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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-0047 2019

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public. ► Go to www.irs.gov/Form990EZ for instructions and the latest information. **Open to Public** Inspection

A F	or the	2019 calend	ar year, or tax year beginning May 1 , 2019, and ending		April 30	, 20	20
В	heck if an	oplicable	C Name of organization	D Empl	loyer ide	entification numbe	r
	Address c	hange	95-6095457				
$\overline{}$	Name cha	-	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telep	phone nu	umber	
_	Initial retui		P.O. Box 33365		61	9-788-2925	
=	rınaı retun Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	up Exer	mption	
=		n pending	San Diego, CA 92163-3365	Nun	nber 🕨	•	
G A	Account	ting Method	✓ Cash Accrual Other (specify) ► H	Check I	▶ □ i	f the organization	ıs not
1 7	Vebsite	e:► www.	sdchorus.org	required	i to atta	ach Schedule B	
J T	ax-exen	npt status (che	ck only one) — 501(c)(3) □ 501(c) () (insert no) □ 4947(a)(1) or □ 527	(Form 9	90, 990)-EZ, or 990-PF)	
		organization	✓ Corporation ☐ Trust ☐ Association ☐ Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota	assets			
(Par	t II, coli		500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$		
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the				
	,	Check if	the organization used Schedule O to respond to any question in this Part I	· ·	<u> </u>		<u>. 🔽</u>
	1	Contribution	ns, gifts, grants, and similar amounts received		1	,	15,2 <u>95</u>
	2	-	ervice revenue including government fees and contracts		2		25,239
	3	Membersh	p dues and assessments		3		<u> 27,733</u>
	4	Investment	income	•	4		1,844
	5a	Gross amo	unt from sale of assets other than inventory 5a				
	b		or other basis and sales expenses				
	С	•	ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c		0
	6	Gaming an					
đ)	a		ome from gaming (attach Schedule G if greater than				
Ž		\$15,000) .		2,433			
Revenue	b	Gross inco	s				
ď			aising events reported on line 1) (attach Schedule G if the	į			
			h gross income and contributions exceeds \$15,000) 6b	12,943			
	C		t expenses from gaming and fundraising events	4,533			
	ď	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	Juaci			
	7.	•	s of inventory, less returns and allowances		6d		10,843
	7a b			0			
	C		t or (loss) from sales of inventory (subtract line 7b from line 7a)	U	7c		٥
	8		nue (describe in Schedule O)	•	8		7,152
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9		38,106
	10		similar amounts paid (list in Schedule O)		10		1,160
	11		and to or for morphore		711		13,518
Ś	12		her compensation, and employee benefits	<u>:D</u>	.12		28,303
Expense	13		11 16	. [B13		13,218
þe	14		al fees and other payments to independent contractors	วถ 🏻	214 215		6,470
Ж	15		iblications, postage, and shipping	. 6	215		4,080
	16		nses (describe in Schedule O) OGDEN. L		16		17,635
	17	Total expe	nses. Add lines 10 through 16	<u> </u>	J17		34,384
s	18	Excess or	deficit) for the year (subtract line 17 from line 9)		18		3,722
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree	with			
As		end-of-yea	r figure reported on prior year's return)		19		52,794
et	20	Other char	ges in net assets or fund balances (explain in Schedule O)		20		-996
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. 🕨	21		55,520
	D	and Dadie	on Act Nation and the congrete instructions			Form 990-F7	(2010)

Cat No 10642I

	** (,
Form	990-EZ (2019)					Page 2
Pa	rt II Balance Sheets (see the instructions	for Part II)			•	
	Check if the organization used Schedule		ny question in this	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[68,524	22	65,532
23	Land and buildings		[0	23	0
24	Other assets (describe in Schedule O)		[9,317	_	18,716
25	Total assets		[77,841	25	84,248
26	Total liabilities (describe in Schedule O)			15,047	_	18,728
27	Net assets or fund balances (line 27 of column			62,794	27	65,520
Par		•		,		Expenses
\ <u>\</u>	Check if the organization used Schedule				(Rea	uired for section
	t is the organization's primary exempt purpose?				501(c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	nanner, describe the			orga: othe	nizations, optional for rs)
	80 women attend Regional and International convent		and educated to enh	ance the musical		T
	art form			ance the musical		
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	28a	3,135
29	80 women attend educational events to learn basic a	nd advanced singing	and performance sk	tills		
						,
						,
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	29a	47,656
30	80 women perform annual and seasonal shows to pro-	actice their art form a	and entertain in the c	ommunity		
			•••••			
	(Canada ()					
21	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra		· · · • <u>• </u>	30a	10,719
31	, ,				31a	
32	Total program service expenses (add lines 28a t	through 31a) .			32	61,510
	List of Officers, Directors, Trustees, and Key			pensated—see the in		
	Check if the organization used Schedule					
	<u> </u>	(b) Average	(c) Reportable	(d) Health benefits,	1	<u> </u>
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		Estimated amount of the compensation
		devoted to position	(If not paid, enter -0-)			and compendation
Pame	ela Murray					
Team	Leader	20			o	0
Amy	Overton-Buck]				
Secre	etary	5)	0	0
	nia McAdams	_				
<u>Finar</u>	nce Chair	30			0	0
		-	•			
			-		-	
		-				
	·-			-		
				 	+	
		1				
					+	
			1	1	1	

