# Form 8879-TF

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning JUL 1 , 2023, and ending JUN 30

EIN or SSN

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

PACIFIC CHORALE 95-2585505 Name and title of officer or person subject to tax RHETT M. DEL CAMPO

#### PRESIDENT/CEO Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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.

1a	Form 990 check here	X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1	ь <u>2,868,793</u>
2a	Form 990-EZ check here		b	Total revenue, if any (Form 990-EZ, line 9)	2	tb
3a	Form 1120-POL check here		b	Total tax (Form 1120-POL, line 22)	3	sb
4a	Form 990-PF check here		b	Tax based on investment income (Form 990-PF, Part V, line 5)	4	b
5a	Form 8868 check here		b	Balance due (Form 8868, line 3c)	5	ib
6a	Form 990-T check here		b	Total tax (Form 990-T, Part III, line 4)	6	ib
7a	Form 4720 check here		b	Total tax (Form 4720, Part III, line 1)	7	'b
8a	Form 5227 check here		b	FMV of assets at end of tax year (Form 5227, Item D)	ε	Bb
9a	Form 5330 check here		b	Tax due (Form 5330, Part II, line 19)	9	b
10a	Form 8038-CP check here			Amount of credit payment requested (Form 8038-CP, Part III, line	e 22) 1	0b
Part	II Declaration and S	ignatu	ıre	Authorization of Officer or Person Subject to Tax		
Jnder p	enalties of perjury, I declare tha	at X	<b>I</b> an	n an officer of the above entity or $\;$	with respec	ct to (name
f entity	<i></i>			, (EIN) and th	nat I have e	kamined a copy of the
023 el	ectronic return and accompany	ing sche	edul	es and statements, and, to the best of my knowledge and belief, the	ey are true,	correct, and

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check or	e box only
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X I authorize	REDWITZ,	INC		to enter my PIN	12345
		ERO fir	rm name		Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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. nature of officer or person subject to tax Rhett M. Del Campo Date May 12, 2025

Certification and Authentication Part III

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

33558792620

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return 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.

05/12/25 ERO's signature Date

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

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

Form **8879-TE** (2023)

LHA 302521 01-05-24

#### EXTENDED TO MAY 15, 2025 Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change PACIFIC CHORALE Name change 95-2585505 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 7146622345 3303 HARBOR BLVD. SUITE E5 3,893,379. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 92626 COSTA MESA, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: RHETT M. DEL CAMPO for subordinates? ..... Yes X No 3303 HARBOR BLVD. SUITE E5, COSTA MESA, \_\_Yes **H(b)** Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.PACIFICCHORALE.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 1969 M State of legal domicile: CA Trust Part I Summary Briefly describe the organization's mission or most significant activities: WE INSPIRE OUR COMMUNITY THROUGH **Activities & Governance** ARTISTRY & INNOVATION IN CHORAL PERFORMANCES & EDUCATION PROGRAMS. if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 3 Number of voting members of the governing body (Part VI, line 1a) 3 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 89 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,622,838. 1,661,143. Contributions and grants (Part VIII, line 1h) 8 938,911. 534,270. Program service revenue (Part VIII, line 2g) 166,979. 745,195. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 3,974. -71,815. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,732,702. 2,868,793. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,491,556. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,561,485. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25)  $1,477,\overline{122}$ 1,021,759. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,038,607. 2,513,315. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -305,905. 355,478. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 9,490,798. 10,226,812 Total assets (Part X, line 16) 291,806. 266,970. 21 Total liabilities (Part X, line 26) 三年 198,992. 959,842 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign RHETT M. DEL CAMPO, PRESIDENT/CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 05/12/25 self-employed P02365689 ROB REDWITZ ROB REDWITZ Paid Firm's name REDWITZ, INC Firm's EIN 33-0850406 Preparer SUITE 1700 Firm's address 3 PARK PLAZA, Use Only Phone no. 949-753-1514 IRVINE, CA 92614

X Yes

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

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE INSPIRE OUR COMMUNITY THROUGH ARTISTRY AND INNOVATION IN CHORAL
	PERFORMANCES AND EDUCATION PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 356, 028including grants of \$) (Revenue \$327, 800 .
	SEE SCHEDULE O
4b	(Code:) (Expenses \$636,110including grants of \$) (Revenue \$\$
	SEE SCHEDULE O
4c	(Out.) \( \( \) \(
40	(Code:) (Expenses \$
4-1	Other program continue (Deceribe on Schedule O.)
4d	
46	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 1,992,138.

