Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

2021 A For the 2020 calendar year, or tax year beginning SEP 1, 2020 and ending AUG 31, Check if applicable: C Name of organization D Employer identification number Address change CHORUS AMERICA Name change 23-2062595 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1200 - 18TH STREET NW 1250 (202) 331-75774,164,708. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 20036 WASHINGTON, DC H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CATHERINE DEHONEY for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.CHORUSAMERICA.ORG **H(c)** Group exemption number ▶ Corporation Trust X Association Other -L Year of formation: 1977 M State of legal domicile: DC K Form of organization: Part I Summary Briefly describe the organization's mission or most significant activities: CHORUS AMERICA EMPOWERS SINGING **Activities & Governance** ENSEMBLES TO CREATE VIBRANT COMMUNITIES AND EFFECT MEANINGFUL CHANGE if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 38 3 38 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 83,695. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Current Year Prior Year** 1,062,901. 3,166,867. Contributions and grants (Part VIII, line 1h) 8 Revenue 298,228. 268,364. Program service revenue (Part VIII, line 2g) 81,808. 75,852. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 4,116. 19,863. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,447,053. 3,530,946. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 734,009. 811,290. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 474,358. 514,176. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,208,367. 1,325,466. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 238,686. 2,205,480. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,345,775. 3,662,005. Total assets (Part X, line 16) 152,443. 116,151. 21 Total liabilities (Part X, line 26) 三年 193,332. 545,854 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CATHERINE DEHONEY, PRESIDENT & CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MATT PILLSBURY MATT PILLSBURY 02/15/22 self-employed P01565609 Paid Firm's EIN ▶ 41-1534805 Firm's name CARPENTER, EVERT & ASSOCIATES, LTD. Preparer Firm's address > 7760 FRANCE AVE S, SUITE 940 Use Only BLOOMINGTON, MN 55435 Phone no. (952) 831-0085

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

	990 (2020) CHORUS AMERICA 23-2062595 Page	2
Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>. </u>
1	Briefly describe the organization's mission:	
	CHORUS AMERICA EMPOWERS SINGING ENSEMBLES TO CREATE VIBRANT	
	COMMUNITIES AND EFFECT MEANINGFUL CHANGE BY OFFERING SERVICE THAT	_
	PROMOTE ARTISTIC ACHIEVEMENT, ORGANIZATIONAL STRENGTH, AND ADVOCACY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	٥
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes N	D
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$ 430,237. including grants of \$	_)
	MEMBERSHIP SERVICES AND PUBLICATIONS -CHORUS AMERICA SUPPORTS AND SERVES CHORUSES AND CHORAL LEADERS WITH TRAINING, PEER NETWORKING, AND	—
	ACCESS TO RESOURCES SO THAT CHORUSES ARE BETTER ABLE TO CONTRIBUTE TO	—
	THEIR COMMUNITIES. CHORUS AMERICA'S APPROXIMATELY 7,800 MEMBERS INCLUDE	—
	CHORAL ORGANIZATIONS, CONDUCTORS, ADMINISTRATORS, BOARD MEMBERS, AND	—
	SINGERS, PRIMARILY LOCATED IN THE UNITED STATES AND CANADA. THE	—
	ORGANIZATION OFFERS CONFERENCE PROGRAMS THAT SERVE AROUND 1,000	_
	ANNUALLY, WEBINARS, AND OTHER NETWORKING AND PROFESSIONAL DEVELOPMENT	_
	OPPORTUNITIES INCLUDING AN ONLINE CHORUS MANAGEMENT INSTITUTE THAT	_
	PROVIDES CERTIFICATION IN THE BASICS OF CHORUS MANAGEMENT. CHORUS	_
	AMERICA PUBLISHES ARTICLES AND RESOURCES FOR THE CHORAL FIELD THROUGH	_
	ITS WEBSITE, E-NEWSLETTERS, AND THE MEMBER MAGAZINE THE VOICE, AS WELL	_
4b	(Code:) (Expenses \$	_)
	PROJECTS - CHORUS AMERICA'S PROJECTS PROVIDE HANDS-ON, COLLABORATIVE	_
	PROFESSIONAL DEVELOPMENT FOR MEMBERS IN BOTH MANAGEMENT AND ARTISTIC	_
	ROLES. THE ONLINE CHORUS MANAGEMENT INSTITUTE PROVIDED MANAGEMENT	_
	TRAINING FOR OVER 30 LEADERS IN A VIRTUAL FORMAT. THE PROGRAM GIVES	—
	PARTICIPANTS A NEWLY EXPANDED 19-WEEK DEEP DIVE INTO NONPROFIT	—
	LEADERSHIP TOPICS INCLUDING STRATEGIC PLANNING, GOVERNANCE, FUNDRAISING, MARKETING, AND FINANCE AND BUDGETING, ALL WITH A LENS OF	—
	ACCESS, DIVERSITY, EQUITY, AND INCLUSION. THE CHORAL-ORCHESTRAL	—
	CONDUCTING ACADEMY, OFFERED ANNUALLY, WAS POSTPONED DUE TO THE COVID19	—
	PANDEMIC. HOWEVER, 15 PARTICIPANTS WERE ENGAGED IN TWO WEBINARS	—
	COVERING CHORAL-ORCHESTRAL EDUCATIONAL TOPICS.	_
		_
4c	(Code:) (Expenses \$) (Revenue \$)	_
		_
		_
		_
		_
		—
		—
		—
		—
		_
		—
	Other program services (Describe on Schedule O.)	—
ти	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 861,936.	_
	Form 990 (202	20)

