>3</b> ).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	'ooo in	otruct	'onel
·	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	366 H		ions).
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			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	L	
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	1		
	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	L	<u></u>	L
	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		<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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	L	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	7		
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	10 有主义基本任务	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supportin	g organization (see

		7 F F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	zations (continued)	·
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	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.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6	<u></u>		
10_	Line 8 amount divided by Line 9 amount		<del></del>	
S:	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2016:			
a				
b				
<u>c</u>	From 2013 ,			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u>C</u>				
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7:			,
а				
b	Excess from 2013			
С	Excess from 2014		······································	
d	Excess from 2015			
е	Excess from 2016			

	Form 990 or 990-EZ) 2016 Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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.

2016

Department of the Treasury Internal Revenue Service Name of the organization

**Open to Public** Inspection

OMB No 1545-0047

Name	f the organization	T	Employer identification number
Daraia	Children's Choir, Inc.		27-3795949
Pai		ised Funds or Other Similar Fun	
	Complete if the organization answered	"Yes" on 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	advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol?
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene		
		<u> </u>	· · · · · · Yes 🗌 No
Par			
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		
_	•		
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terr	ninated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea	asements it holds?	· · · · · · · · · Yes · No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectii	ng, handling of violations, and enforcing	conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
9			
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easem		iancial statements that describes the
Par			Other Similar Assets
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	* *	
	public service, provide, in Part XIII, the text of the		
ь	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar public service, provide the following amounts relatively	r assets held for public exhibition, edung to these items:	ducation, or research in furtherance of
	(i) Revenue included on Form 990. Part VIII. line 1		<b>&gt;</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art	, historical treasures, or other similar	r assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	Assets included in Form 990. Part X		•

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Ot	her Similar A	sset	s (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	ther reco	rds, chec	k any of th	e follov	ving that are a	signif	icant u	se of its
а	☐ Public exhibition		ď	☐ Loan	or exchang	je prog	rams			
b	☐ Scholarly research		е	Other	r					
С	☐ Preservation for future generations	3								
4	Provide a description of the organizat XIII.	tion's collections	and expla	ain how t	hey further	the org	janization's ex	empt (	purpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather							ıılar . F	Yes	□ No
Part										
	Gomplete if the organization 990, Part X, line 21.	answered "Yes							nt on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing to	able:	Г	<del></del>	Amou	ınt	<del></del>
С	Beginning balance					10	<del></del>			
d	Additions during the year					1d	<del></del>			
е	Distributions during the year					1e	<del></del>			
f	Ending balance					1f	<del></del>			
2a	Did the organization include an amount						<del></del>	tv?	Yes	No
b	If "Yes," explain the arrangement in P									
Par				<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<u></u>				
	Complete if the organization	answered "Yes	on For	m 990. f	Part IV. line	e 10.				
		(a) Current year		or year	(c) Two year		(d) Three years ba	ick (e	) Four year	ars back
1a	Beginning of year balance							_		
	Contributions									
С	Net investment earnings, gains, and						<del></del>			
	losses									
	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses		<u> </u>							
g	End of year balance		L		<u></u>		<del></del>	L_		
2	Provide the estimated percentage of t	•	nd balanc	e (line 1g	ı, column (a	i)) held i	as:			
а	a Board designated or quasi-endowment ▶%									
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
_	The percentages on lines 2a, 2b, and							_		
3a	Are there endowment funds not in the	e possession of ti	ne organi	zation the	at are held	and ad	ministered for	the	r <del></del>	
	organization by:							г	+_	s No
	(i) unrelated organizations								3a(i)	
_	(ii) related organizations							. [	3a(ii)	
_	If "Yes" on line 3a(ii), are the related o							Ĺ	3b	_L
4	Describe in Part XIII the intended uses	<del></del>	on's endo	wment to	unds.					
Part										4.0
	Complete if the organization	answered "Yes	on For					0, Pai	rt X, lin	e 10.
	Description of property	(a) Cost or o			or other basis other)	d	Accumulated epreciation	(c 	1) Book v 	alue ·
1a	Land	·		<u></u>						
b	Buildings									
C	Leasehold improvements	•								
đ	Equipment				3,048		3,048			0
ее	Other									
Total.	Add lines 1a through 1e (Column (d) n	nust equal Form 9	90, Part )	X, columr	n (B), line 10	Oc.) .	<b>▶</b>			0

