

2018 TAX RETURN



EDWARD OPPERMAN, CPA
1901 Kossuth Street
Lafayette, IN 47905
765-588-4335
www.edwardoppermancpa.com

"NOT JUST YOUR ACCOUNTANT, YOUR PARTNER IN SUCCESS"

THE BACH CHORALE SINGERS, INC.
839 MAIN STREET, Room 540
LAFAYETTE, IN 47901

CERTIFIED PUBLIC ACCOUNTANT & BUSINESS CONSULTANT

1901 Kossuth Street | Lafayette, IN 47905 | 765-588-4335



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EDWARD OPPERMAN, CPA
1901 KOSSUTH STREET
LAFAYETTE, IN 47905
Phone: 765-588-4335
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e@edwardoppermancpa.com

December 3, 2019

THE BACH CHORALE SINGERS, INC.
839 MAIN STREET, Room 540
LAFAYETTE, IN 47901

Dear THE BACH CHORALE SINGERS, INC.,

We have prepared the 2018 Form 990EZ for THE BACH CHORALE SINGERS, INC. based on the information you provided. The return has been successfully e-filed and a copy is enclosed for THE BACH CHORALE SINGERS, INC.'s records.

There are no taxes or fees due with the return.

If you have any questions about the return(s) or about THE BACH CHORALE SINGERS, INC.'s tax situation during the year, please do not hesitate to call us at 765-588-4335. We appreciate this opportunity to serve you.

Sincerely,

EDWARD OPPERMAN, CPA



TAX RETURN RELEASE LETTER

THE BACH CHORALE SINGERS, INC.

2018 Form 990EZ

With my signature below, I acknowledge the receipt of a signed copy of the federal and state income tax return for the tax year 2018, along with all related original documents provided to the firm EDWARD OPPERMAN, CPA for the purpose of preparing these tax returns.

~~~~~

I understand that the firm of EDWARD OPPERMAN, CPA is required by the Internal Revenue Service to file the return electronically, unless not allowed by the Service.

I understand the firm of EDWARD OPPERMAN, CPA is not allowed to file our federal return, until they receive a signed Form 8879 IRS e-file Signature Authorization - this must be signed by both taxpayers if a joint return.

I understand the firm of EDWARD OPPERMAN, CPA is not allowed to file our state return, until they receive a signed State Individual Income Tax Declaration of Electronic Filing, if applicable- this must be signed by both taxpayers if a joint return.

I understand currently that some States do not accept all returns electronically. If applicable to your return, a paper copy of your State return, must be signed and mailed to the State Department of Revenue. ***I acknowledge this is my responsibility.***

- I acknowledge our federal balance due is: **\$0, plus penalty and interest, if applicable** ~ or refund of: **\$0**
- I acknowledge our state balance due is: **[Undefined] plus penalty and interest, if applicable** ~ or refund of: **[Undefined]**

***I understand that any taxes due, will not be paid or setup to be paid automatically or electronically by the firm of EDWARD OPPERMAN, CPA***

~~~~~

A copy of the preparation fee invoice follows this page. I acknowledge receipt of our invoice.