Form 990 (2020) CHORUS AMERICA
Part IV Checklist of Required Schedules 23-2062595 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ū	, , ,	8		x
9	Schedule D, Part III			
Ŭ	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
10		10	х	
11	or in quasi endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
ь		11b		x
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		122
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie	-21	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>		21	
ıza	, , , , , , , , , , , , , , , , , , ,	100	х	
L	Schedule D, Parts XI and XII	12a	-21	_
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
19	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
18		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		 ^
19	·	19		x
20-	complete Schedule G, Part III	20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		 ^
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
	aomostio government on l'artin, column (n), inte i : Il res. complete schedule I. Parts I and Il	41	1	47

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	rt IV Checklist of Required Schedules (continued)	333	F	age ¬
I a	Officerist of Required Scriedules (continued)			
	7		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	Х	
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		X
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
20		21		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
· -	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai		1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 16		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	_		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
	(garriently) minings to prize without.	1 10	- 42	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2	.2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b	X	
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		X
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?	. <u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		X
	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?	. <u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	*		├
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	8		
0	sponsoring organization have excess business holdings at any time during the year?	. •		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b				
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	. 36		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	\neg		
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	0 0 ,	. 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			.,
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X
	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	_ <u>X</u> _	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?	4=	v	
	The organization's CEO, Executive Director, or top management official	15a	X	Х
b	Other officers or key employees of the organization	15b		Λ
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year?	16a		Λ
D	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	16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 19	List the states with which a copy of this Form 990 is required to be filed ►PA, DC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	ovoile	hlo.
18	for public inspection. Indicate how you made these available. Check all that apply.	orny)	avalid	νie
10	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	nial .	
19	statements available to the public during the tax year.	midil	nai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	CATHERINE DEHONEY - (202) 331-7577			