# Form 990 (2023) PACIFIC CHORALE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			<del> </del> -
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u> </u>		
13		19		x
20a	complete Schedule G, Part III	20a		X
	·	20a 20b		<del>  ^</del>
р 31	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_ v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	l	X

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			\ <b>.</b>
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			₩.
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Λ	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	,	32		x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
<del>-</del>	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-5	If "Yes." complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai		•		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
· <u>-</u>		_	000	_

Form 990	(2023) PACIFIC CHORALE	95-2565505	Page
Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)		

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	OI.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Α.
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		Х
٨		7c		<u> </u>
d e		7e		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans  13b			
	Enter the amount of reserves on hand  Did the experience on a property on a property of a index tempine services during the top year?	110		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15		15		х
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.	13		-23
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
	• •			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 17 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records FOHRMAN & FOHRMAN - 714-662-2345

Form **990** (2023)

3303 HARBOR BLVD., SUITE E5, COSTA MESA.

92626

Form 990 (2023) PACIFIC CHORALE 95-2585505 Page 7

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per week	(do box		Posi heck i	c) ition more rson is	than o	one n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CHRISTOPHER A BROWN PRESIDENT / CEO-FORMER	50.00						Х	154,094.	0.	2,726.
(2) ROBERT ISTAD	40.00								•	
ARTISTIC DIRECTOR		Х						155,900.	0.	0.
(3) ABBY MANAYE	50.00							,	-	
CONTROLLER						x		126,255.	0.	8,620.
(4) THOMAS A PRIDONOFF	1.00									•
DIRECTOR		Х						0.	0.	0.
(5) MARCIA O'HERN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MICHAEL VANTREASE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DAVID BUNKER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CHRIS LINDLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) SUSAN LINDLEY	1.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(10) MARY A LYONS	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) STEPHANE QUINN	1.00	1								
DIRECTOR		Х						0.	0.	0.
(12) CRAIG SPRINGER	1.00	ļ								
BOARD CHAIR	1 00	Х		Х				0.	0.	0.
(13) AMANDA WHITING	1.00	ļ							•	•
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(14) RICHARD J MCNEIL	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) RYAN RATCLIFF	1.00	3,7							0	0
ARTISTS' COUNCIL PRESIDENT	1 00	Х						0.	0.	0.
(16) LI HONG WANG	1.00	v							0	^
01RECTOR (17) BRIAN BATES	1.00	Х	$\vdash$		_	$\vdash$		0.	0.	0.
TREASURER	1.00	Х		х				0.	0.	0.
INDIBORDA	l	Λ	I .	Λ	I	L		1 0.	U •	Form <b>990</b> (2022)

332007 12-21-23 Form **990** (2023)

95-2585505 Page **8** 

Name and title    Average   Nour pro   Nour	Section A. Officers, Directors, Trus	tees, Key Emp	JIOY	ees,	and	ı mıç	gnes	ii C	ompensated Employee	s (continued)	T
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139 JULIE VIRUSE    1.00   X	(18) MARIA HALL-BROWN	1.00		_		×	1				
DIRECTOR  (20) RHETT DEL CAMPO  50.00  X  0.0.0.0  0.0.0	DIRECTOR		Х						0.	0.	C
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332008 12-21-23