I understand as a policy of the firm of EDWARD OPPERMAN, CPA- they will not file the tax return(s) electronically until the preparation fee has been paid, unless other arrangements have been established.

~~~~~

Accepted:

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**THE BACH CHORALE SINGERS, INC.**  
**December 3, 2019**



# IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury  
Internal Revenue Service

For calendar year 2018, or fiscal year beginning 7/1, 2018, and ending 6/30, 2019

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2018

Name of exempt organization THE BACH CHORALE SINGERS, INC. Employer identification number 23-7339360

Name and title of officer MARCY MILLER BOARD PRESIDENT

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|                                    |                                     |                                                                            |           |                |
|------------------------------------|-------------------------------------|----------------------------------------------------------------------------|-----------|----------------|
| <b>1a</b> Form 990 check here      | <input type="checkbox"/>            | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) | <b>1b</b> |                |
| <b>2a</b> Form 990-EZ check here   | <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990-EZ, line 9)                      | <b>2b</b> | <u>156,845</u> |
| <b>3a</b> Form 1120-POL check here | <input type="checkbox"/>            | <b>b Total tax</b> (Form 1120-POL, line 22)                                | <b>3b</b> |                |
| <b>4a</b> Form 990-PF check here   | <input type="checkbox"/>            | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)     | <b>4b</b> |                |
| <b>5a</b> Form 8868 check here     | <input type="checkbox"/>            | <b>b Balance Due</b> (Form 8868, line 3c)                                  | <b>5b</b> |                |

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize EDWARD OPPERMAN, CPA to enter my PIN 43771 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 35183843771  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ EDWARD OPPERMAN Date ▶ 12/3/2019

**ERO Must Retain This Form—See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

# IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury  
Internal Revenue Service

For calendar year 2018, or fiscal year beginning 7/1, 2018, and ending 6/30, 2019

# 2018

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization  
**THE BACH CHORALE SINGERS, INC.**

Employer identification number  
**23-7339360**

Name and title of officer  
**MARCY MILLER**

**BOARD PRESIDENT**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|                                    |                                     |                                                                            |           |          |
|------------------------------------|-------------------------------------|----------------------------------------------------------------------------|-----------|----------|
| <b>1a</b> Form 990 check here      | <input type="checkbox"/>            | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) | <b>1b</b> | _____    |
| <b>2a</b> Form 990-EZ check here   | <input type="checkbox"/>            | <b>b Total revenue</b> , if any (Form 990-EZ, line 9)                      | <b>2b</b> | _____    |
| <b>3a</b> Form 1120-POL check here | <input type="checkbox"/>            | <b>b Total tax</b> (Form 1120-POL, line 22)                                | <b>3b</b> | _____    |
| <b>4a</b> Form 990-PF check here   | <input type="checkbox"/>            | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)     | <b>4b</b> | _____    |
| <b>5a</b> Form 8868 check here     | <input checked="" type="checkbox"/> | <b>b Balance Due</b> (Form 8868, line 3c)                                  | <b>5b</b> | <u>0</u> |

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize EDWARD OPPERMAN, CPA to enter my PIN  as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ EDWARD OPPERMAN Date ▶ 12/3/2019

**ERO Must Retain This Form—See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number, see instructions**

|                                                                                                       |                                                                                                                        |                                                              |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Type or print</b><br><small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization or other filer, see instructions.<br><b>THE BACH CHORALE SINGERS, INC.</b>                 | Employer identification number (EIN) or<br><b>23-7339360</b> |
|                                                                                                       | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>839 MAIN STREET, Room 540</b>             | Social security number (SSN)                                 |
|                                                                                                       | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>LAFAYETTE, IN 47901</b> |                                                              |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 01

| Application Is For                       | Return Code | Application Is For                | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

• The books are in the care of ▶ DONNA PETERSON-----

Telephone No. ▶ 765-429-5151----- Fax No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . . ▶  . If it is for part of the group, check this box. . . . . ▶  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 5/15, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning 7/1, 20 18, and ending 6/30, 20 19.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|                                                                                                                                                                                               |           |    |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|---|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0 |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0 |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0 |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

# Short Form Return of Organization Exempt From Income Tax

## 2018

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.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning 7/1/2018, and ending 6/30/2019

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <p><b>C</b> Name of organization<br/><b>THE BACH CHORALE SINGERS, INC.</b></p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br/> <u>839 MAIN STREET</u> <u>540</u></p> <p>City or town State ZIP code<br/> <u>LAFAYETTE</u> <u>IN</u> <u>47901</u></p> <p>Foreign country name Foreign province/state/county Foreign postal code</p> | <p><b>D</b> Employer identification number<br/><u>23-7339360</u></p> <p><b>E</b> Telephone number</p> <p><b>F</b> Group Exemption Number ▶</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ WWW.BACHCHORALE.ORG

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 156,845

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

|                   |                                                                                                                                                                                                                            |                                                                                                                                                            |           |         |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>Revenue</b>    | <b>1</b>                                                                                                                                                                                                                   | Contributions, gifts, grants, and similar amounts received . . . . .                                                                                       | <b>1</b>  | 108,398 |
|                   | <b>2</b>                                                                                                                                                                                                                   | Program service revenue including government fees and contracts . . . . .                                                                                  | <b>2</b>  | 26,958  |
|                   | <b>3</b>                                                                                                                                                                                                                   | Membership dues and assessments . . . . .                                                                                                                  | <b>3</b>  | 19,501  |
|                   | <b>4</b>                                                                                                                                                                                                                   | Investment income . . . . .                                                                                                                                | <b>4</b>  | 83      |
|                   | <b>5a</b>                                                                                                                                                                                                                  | Gross amount from sale of assets other than inventory . . . . .                                                                                            | <b>5a</b> |         |
|                   | <b>5b</b>                                                                                                                                                                                                                  | Less: cost or other basis and sales expenses . . . . .                                                                                                     | <b>5b</b> |         |
|                   | <b>5c</b>                                                                                                                                                                                                                  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .                                                          | <b>5c</b> | 0       |
|                   | <b>6</b>                                                                                                                                                                                                                   | Gaming and fundraising events                                                                                                                              |           |         |
|                   | <b>a</b>                                                                                                                                                                                                                   | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .                                                                            | <b>6a</b> |         |