	1200 - 18TH STREET NW WASHINGTON DC 20036			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization	n nor any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week		l an	u a u	recto	i / ii us	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	Individual trustee or director	In stit utio nal tru stee		yee	Highest compensated employee		(** 27 1000 111100)		and related
	below	idual	ution	Je.	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			
(1) CATHERINE DEHONEY	40.00									
PRESIDENT & CEO				Х				153,555.	0.	1,233.
(2) ALYSIA LEE	2.00									
DIRECTOR		Х						0.	0.	0.
(3) ANDREA RAMSEY	2.00									
DIRECTOR		Х						0.	0.	0.
(4) ANNA B KEISER	2.00	1								
DIRECTOR		Х						0.	0.	0.
(5) ANTON ARMSTRONG	2.00]								
CHAIR ELECT		Х		Х				0.	0.	0.
(6) BRIAN NEWHOUSE	2.00	1							_	_
CHAIR		Х		Х				0.	0.	0.
(7) ANTHONY TRECEK-KING	2.00	1							_	_
PAST CHAIR		Х						0.	0.	0.
(8) CHARLES BERARDESCO	2.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(9) CORTY FENGLER	2.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(10) CRAIG JESSOP	2.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(11) DASHON BURTON	2.00	1								
DIRECTOR		Х						0.	0.	0.
(12) DAVID HAYES	2.00	l								
DIRECTOR		Х						0.	0.	0.
(13) DAVID MORROW	2.00	l								
DIRECTOR		Х						0.	0.	0.
(14) DIANA SAEZ	2.00	l								
DIRECTOR		Х						0.	0.	0.
(15) DIANNE PETERSON	2.00	ļ							_	
DIRECTOR		Х						0.	0.	0.
(16) ELFRIEDA HEINRICHS	2.00	ļ							_	
DIRECTOR		Х						0.	0.	0.
(17) ELIZABETH NUNEZ	2.00	∤							_	_
DIRECTOR		X						0.	0.	990 (2020)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos	itior		200	Reportable	Reportable	E	stimate	ed
	hours per	box	, unle	ss pe	rson i	than o	n an	compensation	compensation	a	mount	of
	week		cer an	id a d	irecto	r/trus T	tee)	from	from related		other	
	(list any hours for	recto						the	organizations	1	npensa	
	related	or di	99			sated		organization	(W-2/1099-MISC)	1	from th	
	organizations	rustee	trust		99	n be us		(W-2/1099-MISC)		1	ganizat nd relat	
	below	dual t	rtio na	_	nploy	st cor	-				ganizati	
	line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				,	
(18) EUGENE ROGERS	2.00											
DIRECTOR		Х						0.	0.	.		0.
(19) IRIS DERKE	2.00											
DIRECTOR		Х						0.	0.	.		0.
(20) JEFFREY BARNETT	2.00											
DIRECTOR		Х						0.	0.	.		0.
(21) JOHN EARLS	2.00											
TREASURER		Х		х				0.	0.	.		0.
(22) JOHN NUECHTERLEIN	2.00							-	-			
DIRECTOR		Х						0.	0.	.		0.
(23) PEARL SHANGKUAN	2.00								-	1		
DIRECTOR		х						0.	0.	.		0.
(24) KAREN P. THOMAS	2.00								-	1		
DIRECTOR		х						0.	0.	.		0.
(25) LINDA MOXLEY	2.00	ļ —							•			
DIRECTOR		х						0.	0.	.		0.
(26) MARCELA MOLINA	2.00									+		
DIRECTOR		х						0.	0.			0.
4h Cuhtatal	153 555		0.		1,233							
c Total from continuation sheets to Part VII								0.	0.			
d Total (add lines 1b and 1c)								153,555.	0.		1,2	
Total number of individuals (including but no							o re					
compensation from the organization				-		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	555 51 15p51143.5			1
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director trust	ee k	ev e	mpl	ove	e or	hia	hest compensated empl	lovee on			
line 1a? If "Yes," complete Schedule J for su	•	-	•	•	•	•	·	most compensated emp	•	3		х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	•		•					•	· ·	4	х	
5 Did any person listed on line 1a receive or a	•		•									
rendered to the organization? If "Yes." com					•			· ·		5		х
Section B. Independent Contractors	olete Schedul	3	JI SL	<i>ICIT</i>	JEIS	OII .						
Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100.000 of compens	ation f	rom	
the organization. Report compensation for t	· ·	-							· · · · · · · · · · · · · · · · · · ·			
(A)	-			<u> </u>				(B)		((C)	
Name and business	address	NO	ONE	3				Description of s	ervices		ensatio	'n