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		. 🗸
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		/
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	_	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
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		لبــــــــــــــــــــــــــــــــــــ
	Did the organization file Form 1120-POL for this year?	37b		/
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			لــــا
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	┥		
39 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1		1
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	1		1
	section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958			اــــــا
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
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		<u> </u>
41	List the states with which a copy of this return is filed ▶ California			
42a		619-78	8-292	5
	Located at ► P.O. Box 33365, San Diego, CA ZIP + 4 ►	92163	3-3365	
D	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)?	406	Yes	NO
	If "Yes," enter the name of the foreign country ▶	42b	 	-
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	,	24	4.5
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		/
43	If "Yes," enter the name of the foreign country ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		·	▶ □
.0	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		-
	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		-
	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			آا
	explanation in Schedule O	44d	\sqcup	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	✓,
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

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orm	990-EZ	<i>(2</i> 010)

Page 4

Form 990-EZ (2019)

							"	Yes	No
46	Did the org	anızatıon engage, dırectly or ır	ndırectly, ın political c	ampaign activities	on behalf	of or in opposi	tion		
		es for public office? If "Yes," of		, Part I		<u></u>	46	;	/
Part		on 501(c)(3) Organization:							
		ction 501(c)(3) organization	s must answer que	estions 47–49b ar	nd 52, and	d complete th	e tables	for lin	ıes
	50 an								
	Check	k if the organization used Scl	nedule O to respond	to any question i	in this Part	VI	<u> </u>		. 🗸
								Yes	No
47	Did the org	anization engage in lobbying	activities or have a			ect during the	tax		
	-	s," complete Schedule C, Par					47	<u>'</u>	✓
48		ization a school as described in					48	<u> </u>	✓
49a		anization make any transfers to			anızatıon?		49		✓
50 b		is the related organization a se					491		ل
50	complete ti	his table for the organization's who each received more than	ive nignest compen	sated employees (otner than	officers, direct	ors, trust	ees, ar	าต key "
	employees)	who each received more than	T \$ 100,000 of compet	T		-	e, enter	none.	
	(a) Name a	nd title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	ealth benefits, tions to employee lans, and deferred mpensation		ated amo ompensa	
NONE						•			
	·						[
					 				
		**					ĺ		
						·			
f		er of other employees paid over		. ▶					
51	Complete ti	his table for the organization'	s five highest compe	ensated independe	ent contrac	tors who each	n receive	d more	e thar
	\$100,000 61	f compensation from the orga	nization. If there is no	one, enter "None "					
	(a) Name a	nd business address of each independ	lent contractor	(b) Type of s	service	(c) Compensa	ation	
NONE				-					
NONE				1					
	· · · · · ·								
		·		-					
		•••••		-					
	·								
		· · · · · · · · · · · · · · · · · · ·	Parties 1 1	1 .		-			
		······································	<u> </u>		<u> </u>		<u> </u>		
				1					
d	Total number	er of other independent contra	ctors each receiving	over \$100,000 .	. ▶	•			
52	Did the or	ganization complete Schedu	le A? Note: All se	ection 501(c)(3) or	ganızatıon	s must attach	n a		
	completed \$				·		.► ✓ Ye	s 🔲	No
Under pe	enalties of perjui	ry, I declare that I have examined this r	eturn, including accompan	ying schedules and state	ements, and t	o the best of my kr	nowledge ar	nd belief	, it is
true, cor	rect, and compl	ete Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	rer has any kn	owledge			
	 -	(yentha)	MINTUAN	ns		9-10	1-2	<u> </u>	0
Sign	/ Sigi	nature of officer	•			Date			
Here	 -	nthia McAdams, Finance Chair							
		e or print name and title	Towns						
Paid	Print/T	ype preparer's name	Preparer's signature	;	Date	Check			
Prepa					······································	self-emplo	yed		
Use (Firm's EIN ▶			
May th		address ▶ ss this return with the preparer	chown about 2 Con	netructions		Phone no			N -
iviay lil	เอ เกอ นเอนนร	oo uno return with the preparer	SHOWII ADOVE (See I	กอดนบดเบกรั .			► Ye	s III	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.