| <b>b</b>          | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | <b>6b</b>                                                                                                                                                  |           |         |
| <b>c</b>          | Less: direct expenses from gaming and fundraising events . . . . .                                                                                                                                                         | <b>6c</b>                                                                                                                                                  |           |         |
| <b>d</b>          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .                                                                                                               | <b>6d</b>                                                                                                                                                  | 0         |         |
| <b>7a</b>         | Gross sales of inventory, less returns and allowances . . . . .                                                                                                                                                            | <b>7a</b>                                                                                                                                                  |           |         |
| <b>b</b>          | Less: cost of goods sold . . . . .                                                                                                                                                                                         | <b>7b</b>                                                                                                                                                  |           |         |
| <b>c</b>          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .                                                                                                                                   | <b>7c</b>                                                                                                                                                  | 0         |         |
| <b>8</b>          | Other revenue (describe in Schedule O) . . . . .                                                                                                                                                                           | <b>8</b>                                                                                                                                                   | 1,905     |         |
| <b>9</b>          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶                                                                                                                                                  | <b>9</b>                                                                                                                                                   | 156,845   |         |
| <b>Expenses</b>   | <b>10</b>                                                                                                                                                                                                                  | Grants and similar amounts paid (list in Schedule O) . . . . .                                                                                             | <b>10</b> |         |
|                   | <b>11</b>                                                                                                                                                                                                                  | Benefits paid to or for members . . . . .                                                                                                                  | <b>11</b> |         |
|                   | <b>12</b>                                                                                                                                                                                                                  | Salaries, other compensation, and employee benefits . . . . .                                                                                              | <b>12</b> | 80,457  |
|                   | <b>13</b>                                                                                                                                                                                                                  | Professional fees and other payments to independent contractors . . . . .                                                                                  | <b>13</b> | 3,196   |
|                   | <b>14</b>                                                                                                                                                                                                                  | Occupancy, rent, utilities, and maintenance . . . . .                                                                                                      | <b>14</b> | 9,123   |
|                   | <b>15</b>                                                                                                                                                                                                                  | Printing, publications, postage, and shipping . . . . .                                                                                                    | <b>15</b> | 4,894   |
|                   | <b>16</b>                                                                                                                                                                                                                  | Other expenses (describe in Schedule O) . . . . .                                                                                                          | <b>16</b> | 55,271  |
| <b>17</b>         | <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶                                                                                                                                                                 | <b>17</b>                                                                                                                                                  | 152,941   |         |
| <b>Net Assets</b> | <b>18</b>                                                                                                                                                                                                                  | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                  | <b>18</b> | 3,904   |
|                   | <b>19</b>                                                                                                                                                                                                                  | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>19</b> | 64,014  |
|                   | <b>20</b>                                                                                                                                                                                                                  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                                                             | <b>20</b> |         |
|                   | <b>21</b>                                                                                                                                                                                                                  | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶                                                                 | <b>21</b> | 67,918  |

For Paperwork Reduction Act Notice, see the separate instructions.



**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|                                                                                                               | (A) Beginning of year | (B) End of year  |
|---------------------------------------------------------------------------------------------------------------|-----------------------|------------------|
| <b>22</b> Cash, savings, and investments . . . . .                                                            | 68,327                | <b>22</b> 77,383 |
| <b>23</b> Land and buildings . . . . .                                                                        | 2,524                 | <b>23</b> 2,553  |
| <b>24</b> Other assets (describe in Schedule O) . . . . .                                                     | 2,026                 | <b>24</b> 318    |
| <b>25</b> <b>Total assets</b> . . . . .                                                                       | 72,877                | <b>25</b> 80,254 |
| <b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .                                         | 8,863                 | <b>26</b> 12,336 |
| <b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 64,014                | <b>27</b> 67,918 |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

|                                                                                                                            |            |         |
|----------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>28</b> <u>CONCERTS AND WORKSHOPS PRESENTED BY THE BACH CHORALE SINGERS FOR THE CULTURAL ENRICHMENT OF THE COMMUNITY</u> |            |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                   | <b>28a</b> | 100,562 |
| <b>29</b> _____                                                                                                            |            |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                   | <b>29a</b> |         |
| <b>30</b> _____                                                                                                            |            |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                   | <b>30a</b> |         |
| <b>31</b> Other program services (describe in Schedule O) . . . . .                                                        |            |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                   | <b>31a</b> |         |
| <b>32</b> <b>Total program service expenses.</b> (add lines 28a through 31a) . . . . .                                     | <b>32</b>  | 100,562 |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title                         | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| MARCY MILLER<br>PRESIDENT                  | Hr/WK 1.00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| JOHN POLLES<br>VICE PRESIDENT              | Hr/WK 1.00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| WILLIAM (BILL) LAPCHESKA<br>VICE PRESIDENT | Hr/WK 1.00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| CHARLOTTE GRAY<br>SECRETARY                | Hr/WK 1.00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| RICHARD LODDE<br>TREASURER                 | Hr/WK 1.00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| BRIAN ALLINDER<br>DIRECTOR                 | Hr/WK 1.00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| ROGER BENNETT<br>DIRECTOR                  | Hr/WK 1.00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| DANIEL BERGER<br>DIRECTOR                  | Hr/WK 1.00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| VICKI BOWER<br>DIRECTOR                    | Hr/WK 1.00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| TED FONDAK<br>DIRECTOR                     | Hr/WK 1.00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| CINDY GERELACH<br>DIRECTOR                 | Hr/WK 1.00                                     | 0                                                                          | 0                                                                                       | 0                                          |