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 CHORUS AMERICA 23-2062595

Form 990 CHORUS A		23-2062595									
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(D)	(E)	(F)								
Name and title	Average		Position					Reportable	Reportable	Estimated	
	hours per	(C	heck all that app			app	ly)	compensation from	compensation from related	amount of other	
	week					ee ee		the	organizations	compensation	
	(list any	ector				Highest compensated employee		organization	(W-2/1099-MISC)	from the	
	hours for	or dir	98			ated e		(W-2/1099-MISC)		organization	
	related organizations	ustee	truste		99	suadu				and related organizations	
	below	Individual trustee or director	Institutional trustee	_	Key employee	stcon	16			organizations	
	line)	Indivi	Institu	Officer of the or	Key e	Highe	Former				
(27) MARIE BUCOY-CALAVAN	2.00										
SECRETARY		Х		Х				0.	0.	0.	
(28) MARK LAWSON	2.00										
DIRECTOR		Х						0.	0.	0.	
(29) MARY DOUGHTY MAUCH	2.00										
DIRECTOR		Х						0.	0.	0.	
(30) MIGUEL ANGEL FELIPE	2.00	4_						_		_	
DIRECTOR	1 0 00	Х						0.	0.	0.	
(31) MOLLY BUZICK PONTIN	2.00								•	•	
DIRECTOR	1 2 00	Х						0.	0.	0.	
(32) MORNA EDMUNDSON DIRECTOR	2.00	х						0.	0.	0.	
(33) ROBERT ISTAD	2.00	Δ						0.	0.	0.	
DIRECTOR	2.00	Х						0.	0.	0.	
(34) ROBYN REEVES LANA	2.00	25						•	•	.	
DIRECTOR	200	х						0.	0.	0.	
(35) ROLLO DILWORTH	2.00								•		
DIRECTOR		Х						0.	0.	0.	
(36) CRAIG H. JOHNSON	2.00										
DIRECTOR		Х						0.	0.	0.	
(37) STEVEN NEIFFER	2.00							_	_	_	
DIRECTOR		Х						0.	0.	0.	
(38) TODD ESTABROOK	2.00									•	
DIRECTOR	2 00	Х						0.	0.	0.	
(39) DUAIN WOLFE DIRECTOR	2.00	х						0.	0.	0	
(40) ROLAND CARTER	2.00	Λ						0.	0.	0.	
DIRECTOR	2.00	Х						0.	0.	0.	
										•	
		1									
		4									
		}									
T											
Total to Part VII, Section A, line 1c											

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1a Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 198,588. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 308,838. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,659,441. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \triangleright 3,166,867. h Total. Add lines 1a-1f **Business Code** 184,669. 184,669. 2 a PROGRAM REGISTRATIONS 713990 Program Service Revenue **b** ADVERTISING INCOME 541800 83,695. 83,695. С f All other program service revenue 268,364. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 12,949 12,949 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 696,665. assets other than inventory b Less: cost or other basis 7b 633,762. Other Revenue and sales expenses 62,903. 62,903. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER INCOME 711130 19,863. 19,863. d All other revenue 19,863. e Total. Add lines 11a-11d 530,946. 267,435. 83,695. 12,949. Total revenue. See instructions 12

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Form 990 (2020) CHORUS AMERICA
Part IX Statement of Functional Expenses