2019

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for Instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name	Name of the organization Employer identification number						n number	
	Diego Chapter of Sweet Adelines Int		,		,,		95457	
	Reason for Public Cha						ons.	
	organization is not a private found		,		-		~.	
1 2	A church, convention of church						1	
3	A school described in section A hospital or a cooperative ho						1	
4	A medical research organization hospital's name, city, and sta	on operated in c					(iii). Enter the	
5	An organization operated for section 170(b)(1)(A)(iv). (Con	the benefit of a	college or university	owned or	operate	ed by a governmen	tal unit described in	
6 7	☐ A federal, state, or local gove ☐ An organization that normally described in section 170(b)(1	receives a subs	stantial part of its sup				n the general public	
8	☐ A community trust described			Part II)	_	_		
9	An agricultural research organ or university or a non-land-gra university:	nization describe ant college of agi	d in section 170(b)(1) riculture (see instruction	(A)(ix) ope ons). Enter	the nan	ne, city, and state o	f the college or	
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization	to its exempt functions and un	inctions—subject to d irelated business taxa	ertain exc ble income	eptions, e (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its	
11	An organization organized and	d operated exclu	sively to test for publi	c safety. S	ee sect	ion 509(a)(4).		
12	An organization organized and							
	of one or more publicly supp Check the box in lines 12a thro	ough 12d that de	scribes the type of su	oporting or	ganızatı	on and complete line	es 12e, 12f, and 12g	
а	Type I. A supporting organization the supported organization supporting organization.	n(s) the power to	regularly appoint or e	elect a maj				
b	Type II. A supporting orga control or management of organization(s). You must	the supporting of	organization vested in	the same				
c	Type III functionally integ its supported organization						ally integrated with,	
d	Type III non-functionally that is not functionally inte requirement (see instructional see instructions).	grated. The orga	nization generally mu	st satisfy a	a distribu	ition requirement an		
е	Check this box if the organ functionally integrated, or						e II, Type III	
f	Enter the number of supported			• ,			. []	
g	Provide the following information	n about the supp	oorted organization(s)					
	(I) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the org listed in your docum	governing	(v) Amount of monetary support (see instructions)'	(vi) Amount of other support (see Instructions)	
				Yes	No	•		
(A)								
(B)							 	
(C)								
(D)								
(E)								
Total								

Part	(Complete only if you checked t			, , ,			•
	Part III. If the organization fails t						, any under
Secti	on A. Public Support	o quamy and	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iodoo oompi	7.0 · a. · i.i.	····
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(a) 2013	(b) 2010	(6) 2017	(a) 2018	(8) 2019	(i) IOIAI
8	Gross income from interest, dividends,				f		
	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						
12	Gross receipts from related activities, etc	, ,	•			12	
13	First five years. If the Form 990 is for t	-			-		
Sooti	organization, check this box and stop hoor C. Computation of Public Suppo			· · · · · · · · · · · · · · · · · · · 	<u>····</u>		
14	Public support percentage for 2019 (line			1 column (ft)		14	- %
15	Public support percentage from 2018 Sc					15	// //
16a	331/3% support test-2019. If the organ						
	box and stop here. The organization dua	*	•	-			_
ь	331/3% support test—2018. If the organization this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	ion		▶ □
17a	10%-facts-and-circumstances test 10% or more, and if the organization metal VI how the organization meets the organization	eets the "facts	-and-circumsta	ances" test, chest. The organi	neck this box a zation qualifie:	and stop here.	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiz Explain in Part VI how the organization supported organization	ation meets the meets the	e "facts-and-c ts-and-circums	circumstances stances" test.	" test, check The organizati	this box and s on qualifies as	a publicly
18	Private foundation. If the organization d						
	instructions	,				<u> </u>	▶ 🗆
		1				nedule A (Form 990	

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.)