| DAWN HAYS<br>DIRECTOR                      | Hr/WK 1.00                                     | 0                                                                          | 0                                                                                       | 0                                          |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 33   | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. . . . .                                                                                                                                                                                                                                                                |     | X  |
| 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 . . . . .                                                                                                                                                                         |     | X  |
| 35 a | 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)? . . . . .                                                                                                                                                                                                                                              |     | X  |
| 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. . . . .                                                                                                                                                                                                                                                                                                          |     |    |
| 35 b | 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 . . . . .                                                                                                                                                                                                                  |     | X  |
| 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 . . . . .                                                                                                                                                                                                                                                 |     | X  |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>                                                                                                                                                                                                                                                                                                                                  |     |    |
| b    | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                     |     | X  |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .                                                                                                                                                                                                      |     | X  |
| b    | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>                                                                                                                                                                                                                                                                                                                                             |     |    |
| 39   | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| a    | Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>                                                                                                                                                                                                                                                                                                                                                           |     |    |
| b    | Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>                                                                                                                                                                                                                                                                                                                                                  |     |    |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____                                                                                                                                                                                                                                                                  |     |    |
| b    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .                                                                                               |     | X  |
| 40 b |                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| c    | 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 . . . . . ▶ _____                                                                                                                                                                                                                                                                                                |     |    |
| e    | 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. . . . .                                                                                                                                                                                                                                                                           |     | X  |
| 40 e |                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| 41   | List the states with which a copy of this return is filed. ▶ _____                                                                                                                                                                                                                                                                                                                                                                          |     |    |
| 42 a | The organization's books are in care of ▶ <u>DONNA PETERSON</u> Telephone no. ▶ <u>765-429-5151</u><br>Located at ▶ <u>839 MAIN STREET - 540</u> City <u>LAFAYETTE</u> ST <u>IN</u> ZIP + 4 ▶ <u>47901</u>                                                                                                                                                                                                                                  |     |    |
| b    | 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)? If "Yes," enter the name of the foreign country: ▶ _____<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | Yes | No |
| 42 b |                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | X  |
| c    | At any time during the calendar year, did the organization maintain an office outside the United States? . . . . . If "Yes," enter the name of the foreign country: ▶ _____                                                                                                                                                                                                                                                                 |     | X  |
| 42 c |                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>                                                                                                                                                                                 |     |    |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                                                                                                                |     | X  |
| 44 a |                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| b    | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                                                                                                         |     | X  |
| 44 b |                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| c    | Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                                                                                                                            |     | X  |
| 44 c |                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| d    | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                               |     |    |
| 44 d |                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                                                                                                                           |     | X  |
| 45 a |                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| 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. . . . .                                                                                                                                                                                  |     | X  |
| 45 b |                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . . 46 Yes No X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 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. . . . . 47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . 48 Yes No X

49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a Yes No X

b If "Yes," was the related organization a section 527 organization? . . . . . 49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are 'None'.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are 'None'.

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . . X Yes No

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.

Sign Here Signature of officer: MARCY MILLER, Type or print name and title: BOARD PRESIDENT, Date: 12/3/2019

Paid Preparer Use Only Print/Type preparer's name: EDWARD OPPERMAN, Preparer's signature: EDWARD OPPERMAN, Date: 12/3/2019, Check self-employed: X, PTIN: P00109128, Firm's name: EDWARD OPPERMAN, CPA, Firm's address: 1901 KOSSUTH STREET, LAFAYETTE, IN 47905, Firm's EIN: 20-3955086, Phone no.: 765-588-4335

May the IRS discuss this return with the preparer shown above? See instructions . . . . . X Yes No



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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

|                                                                   |                                                     |
|-------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>THE BACH CHORALE SINGERS, INC. | <b>Employer identification number</b><br>23-7339360 |
|-------------------------------------------------------------------|-----------------------------------------------------|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . 0
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