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	7.5.		(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	154,477.	100,348.	26,384.	27,745.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F01 000	220 005	00 156	02 540
7	Other salaries and wages	521,990.	339,085.	89,156.	93,749.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	70 570	E1 040	12 401	11111
9	Other employee benefits	78,572.	51,040.	13,421.	14,111.
10	Payroll taxes	56,251.	36,540.	9,608.	10,103.
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
С.	Accounting				
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	203,779.	154,521.	36,067.	13,191.
12	Advertising and promotion	18,951.	17,413.	30,007.	1,538.
13	Office expenses	4,459.	2,634.	1,328.	497.
14	Information technology	14,239.	400.	13,839.	1574
15	Royalties	21,200	2001	20,0000	
16	Occupancy	109,528.	69,463.	20,780.	19,285.
17	Travel	4,183.	3,003.	1,129.	51.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	516.	215.	125.	176.
20	Interest				-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,948.	22,433.	8,364.	5,151.
23	Insurance	3,408.	2,161.	647.	600.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) DUES & SUBSCRIPTIONS	26,443.	12,247.	9,596.	4,600.
a b	MISCELLANEOUS	25,297.	4,404.	20,108.	785.
	BANK FEES	24,580.	15,308.	5,738.	3,534.
c d	PRINTING AND POSTAGE	22,704.	20,100.	2,219.	385.
	All other expenses	20,141.	10,621.	9,134.	386.
25	Total functional expenses. Add lines 1 through 24e	1,325,466.	861,936.	267,643.	195,887.
<u>25</u> 26	Joint costs. Complete this line only if the organization	_, J_J ; _ J J J J J J J J J J J J J J J J	301,3300	20110404	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2020)

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Part X | Balance Sheet 23-2062595 Page 11 CHORUS AMERICA

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			241,664.	1	1,418,361.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		I	87,740.	3	951,320.
	4	Accounts receivable, net			9,045.	4	16,192.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, suk					
		controlled entity or family member of any of the	ese persons	sL		5	
	6	Loans and other receivables from other disqu	alified perso	ns (as defined			
		under section 4958(f)(1)), and persons describ	ed in sectio	n 4958(c)(3)(B)		6	
ξ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9				19,982.	9	10,523.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	197,514. 145,883.			
	b	Less: accumulated depreciation	. 10b	145,883.	84,856.	10c	51,631. 1,205,494.
	11	Investments - publicly traded securities			894,004.	11	1,205,494.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			8,484.	15	8,484.
	16	Total assets. Add lines 1 through 15 (must ed			1,345,775.	16	3,662,005.
	17	Accounts payable and accrued expenses		70,668.	17	37,727.	
	18	Grants payable		16.004	18	10.004	
	19	Deferred revenue			16,204.	19	12,224.
	20	Tax-exempt bond liabilities		I		20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, suk					
Liabilities		controlled entity or family member of any of the				22	1
_	23	Secured mortgages and notes payable to unre				23	1
	24	Unsecured notes and loans payable to unrela	=			24	1
	25	Other liabilities (including federal income tax,	-				1
		parties, and other liabilities not included on lin			6E E71		66,200.
		of Schedule D		·····	65,571. 152,443.	25	116,151.
	26	Total liabilities. Add lines 17 through 25		▶ ▼	132,443.	26	110,131.
S		Organizations that follow FASB ASC 958, c	neck nere				
ž	07	and complete lines 27, 28, 32, and 33.			604,769.	27	945,054.
<u>a</u>	27 28				588,563.	28	2,600,800.
<u>Б</u>	20	Net assets with donor restrictions Organizations that do not follow FASB ASC		r horo	300,303.	20	2,000,000
ᆵ		and complete lines 29 through 33.	956, CHECK	There			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	łe			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
\ss(31	Retained earnings, endowment, accumulated				31	
et /	32	Total net assets or fund balances			1,193,332.	32	3,545,854.
Ž	33	Total liabilities and net assets/fund balances			1,345,775.	33	3,662,005.
	<u> </u>	rotal habilities and het assets/fund balances			1,545,115.	აა	3,002,003

	1990 (2020) CHORUS AMERICA	23-2	<u>06259</u>	95	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,5			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3	<u> 325</u>	, 46	<u> </u>
3	Revenue less expenses. Subtract line 2 from line 1	3	2,2	205	, 48	30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,1	L93	, 33	32.
5	Net unrealized gains (losses) on investments	5	1	L54	, 58	35.
6	Donated services and use of facilities	6				
7	Investment expenses	7		-7	, 54	43.
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3,5	545	, 85	54.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				'	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D .				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		🚅	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		🚅	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		🚅	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		<u>L</u> :	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		:	3b		