

Short Form

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 20 14

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
newVoices Inc

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO Box 221

City or town, state or province, country, and ZIP or foreign postal code
Appleton, WI 54912-0221

D Employer identification number
93-0838178

E Telephone number
920-832-9700

F Group Exemption Number ▶

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.newvoiceschoir.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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **156,750**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1 90,035
	2	Program service revenue including government fees and contracts	2 47,491
	3	Membership dues and assessments	3 12,838
	4	Investment income	4 304
	5a	Gross amount from sale of assets other than inventory	5a 0
	b	Less: cost or other basis and sales expenses	5b 0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
	6	Gaming and fundraising events	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 0
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 0
c	Less: direct expenses from gaming and fundraising events	6c 0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 0	
7a	Gross sales of inventory, less returns and allowances	7a 0	
b	Less: cost of goods sold	7b 0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0	
8	Other revenue (describe in Schedule O) See Schedule O, Statement 1	8 6,082	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9 156,750	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10 0
	11	Benefits paid to or for members	11 1,274
	12	Salaries, other compensation, and employee benefits	12 87,459
	13	Professional fees and other payments to independent contractors	13 6,970
	14	Occupancy, rent, utilities, and maintenance	14 5,603
	15	Printing, publications, postage, and shipping	15 10,854
	16	Other expenses (describe in Schedule O) See Schedule O, Statement 2	16 43,409
17	Total expenses. Add lines 10 through 16 ▶	17 155,569	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 1,181
	19	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)	19 132,950
	20	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O, Statement	20 7,726
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21 141,857

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
22 Cash, savings, and investments	81,665	22 80,229
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O) <u>See Schedule O, Statement 4</u>	54,027	24 61,902
25 Total assets	135,692	25 142,131
26 Total liabilities (describe in Schedule O) <u>See Schedule O, Statement 5</u>	2,742	26 274
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	132,950	27 141,857

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? Provide outstanding chorale music to the public

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 and section 4947(a)(1) trusts; optional for others.)

28 <u>Fall Concert: Audience of Approximately 550 Patrons</u>		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	31,453
29 <u>Christmas Concert: Audience of Approximately 1,700 Patrons</u>		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	33,196
30 <u>Other Concerts - Collaboration Concert with Fox Valley Symphony 1710 patrons, Fox Cities Chamber of Commerce approximately 650 patrons, Trout Museum of Art approximately 100 patrons</u>		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	25,175
31 Other program services (describe in Schedule O) <u>See Schedule O, Statement 6</u>		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	15,016
32 Total program service expenses (add lines 28a through 31a)	32	104,840

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
<u>Mary K Schmidt</u> President	8	0	0	0
<u>Nanci Micke</u> Vice President	2	0	0	0
<u>Jenni Eickelberg</u> Secretary	1	0	0	0
<u>Steve Cavness</u> Director	1	0	0	0
<u>Amy Flanders</u> Director	1	0	0	0
<u>Jennifer Johnson</u> Director	1	0	0	0
<u>Phillip Munroe</u> Director	1	0	0	0
<u>Jenna Stone</u> Director	1	0	0	0
<u>Abby D Theisen</u> Director	1	0	0	0
<u>Jim Weiland</u> Director	1	0	0	0
<u>Rebecca Ryan</u> Director	1	0	0	0
<u>(Continued on Schedule O, Statement 7)</u>				

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
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	<input checked="" type="checkbox"/>

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

	Yes	No
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	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>
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."		

(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
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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ **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	Date
	▶ Mary K Schmidt, President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Jane Chaganos	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00040621
	Firm's name ▶ Jane M Chaganos CPA	Firm's EIN ▶			
	Firm's address ▶ 3601 S Bob-O-Link Lane, Appleton, WI 54915	Phone no. 920-740-6193			

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **No**

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization newVoices Inc	Employer identification number 93-0838178
--	---

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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—Non-functionally integrated
- 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 organization, check this box
- g 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) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2012. 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 stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	83,051	79,299	55,537	119,247	102,873	440,007
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	36,290	28,509	34,519	51,179	47,491	197,988
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	119,341	107,808	90,056	170,426	150,364	637,995
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						637,995

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	119,341	107,808	90,056	170,426	150,364	637,995
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,010	9,382	-1,555	5,063	8,030	30,930
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	10,010	9,382	-1,555	5,063	8,030	30,930
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	515	641	2,058	3,549	6,082	12,845
13 Total support. (Add lines 9, 10c, 11, and 12.)	129,866	117,831	90,559	179,038	164,476	681,770
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	93.58 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	97.1 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	4.54 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	2.2 %
19a 33 1/3% support tests—2013. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support tests—2012. 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	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2013

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
newVoices Inc

Employer identification number
93-0838178

Area with horizontal dashed lines for supplemental information.

Schedule O, Statement 1

Form: 990-EZ

Page: 1

Line Number: Part I Line 8

newVoices Inc

93-0838178

Other Revenue Structured Explanation

Description	Amount
Miscellaneous Income	6,082
Total:	6,082

Schedule O, Statement 2

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

newVoices Inc

93-0838178

Other Expenses Structured Explanation

Description	Amount
Assistant Conductor and Instrumentalists	10,225
Concert Facility Rental	4,739
Concert Promotion	8,009
Concert Programs	4,060
Music	1,935
Misc Concert Expense	72
Catering	5,444
Administrative	8,925
Total:	43,409

Schedule O, Statement 3

Form: 990-EZ

Page: 2

Line Number: Part I Line 20

newVoices Inc

93-0838178

Other Changes In Net Assets Structured Explanation

Description	Amount
Return on Beneficial Interest in Assets at Community Foundation	7,726
Total:	7,726

Schedule O, Statement 4

Form: 990-EZ

Page: 2

Line Number: Part II Line 24

newVoices Inc

93-0838178

Other Assets Structured Explanation

Description	EOY Amount
Beneficial Interest in Assets at Community Foundation	60,020
Depreciable Assets	1,062
Other Assets	820
Total:	61,902

Schedule O, Statement 5

Form: 990-EZ

Page: 2

Line Number: Part II Line 26

newVoices Inc

93-0838178

Other Liabilities Structured Explanation

Description	EOY Amount
Credit Card Payable	-407
Sales Tax Payable	30
Payroll Taxes Withheld	651
Total:	274

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Cabaret: Audience of approximately 135 Patrons	0		15,016
Total:			15,016

Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
Name	Phillip Swan	3	12,962	0	0
Title	Music Director				
Name	Jeanie Kurka Reimer	40	48,846	0	0
Title	Executive Director				