Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a cony of this prium to satisfy state procedure programments.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public Inspection.

ΑI	A For the 2008 calendar year, or tax year begin		ar, or tax year beginning	g July 1 , 2008, and endi			ding	June	e 30	, 20 09
В (Check if a							D Emplo	yer iden	tification number
===	Address of	" Historia		C				84		1658944
	Name cha	inge print o	~	*	delivered to street	address)	Room/suite	E Teleph	one nui	mber
=	Initial retu	12"	4200 KINGS COURT			1	l	(615		876-9024
=	Term-natio	"" Snortf		and 710 + 4		i				
===	Amended Application	a south	NASHVILLE, TN 37218	anu 217 + 4				F Group Numb	•	tion •
=			 							
	• Secti		izations and 4947(a)(1) nonexe ompleted Schedule A (Form 99			ittach	1	unung me (specify)		Cash Accrual
	Maheil	e: www.cho i	ralartslink.org							rganization is not edule B (Form 990,
					1 4047(-)(4)			Z, or 990		cule b (FORK 990,
			only one) - ✓ 501(c) (3) < (ir		4947(a)(1) or					
			tion is not a section 509(a)(3) sup inization chooses to file a return,				ots are nor	naliy not i	nore tha	an \$25,000. A return is
L	Add line	s 5b, 6b, and 7b, to	line 9 to determine gross receipts	, If \$1,000,000	or more, file Forn	n 990 inst	ead of Form	990-EZ	▶ \$	0
Pa	antal	Revenue, Exp	enses, and Changes in I	Net Assets	or Fund Bal	lances	See the	instructi	ons fo	r Part I.)
	1		fts, grants, and similar amount						1	8,216
	2		e revenue including governme						2	34,917
	l								3	762
	3	•			<i>.</i> .				4	
	4	Investment inco							-	
	5a	Gross amount fr	rom sale of assets other than	n inventory		5a			an a	
	b	Less. cost or ot	her basis and sales expense	s		_5b				
	С	Gain or (loss) from	m sale of assets other than inve	entory (Subtra	act line 5b from	line 5a) (a	attach sche	edule).	5c	
ž.	6	Special events and a	ctivities (complete applicable parts of	Schedule G), li a	ny amount is from o	aming, ch	eck here 🕨			
Revenue	а		not including \$	-	-	, · · · · · · · · · · · · · · · · · · ·		_		
é		reported on line	4.5		1	6a				
ш.	١.	•				6b				
	i		enses other than fundraising				- 0)		c-	
	C		loss) from special events and		Subtract line of	_ 1	ie oa) .		6c	· ··.
	7a		nventory, less returns and all	lowances		7a				
	b	Less: cost of go	oods sold DEFET IN			7b				
	С								7c	
	8							8		
	9								9	43,895
	10	10 Grants and similar amainst paid (Attach ashaduld)							10	
	l .	10 Grants and similar amounts paid (attach schedule)							11	
cn .	ĺ	11 Benefits paid to or for members 12 Salaries, other compensation and employee benefits							12	1101 -22 3
enses	12								13	2,613
Ē	13	Protessional tee	s and other payments to ind	iependent co	ontractors .					2,013
훘	14	14 Occupancy, rent, utilities, and maintenance							14	
<u>ш</u>	15	15 Printing, publications, postage, and shipping							15	532
010	16	Printing, publications, postage, and shipping. Other expenses (describe Ins.588; Prog. Exp 41523; Office supp.267; Web 266)	16	42,644		
2	17	Total expenses	. Add lines 10 through 16		· · · · · ·		· · ·	, , ▶	17	45,789
લ્લ	18		cit) for the year (Subtract line						18	-1,894
€ ₽	10		und balances at beginning of		•					
zέ	19	and of year for	and balances at beginning t	or year (Ironi	i ilise 27, colui	1111 (A)) (inusi agre	C MIDI	19	5,178
₹			ire reported on prior year's						20	
2	20		in net assets or fund balance							2204
	21		ind balances at end of year.						21	3284
	art II		its. If Total assets on line 25		are \$2,500,00	U or moi				
Z			(See the instructions for Part	t II.)			(A) Beg	inning of y		(B) End of year
₹22	14 15 16 17 18 19 20 21 art II	h, savings, and ır	vestments					51	78 22	3561
© 23	land								23	
24	Othe	er assets (describ	Prepaid Membership	dues	· · · · ·	٠			24	-277
25		al assets				,		51	78 25	3284
			ribe ▶						26	
26 27	I OCE	assets or fund l	balances (line 27 of column	(B) must agr	ee with line 21	 /	 	51	78 27	3284

David	-1:-1:		171 \	T	
Part III Statement of Program Service Accomplishments (See the instructions for Part III.)					Expenses uired for 501(c)(3)
What is the organization's primary exempt purpose? nurture choral arts					(4) organizations
Describe what was achieved in carrying out the organization	ation's exempt purposes. Ir	a clear and cond	ise manner,	and	4947(a)(1) trusts,
describe the services provided, the number of persons be	nefited, or other relevant info	ormation for each p	rogram title.	opti	onal for others.)
28 Choral Arts Music Program (CAMP)					
				1	
(Grants \$) If this amount incli	udes foreign grants, check	here	. ▶ □	28a	5040
MET Singers Honor Chair					
(Grants \$) If this amount incli	idaa farainn granta, ahaak	hara	П	29a	43,940
				23a	45,5~0
30				1	1
	******************************	**********			
	ides foreign grants, check			30a	
31 Other program services (attach schedule)					
	udes foreign grants, check			31a	
32 Total program service expenses (add lines 28a th	rough 31a)	<u> </u>	<u></u>	32	48,980
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the ins	structio	ons for Part IV.)
(a) Norman and address	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances
Margaret Campbelle-Holman					
4200 Kings Ct. Nashville, Tn. 37218	Chairman-40	0		0	o
Donnetta Hawkins					
416 Watts Circle, Nashville, Tn. 37209	Vice Pres. 3	0		0	l o
			 		