| (A)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (B)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (C)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (D)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (E)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                               |                                                             |    | 0                                                 | 0                                               |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                            | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                  |          |          |          |          |          | 0         |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |          |          |          |          |          | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             |          |          |          |          |          | 0         |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                        | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                                   |          |          |          |          |          | 0         |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                                       | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018  | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                                            | 0        | 0        | 0        | 0        | 0         | 0         |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                                                |          |          |          |          |           | 0         |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                                             |          |          |          |          |           | 0         |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                                               |          |          |          |          |           | 0         |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                                         |          |          |          |          |           | 0         |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                                               |          |          |          |          | <b>12</b> |           |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |           |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                                    | <b>14</b> | 0.00% |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                                          | <b>15</b> | 0.00% |
| <b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>                                                                                                                                                                           |           |       |
| <b>b 33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>                                                                                                                                                                        |           |       |
| <b>17a 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>    |           |       |
| <b>b 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |           |       |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                               |           |       |

**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**

| Calendar year (or fiscal year beginning in)                                                                                                                                                 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                 | 126,786  | 105,871  | 107,527  | 94,455   | 108,398  | 543,037   |
| <b>2</b> 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 . . . . . | 36,574   | 33,791   | 41,026   | 44,650   | 46,459   | 202,500   |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                             | 1,198    | -805     | 5,771    | 3,965    | 1,905    | 12,034    |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |          |          |          |          |          | 0         |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |          |          |          |          |          | 0         |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                             | 164,558  | 138,857  | 154,324  | 143,070  | 156,762  | 757,571   |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                |          |          |          |          |          | 0         |
| <b>b</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 . . . . .           |          |          |          |          |          | 0         |
| <b>c</b> Add lines 7a and 7b . . . . .                                                                                                                                                      | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .                                                                                                                           |          |          |          |          |          | 757,571   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                          | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .                                                                                                               | 164,558  | 138,857  | 154,324  | 143,070  | 156,762  | 757,571   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . |          |          |          | 1,553    | 83       | 1,636     |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                           |          |          |          |          |          | 0         |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                             | 0        | 0        | 0        | 1,553    | 83       | 1,636     |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .      |          |          |          |          |          | 0         |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                  |          |          |          | 0        |          | 0         |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .                                                                                   | 164,558  | 138,857  | 154,324  | 144,623  | 156,845  | 759,207   |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

|                                                                                                             |           |        |
|-------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | 99.78% |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | 99.79% |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                         |           |       |
|-------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . . . | <b>17</b> | 0.22% |
| <b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .                         | <b>18</b> | 0.21% |

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**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**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>                                                                                                                                                                                                                |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                             |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>                                                                                                                                                                                                                                                           |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                    |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>                                                                                                                                                                                                        |     |    |
| <b>c</b> 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)? <i>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.</i>                                                                                                                                                                           |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>                                                          |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                    |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                      |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                                                          |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                               |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>                                                                                                                                                                                                                                                   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                   |     |    |



**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                            |     |    |
| <b>a</b> 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? |     |    |
| <b>11a</b>                                                                                                                                                                   |     |    |
| <b>b</b> A family member of a person described in (a) above?                                                                                                                 |     |    |
| <b>11b</b>                                                                                                                                                                   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>                                        |     |    |
| <b>11c</b>                                                                                                                                                                   |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? <i>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.</i> |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>                                                                                                                                                                                                                                                                             |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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)? <i>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).</i> |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                                       |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> 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 income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>                                                                                          |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                              |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                       |  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Yes | No |
| <b>a</b> 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? <i>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.</i> |  |     |    |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |     |    |