Part VII	Investments - Other Securities.		, age
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-l	neld equity interests		
(3) Other			
(A)	***************************************		
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)		···· <del> </del>	
	b) must equal Form 990, Part X, col (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on	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
(1)			
(2)			
(3)			
(4)			
(5)	<del></del>		
<u>(6)</u> <u>(7)</u>		-+	
(8)	<del></del>		
(9)	<del></del>	<del></del>	
	b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
	(a) Description	· 	(b) Book value
(1)	<del></del>		
(2)			
_(3)			
(4)	<del></del>		
(5)			
_(6) _(7)	<del></del>		
(8)			<del></del>
(9)	<del></del>		
	mn (b) must equal Form 990, Part X, col. (B) line 15.) .  Other Liabilities.	<u> </u>	
	Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
1.	(a) Description of liability (b) Book va	lue lue	
(1) Federal in	come taxes		
(2) Sales Ta	x Payable	-219	
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8)			
(7) (8) (9)	a) must squal Form 000. Float V and (Divine CC   A		
(7) (8) (9) <b>Total.</b> (Column (b	o) must equal Form 990, Part X, col (B) line 25 ) ▶ uncertain tax positions. In Part XIII, provide the text of the fo	-219	s financial statements that reports the

Part	e D (Form 990) 2016  XI Reconciliation of Revenue per Audited Financial Stateme	ents V	With Revenue per	Return.	Page 4
	Complete if the organization answered "Yes" on Form 990, I	Part I	/, line 12a.		
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:			3	
а	Net unrealized gains (losses) on investments	2a		] . [	
b	Donated services and use of facilities	2b		], , ]	_
C	Recoveries of prior year grants	2c		<u> </u>	
q	Other (Describe in Part XIII.)	2d			
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			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<u> </u>	
Ь	Other (Describe in Part XIII.)	4b		<b> </b>	
_				4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				er Hetui	rn.
1	Complete if the organization answered "Yes" on Form 990, I Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			<del></del>	<del></del>
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1. 1.	
c	Other losses	2c	<del></del>	* *	
d	Other (Describe in Part XIII )	2d	<del></del>	٠ ، ١	
e	Add lines 2a through 2d		<del></del>	2e	
3	Subtract line 2e from line 1			3	<del></del>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			<del></del>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	
	XIII Supplemental Information.				
	e 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				
<b>_</b>					
	***************************************				
	***************************************				
					·

Schedule D (Form 990) 2016 Page <b>5</b>						
Part XIII	Supplemental Information (continued)					
		·				
		~				
<b>,</b>						
	·					

### 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 2016

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Daraja Children's Choir, Inc.	27-3795949						
Form 990 Return Reference: Page 1, Part I, Line 1 and Page 2, Part III, Line 1 - Organization's Mission.							
The Daraja's Children's Choir (the "Organization") is an organization whose mission is to propagate the Gospel of Jesus Christ by any and all							
available means, including, but not limited to, coordinating, facilitating and developing one or more inspriational Christian choirs and per-							
forming arts groups to be composed of individuals from the United States, Uganda, Kenya and possibly other areas of the world, to travel,							
deliver ministry performances at home and abroad, and to participate in various other projects, opportunities and experiences, and engaging							
in any other activity that demonstrates the love of Jesus Christ.							
Form 990 Return Reference: Page 6, Part VI, Line 11b							
The completed IRS Form 990 & Schedules are emailed to Board Members for review prior to filing.							
Form 990 Return Reference <sup>.</sup> Page 6, Part VI, Line 15b							
Staff salaries are reviewed and approved by the Board of Directors							
Form 990 Return Reference: Page 6, Part VI, Line 19							
The referenced information is provided upon request at the offices of the organization during regular business hours. The IRS Form 990 is							
published for review and inspection on GuideStar's official website.							
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Name of the organization	Employer identification number					
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