O1	a Dallia Garaget	y dilder the tes	its listed bole	W, picase ec	impioto i airi		
	on A. Public Support	T () 2015 T	(1) 0010	(-) 0047	(4) 0040	(a) 0010	/O. T I I
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	41398	39868	40841	36961	43028	202096
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	49869	43267	40122	39511	40615	213384
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	·					
6	Total. Add lines 1 through 5	91267	83135	80963	76472	83643	415480
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		•				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						n 1,
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6.)						415480
Secti	on B. Total Support	ARREST AND AND AND AND A	appropriate to the second seco	ndanominimizora.se.tl	stoustimentandliseculus I	athitiment tililitimen veril	413400
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	91267	83135	80963	76472	83643	415480
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	10	123	115	613	1844	2705
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	10	123	115	613	1844	2705
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				1		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			1			
13	Total support. (Add lines 9, 10c, 11, and 12.)	91277	83258	81078	77085	85487	418185
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization'	s first, second	i, third, fourth,		ar as a section	501(c)(3)
Section	on C. Computation of Public Support						
15	Public support percentage for 2019 (line			3, column (f))		15	99.35 %
16	Public support percentage from 2018 Sc		-			16	99.77 %
	on D. Computation of Investment In					•	
17	Investment income percentage for 2019 (y line 13, colui	mn (f))	17	.6468 %
18	Investment income percentage from 2018					18	.0022 %
19a	331/3% support tests - 2019. If the organ					ore than 331/3%	
	17 is not more than 331/2%, check this box						
b	331/3% support tests—2018. If the organization 18 is not more than 331/3%, check this	zation did not ch	eck a box on l	ine 14 or line 1	9a, and line 16	is more than 33	31/3%, and
20	Private foundation. If the organization di		=				
				, -			

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?
- 6 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 (as 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.)

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)	10b		

Part	V 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)			
	below, the governing body of a supported organization?	11a		<u> </u>
	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		l
Secti	on B. Type I Supporting Organizations			
	Database to the second		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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		1
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	.		1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors]
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	k	<u> </u>
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, (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		
•	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
•	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		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	 s)
а	☐ The organization satisfied the Activities Test Complete line 2 below	1 }	•	
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in		
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.			
h	•			 1
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.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			· 1
	of the upported exceptions? If "Vee" describe in Bart W the rela played by the organization in this regard	3h		

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	gan	izations	ė		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a tru	st on Nov. 20, 1970 (expl	ain in Part VI) See		
instructions. All other Type III non-functionally integrated supporting organ					
Section A—Adjusted Net Income	Section A—Adjusted Net Income				
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 management of property held for production of production or prod					
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) Section B—Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C—Distributable Amount			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	4,			
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III supporte	no organization (see		
instructions)	.,	logiated Type III supporti	ng organization (See		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	Current Year					
1	Amounts paid to supported organizations to accomplish	***				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6						
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions					
9	Distributable amount for 2019 from Section C, line 6					
						
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015					
<u>C</u>	From 2016					
	From 2017					
	From 2018					
f	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years					
	Applied to 2019 distributable amount					
<u>i</u>	Carryover from 2014 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from Section D, line 7 \$					
а	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount			·-···		
С	Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2015					
b	Excess from 2016					
С	Excess from 2017					
d	Excess from 2018					
ее	Excess from 2019					

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.)
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SCHEDULE 0 (Form 990 or 990, EZ)

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

San Diego Chapter of Sweet Adelines International, Inc.	95-6095457
Part 1, Line 10 - Grants and similar amounts paid:	
Sun Harbor Chorus for Youth Harmony Day \$500	
Gifts to Competing Quartets & Chorus \$150	
Dues & fees to Sweet Adelines Intl \$510	
Part 1, Line 16 - Other Expenses; insurance, IT expenses, travel expenses, filing fees, office supplies	
Part 1, Line 20 - Other Changes in Net Assets for Fund Balances; used money in earmarked funds	
Part 2, Line 24 - Other Assets; Accounts Receivable, Pre-paid expenses, fixed asset (choral risers)	
Part 2, Line 26 - Other Liabilities; Accounts Payable, Chorus Escrow Funds, Pre-paid dues	
Part 5, Line 35a - Unrelated Business Gross Income of \$2,433 from gaming (raffle)	
Part 1, Line 8 - Other Revenue; costume, makeup, photography, meals	
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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
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