| <b>b</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? <i>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.</i>                                                                                                                              |  |     |    |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |     |    |
| <b>a</b> 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>                                                                                                                                                                                                                                                                                                                                |  |     |    |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                   |  |     |    |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income                                                                                                   |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year<br>(optional) |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| 1                                                                                                                                 | Net short-term capital gain                                                                                                                                                                              |                |                                |
| 2                                                                                                                                 | Recoveries of prior-year distributions                                                                                                                                                                   |                |                                |
| 3                                                                                                                                 | Other gross income (see instructions)                                                                                                                                                                    |                |                                |
| 4                                                                                                                                 | Add lines 1 through 3.                                                                                                                                                                                   | 0              | 0                              |
| 5                                                                                                                                 | Depreciation and depletion                                                                                                                                                                               |                |                                |
| 6                                                                                                                                 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) |                |                                |
| 7                                                                                                                                 | Other expenses (see instructions)                                                                                                                                                                        |                |                                |
| 8                                                                                                                                 | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).                                                                                                                                     | 0              | 0                              |
| Section B - Minimum Asset Amount                                                                                                  |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year<br>(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                                                                                                                                 | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | 1d             | 0                              |
| e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                                                                                                                                                                                                          |                |                                |
| 2                                                                                                                                 | Acquisition indebtedness applicable to non-exempt-use assets                                                                                                                                             | 2              |                                |
| 3                                                                                                                                 | Subtract line 2 from line 1d.                                                                                                                                                                            | 3              | 0                              |
| 4                                                                                                                                 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                                                                                          | 4              | 0                              |
| 5                                                                                                                                 | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | 5              | 0                              |
| 6                                                                                                                                 | Multiply line 5 by .035.                                                                                                                                                                                 | 6              | 0                              |
| 7                                                                                                                                 | Recoveries of prior-year distributions                                                                                                                                                                   | 7              | 0                              |
| 8                                                                                                                                 | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | 8              | 0                              |
| Section C - Distributable Amount                                                                                                  |                                                                                                                                                                                                          |                | Current Year                   |
| 1                                                                                                                                 | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                                                    | 1              | 0                              |
| 2                                                                                                                                 | Enter 85% of line 1                                                                                                                                                                                      | 2              | 0                              |
| 3                                                                                                                                 | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                                                   | 3              | 0                              |
| 4                                                                                                                                 | Enter greater of line 2 or line 3.                                                                                                                                                                       | 4              | 0                              |
| 5                                                                                                                                 | Income tax imposed in prior year                                                                                                                                                                         | 5              |                                |
| 6                                                                                                                                 | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                                                            | 6              | 0                              |
| 7                                                                                                                                 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                                |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| Section D - Distributions                                                                                                                    | Current Year |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                      |              |
| 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 Other distributions (describe in Part VI). See instructions.                                                                               |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                  | 0            |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2018 from Section C, line 6                                                                                       | 0            |
| 10 Line 8 amount divided by line 9 amount                                                                                                    | 0.000        |

| Section E - Distribution Allocations (see instructions)                                                                                                                   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2018 from Section C, line 6                                                                                                                    |                             |                                        | 0                                         |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.                                                   |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2018                                                                                                                         |                             |                                        |                                           |