Stephanie Blocker	Secretary -1	0		0	0
6732 Sunnywood Drive, Nashville Tn 37013					
Peggy Drew	Treasurer - 1				
710 New Hall Rd. Nashville, Tn. 37206		0		0	0

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Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	***	1
	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	_	1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions. [37a] Did the organization file Form 1120-POL for this year?	37b	,	/
	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 unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	***************************************	1
39	Section 501(c)(7) organizations. Enter:] . 1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	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) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction		ľ	
	during the year or did it become aware of an excess benefit transaction from a pnor year? If "Yes," complete Schedule L. Part I	40b		1
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		5	
	Enter amount of tax on line 40c reimbursed by the organization	uiii.		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		1
41	List the states with which a copy of this return is filed. > Tennessee	`		
	The books are in care of ▶ Margaret Campbelle-Hollman Located at ▶ 4200 Kings Court, Nashville, Tn. ZIP + 4 ▶	372	76-90 18	24
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	42b	Yes	No
	account)?			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
70	and enter the amount of tax-exempt interest received or accrued during the tax year			
		in	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		\\ \tag{ \tag} \tag{ \tag{ \tag{ \tag{ \tag{ \tag{ \tag{ \tag{ \tag{ \ta
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
	F	orm 99	D-E2	(2008)

Form 990-EZ (2008)

Part	VI	and complete the tables for lines 50 at		organiza	itions mu	st answer questi	ons 4	6-49	
46 I	Did th	e organization engage in direct or indirect p	olitical campaign activitie	es on bel	nalf of or u	n opposition to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I						46		1
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								1
18	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E,								1
19a	Did the organization make any transfers to an exempt non-charitable related organization?								/
	If "Yes," was the related organization(s) a section 527 organization?								✓
		lete this table for the five highest compensate received more than \$100,000 of compensati	on from the organization	. If there	is none, e	nter "None."	·		
	(a) N	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(6) 00	mpensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expens ount an allowan	nd
None									
				- 				<u> </u>	
									
	·				·				
				†				<u>-</u>	
	·								
		er of other employees paid over \$100,000 D							
		lete this table for the five highest compensa ensation from the organization. If there is no	-	tors who	each rec	eived more than \$1	00,000	ot	
		(a) Name and address of each independent contractor p	oaid more than \$100,000		(b) Ty	pe of service	(c) Con	pensa	tion
None	<u> </u>								
									
									
								,	
Total	numb	er of other independent contractors each re	ceiving over \$100,000 .	. Þ					
		Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declarate	ned this return, including accom-	panying so er) is based	hedules and on all infori	statements, and to the nation of which prepare	best of n	y knov y knov	vledge vledge
Sign		margaret Campbelle	- Hulman			Jan. 15, á	1010	2	
Here	,	✓ Signature of officer / Dat# Dat#							
		Type or print name and title.							
Paid		Preparer's signature	Date		Check if self- employed	Preparer's Identifying	Number (See instr	uctions)
Prepa Use 0		Firm's name (or yours of self-employed),				EIN Þ ;			
		address, and ZIP + 4			1	Phone no. ► ()			
Mav t	the IR	S discuss this return with the preparer show	n above? See instruction	าร			I Y	es -	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2008

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization **Employer identification number CHORAL ARTS LINK, INC** 84 1658944 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An organization that normally receives: (1) more than 33\% % 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\% % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 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 that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I b Type II c Type III-Functionally integrated **d** ☐ Type III–Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support organization governing document? col. (i) of your (i) organized in the above or IRC section. US? (see instructions)) support? Yes No Yes Yes Total

Pa	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
_	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			11491	13517	43895	68903
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	ļ	<u> </u>	11491	13517	43895	68903
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	-	-	-	-		0
_6	Public support. Subtract line 5 from line 4.						68903
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4			11491	13517	13517 43895	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	L	<u> </u>	<u> </u>		1	68903
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>	nd, third, fourth,			n 501(c)(3) ► ☑
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2008 (line	6, column (f) di	ivided by line 1	1, column (f))		14	<u>%</u>
15	Public support percentage from 2007 Sc	-	•			15	<u>%</u>
16a	33/s % support test – 2008. If the organiand stop here. The organization qualifies	s as a publicly :	supported orga	nization			▶ 🛚
b	33% % support test - 2007. If the organi box and stop here. The organization qua					3%% or more,	check this
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum organization organiz	acts-and-circur	mstances" test,	check this box a	and stop here.	Explain in Part	IV how the
b	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstant"	facts-and-circum	nstances" test, o	check this box a	nd stop here.	Explain in Part	IV how the

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

Schedule A (Form 990 or 990-EZ) 2008 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 (f) Total contributions, grants, membership fees received (Do not include any "unusual grants.") 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. Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total, Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support (d) 2007 (f) Total **(b)** 2005 (c) 2006 Calendar year (or fiscal year beginning in) (a) 2004 (e) 2008 Amounts from line 6 . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, 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 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f) 15 % Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . 18 %

19a 33\% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33\%, and line

17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ 331/3 % support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🔲 Private foundation. If the organization did not check a box on line 14. 19a, or 19b, check this box and see instructions >

Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

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	orm 990 or 990-EZ) 2008 Page	
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	
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