| a From 2013 . . . . .                                                                                                                                                     | 0                           |                                        |                                           |
| b From 2014 . . . . .                                                                                                                                                     | 0                           |                                        |                                           |
| c From 2015 . . . . .                                                                                                                                                     | 0                           |                                        |                                           |
| d From 2016 . . . . .                                                                                                                                                     | 0                           |                                        |                                           |
| e From 2017 . . . . .                                                                                                                                                     | 0                           |                                        |                                           |
| f <b>Total</b> of lines 3a through e                                                                                                                                      | 0                           |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                                            |                             | 0                                      |                                           |
| h Applied to 2018 distributable amount                                                                                                                                    |                             |                                        | 0                                         |
| i Carryover from 2013 not applied (see instructions)                                                                                                                      |                             |                                        |                                           |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                                                                                                       | 0                           |                                        |                                           |
| 4 Distributions for 2018 from Section D, line 7: \$ 0                                                                                                                     |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                                            |                             | 0                                      |                                           |
| b Applied to 2018 distributable amount                                                                                                                                    |                             |                                        | 0                                         |
| c Remainder. Subtract lines 4a and 4b from 4.                                                                                                                             | 0                           |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             | 0                                      |                                           |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |                                        | 0                                         |
| 7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.                                                                                                     | 0                           |                                        |                                           |
| 8 Breakdown of line 7:                                                                                                                                                    |                             |                                        |                                           |
| a Excess from 2014 . . . . .                                                                                                                                              | 0                           |                                        |                                           |
| b Excess from 2015 . . . . .                                                                                                                                              | 0                           |                                        |                                           |
| c Excess from 2016 . . . . .                                                                                                                                              | 0                           |                                        |                                           |
| d Excess from 2017 . . . . .                                                                                                                                              | 0                           |                                        |                                           |
| e Excess from 2018 . . . . .                                                                                                                                              | 0                           |                                        |                                           |



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2018**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

|                                                                   |                                                     |
|-------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br><b>THE BACH CHORALE SINGERS, INC.</b> | Employer identification number<br><b>23-7339360</b> |
|-------------------------------------------------------------------|-----------------------------------------------------|

**Organization type** (check one):

- | Filers of:         | Section:                                                                                                  |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization                               |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation                                              |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation                                             |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|                                                               |                                                     |
|---------------------------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>THE BACH CHORALE SINGERS, INC.</b> | Employer identification number<br><b>23-7339360</b> |
|---------------------------------------------------------------|-----------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | TIPPECANOE ARTS FEDERATION<br>-----<br>638 NORTH STREET<br>-----<br>LAFAYETTE IN 47901<br>Foreign State or Province: -----<br>Foreign Country: -----                  | \$ ----- 7,062             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | CLOWES CHARITABLE FOUNDATION<br>-----<br>320 N MERIDIAN ST, SUITE 811<br>-----<br>INDIANAPOLIS IN 46204<br>Foreign State or Province: -----<br>Foreign Country: ----- | \$ ----- 10,000            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | COMMUNITY FOUNDATION OF GREATER LAFAYE<br>-----<br>300 MAIN STREET -100<br>-----<br>LAFAYETTE IN 47901<br>Foreign State or Province: -----<br>Foreign Country: -----  | \$ ----- 10,745            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | LAFAYETTE LIFE FOUNDATION INC<br>-----<br>508 VERMONT DR<br>-----<br>LAFAYETTE IN 47905<br>Foreign State or Province: -----<br>Foreign Country: -----                 | \$ ----- 5,000             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | NED DERHAMMER<br>-----<br>2722 COVINGTON STREET<br>-----<br>WEST LAFAYETTE IN 47906<br>Foreign State or Province: -----<br>Foreign Country: -----                     | \$ ----- 15,000            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | CYNTHIA A STAUFFACHER<br>-----<br>3625 CYPRESS LN<br>-----<br>LAFAYETTE IN 47905<br>Foreign State or Province: -----<br>Foreign Country: -----                        | \$ ----- 5,000             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                                               |                                                     |
|---------------------------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>THE BACH CHORALE SINGERS, INC.</b> | Employer identification number<br><b>23-7339360</b> |
|---------------------------------------------------------------|-----------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7          | BISON FINANCIAL GROUP<br>-----<br>839 MAIN ST<br>-----<br>LAFAYETTE IN 47901<br>-----<br>Foreign State or Province: _____<br>Foreign Country: _____ | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>-----<br>Foreign State or Province: _____<br>Foreign Country: _____                                                               | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>Foreign State or Province: _____<br>Foreign Country: _____                                                               | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>Foreign State or Province: _____<br>Foreign Country: _____                                                               | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>Foreign State or Province: _____<br>Foreign Country: _____                                                               | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>Foreign State or Province: _____<br>Foreign Country: _____                                                               | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>Foreign State or Province: _____<br>Foreign Country: _____                                                               | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|                                                               |                                                     |
|---------------------------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>THE BACH CHORALE SINGERS, INC.</b> | Employer identification number<br><b>23-7339360</b> |
|---------------------------------------------------------------|-----------------------------------------------------|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
| -----                     | -----<br>-----<br>-----                      | \$ -----                                        | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                        | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                        | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                        | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                        | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                        | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                        | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                        | -----                |



|                                                               |                                              |
|---------------------------------------------------------------|----------------------------------------------|
| Name of organization<br><b>THE BACH CHORALE SINGERS, INC.</b> | Employer identification number<br>23-7339360 |
|---------------------------------------------------------------|----------------------------------------------|

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ ..... 0  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                                               |                                          |
|--------------------------------------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4                            | Relationship of transferor to transferee |
| -----<br>-----<br>-----<br>For. Prov.                      Country | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                                               |                                          |
|--------------------------------------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4                            | Relationship of transferor to transferee |
| -----<br>-----<br>-----<br>For. Prov.                      Country | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                                               |                                          |
|--------------------------------------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4                            | Relationship of transferor to transferee |
| -----<br>-----<br>-----<br>For. Prov.                      Country | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                                               |                                          |
|--------------------------------------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4                            | Relationship of transferor to transferee |
| -----<br>-----<br>-----<br>For. Prov.                      Country | -----<br>-----<br>-----                  |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

THE BACH CHORALE SINGERS, INC.

Employer identification number

23-7339360

Form 990-EZ, Part I, Line 8, Other Revenue: MISCELLANEOUS: 1,905

Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising: 4,265

Form 990-EZ, Part I, Line 16, Other Expenses: CONCERT EXPENSES: 33,757

Form 990-EZ, Part I, Line 16, Other Expenses: CHOIR EXPENSES: 2,843

Form 990-EZ, Part I, Line 16, Other Expenses: CHORUS EXPENSES: 1,207

Form 990-EZ, Part I, Line 16, Other Expenses: ADVERTISING AND MARKETING: 5,378

Form 990-EZ, Part I, Line 16, Other Expenses: TAPES AND CDS: 460

Form 990-EZ, Part I, Line 16, Other Expenses: BANK FEES: 1,805

Form 990-EZ, Part I, Line 16, Other Expenses: DUES: 920

Form 990-EZ, Part I, Line 16, Other Expenses: OTHER: 1,954

Form 990-EZ, Part I, Line 16, Other Expenses: INSURANCE: 1,828

Form 990-EZ, Part I, Line 16, Other Expenses: DEPRECIATION: 854

Form 990-EZ, Part II, Line 24, Other Assets: RECEIVABLES: Beginning of year: 1,276, End of

year: 0

Form 990-EZ, Part II, Line 24, Other Assets: PREPAID EXPENSES: Beginning of year: 750, End of

year: 318

Form 990-EZ, Part II, Line 26, Liabilities: ACCOUNTS PAYABLE: Beginning of year: 30, End of

year: 0

Form 990-EZ, Part II, Line 26, Liabilities: LCC SUPPORT & TRIPS: Beginning of year: 183, End

of year: 0

Form 990-EZ, Part II, Line 26, Liabilities: PREPAID REVENUE: Beginning of year: 8,650, End of

year: 12,336



**Perjury Statement**

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that I have examined a copy of the exempt organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

**Consent to Disclosure**

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the exempt organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

**Officer's Signature**

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

-----  
 Officer's PIN 43771

Date: 12/3/2019

**ERO Declaration**

I declare that the information contained in this electronic return is the information furnished to me by the corporation. If the exempt organization furnished me a completed return, I declare that the information contained in this electronic return is identical to that contained in the return provided by the exempt organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**ERO Signature**

I am signing this tax return by entering my PIN below:

ERO's PIN 35183843771  
 (Enter EFIN plus 5 self-selected numerics)

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

|    |                                                                           |    |                   |
|----|---------------------------------------------------------------------------|----|-------------------|
| 1  | Contributions . . . . .                                                   | 1  | <u>47,787</u>     |
| 2  | Noncash contributions . . . . .                                           | 2  | <u>          </u> |
| 3  | Membership dues and assessments (contributions from the public) . . . . . | 3  | <u>          </u> |
| 4  | Government contributions (grants) . . . . .                               | 4  | <u>33,307</u>     |
| 5  | Commercial co-venture . . . . .                                           | 5  | <u>          </u> |
| 6  | Special events contributions (Line 6 - Special Events) . . . . .          | 6  | <u>0</u>          |
| 7  | Associated organization contributions . . . . .                           | 7  | <u>          </u> |
| 8  | SPONSORSHIPS . . . . .                                                    | 8  | <u>27,304</u>     |
| 9  | <u>          </u>                                                         | 9  | <u>          </u> |
| 10 | <u>          </u>                                                         | 10 | <u>          </u> |
| 11 | Total . . . . .                                                           | 11 | <u>108,398</u>    |

**Part I, Line 4 (990-EZ) - Investment Income**

|   |                                                              |   |                   |
|---|--------------------------------------------------------------|---|-------------------|
| 1 | Interest on savings and temporary cash investments . . . . . | 1 | <u>83</u>         |
| 2 | Dividends and interest from securities . . . . .             | 2 | <u>          </u> |
| 3 | Gross rents . . . . .                                        | 3 | <u>          </u> |
| 4 | Other investment income . . . . .                            | 4 | <u>          </u> |
| 5 | Total . . . . .                                              | 5 | <u>83</u>         |

**Part I, Line 16 (990-EZ) - Other Expenses**

|           |                                        | <b>Total:</b> | 55,271 |
|-----------|----------------------------------------|---------------|--------|
|           |                                        | Description   | Amount |
| <b>1</b>  | Travel                                 |               |        |
| <b>2</b>  | Meals and entertainment                |               |        |
| <b>3</b>  | Fundraising                            |               | 4,265  |
| <b>4</b>  | Conferences, conventions, and meetings |               |        |
| <b>5</b>  | Depletion                              |               |        |
| <b>6</b>  | Equipment rental and maintenance       |               |        |
| <b>7</b>  | Interest                               |               |        |
| <b>8</b>  | Supplies                               |               |        |
| <b>9</b>  | Telephone                              |               |        |
| <b>10</b> | Unrelated business income taxes        |               | 0      |
| <b>11</b> | Amortization                           |               | 0      |
| <b>12</b> | Depreciation                           |               | 0      |
| <b>13</b> | CONCERT EXPENSES                       |               | 33,757 |
| <b>14</b> | CHOIR EXPENSES                         |               | 2,843  |
| <b>15</b> | CHORUS EXPENSES                        |               | 1,207  |
| <b>16</b> | ADVERTISING AND MARKETING              |               | 5,378  |
| <b>17</b> | TAPES AND CDS                          |               | 460    |
| <b>18</b> | BANK FEES                              |               | 1,805  |
| <b>19</b> | DUES                                   |               | 920    |
| <b>20</b> | OTHER                                  |               | 1,954  |
| <b>21</b> | INSURANCE                              |               | 1,828  |
| <b>22</b> | DEPRECIATION                           |               | 854    |

**NP-20**

State Form 51062  
(R9 / 8-18)

**Indiana Department of Revenue**  
**Indiana Nonprofit Organization's Annual Report**  
**For the Calendar Year or Fiscal Year**  
**Beginning** 07/01/2018 **and Ending** 06/30/2019  
MM/DD/YYYY MM/DD/YYYY

Check if:  Change of Address  
 Amended Report  
 Final Report: Indicate Date Closed \_\_\_\_\_

**Due on the 15th day of the 5th month following the end of the tax year.**  
**NO FEE REQUIRED.**

|                                                       |             |                                            |                                            |
|-------------------------------------------------------|-------------|--------------------------------------------|--------------------------------------------|
| Name of Organization<br>THE BACH CHORALE SINGERS INC. |             | Telephone Number<br>765 429 5151           |                                            |
| Address<br>839 MAIN STREET ROOM 540                   |             | County                                     | Indiana Taxpayer Identification Number     |
| City<br>LAFAYETTE                                     | State<br>IN | Zip Code<br>47901                          | Federal Identification Number<br>237339360 |
| Printed Name of Person to Contact<br>DONNA PETERSON   |             | Contact's Telephone Number<br>765 429 5151 |                                            |

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

**Current Information**

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 44.
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

PROVIDE MUSICAL AND EDUCATION PROGRAMS FOR THE CULTURAL ENRICHMENT OF THE COMMUNITY.

Email Address: BACHCHORALE@COMCAST.NET

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

|                                                 |                                                                      |                    |
|-------------------------------------------------|----------------------------------------------------------------------|--------------------|
| Signature of Officer or Trustee<br>MARCY MILLER | BOARD PRESIDENT<br>Title<br>765 429 5151<br>Daytime Telephone Number | 12 03 2019<br>Date |
|-------------------------------------------------|----------------------------------------------------------------------|--------------------|

**Important:** Please submit this completed form and/or extension to:  
Indiana Department of Revenue, Tax Administration  
P.O. Box 6481  
Indianapolis, IN 46206-6481  
Telephone: (317) 232-0129

**Extensions of Time to File**

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



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