Form 990 (2023) PACIFIC
Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII    Total revenue	luded
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Business Code	
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g Total. Add lines 2a-2f	
3 Investment income (including dividends, interest, and	
	,533.
5 Royalties (i) Real (ii) Personal	
6 a Gross rents 6a 6b	
b Less: rental expenses 6b	
c Rental income or (loss) 6c	
d Net rental income or (loss)	
7 7 77	
b Less: cost or other basis and sales expenses 7b 913,676.	
and sales expenses	
\$ 2.500	,662.
d Net gain or (loss)	
of contributions reported on line 1c). See	
Part IV, line 18	
b Less: direct expenses 8b 110,910.	
71 815	,815.
9 a Gross income from gaming activities. See	
Part IV, line 199a	
b Less: direct expenses 9b	
c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns	
and allowances 10a 10a	
b Less: cost of goods sold 10b	
c Net income or (loss) from sales of inventory	
Business Code	
d All other revenue	
e Total. Add lines 11a-11d	
12 Total revenue. See instructions 2,868,793. 534,270. 0. 673	

332009 12-21-23

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 309,994. 230,902. 50,564. 28,528. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 998,918. 744,052. 162,937. 91,929. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 23,212. 182,644. 147,255. 12,177. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 27,296. 27,296. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 80,506. 1,294. 77,294. 1,918. column (A), amount, list line 11g expenses on Sch O.) 65,557. 65,557. Advertising and promotion 12 3,538. 6,224. -3,132.446. Office expenses 13 Information technology 14 15 Royalties 49,530. 35,817. 7,305. 6,408. 16 Occupancy 27,698. 17,465. 5,030. 5,203. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,192. 1,116. 1,076. Depreciation, depletion, and amortization 22 10,859. 9,143. 588. 1,128. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 528,048. 521,822. 6,226. PROGRAMMING & PRODUCTIO PROFESSIONAL SERVICES 145,187. 81,828. 63,359. 39,473. 38,926. POSTAGE & PRINTING 547. 21,210. 19,650. d DONOR CULTIVATION 1,560. 2,159.20,665. 13,177. 5,329. e All other expenses 2,513,315. 1,992,138. 352,255. 168,922. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,271,576.	1	975,614.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			272,801.	3	
	4	Accounts receivable, net			97,450.	4	70,936.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ontributor, or 35%				
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	sons (as defined				
		under section 4958(f)(1)), and persons describ	oed in sect	ion 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,491. 5,724.	8	15,570. 30,661.
Ÿ	9	Donner of all accompanies are all all of comments all all accompanies		5,724.	9	30,661.	
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	365,909. 355,619.			
	b	Less: accumulated depreciation	10b	355,619.	5,908.	10c	10,290. 9,070,603.
	11	Investments - publicly traded securities			7,746,002.	11	9,070,603.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	89,846.	15	53,138.		
	16	Total assets. Add lines 1 through 15 (must e			9,490,798.	16	10,226,812.
	17	Accounts payable and accrued expenses		174,589.	17	148,165.	
	18	Grants payable		00 400	18	66 000	
	19	Deferred revenue			22,492.	19	66,873.
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple			21		
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
-ja		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to uni		т.		23	
	24	Unsecured notes and loans payable to unrela	•			24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin			94,725.	25	51,932.
	26	of Schedule D			291,806.	25 26	266,970.
-	20	Organizations that follow FASB ASC 958, or	hock hore	X	231,000.	20	200,510:
Se		and complete lines 27, 28, 32, and 33.	TICCK TICE				
ŭ	27	. , , ,			1,402,783.	27	998,885.
3ale	28				7,796,209.	28	8,960,957.
Ē		Organizations that do not follow FASB ASC			.,,		0,000,00
Ē		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32			or other funds	9,198,992.	32	9,959,842.
Z	33	Total liabilities and net assets/fund balances			9,490,798.	33	10,226,812.
		The same of the sa			-,,		Form <b>990</b> (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,86		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,51		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 9	9,19		
5	Net unrealized gains (losses) on investments	5	40	5,3	72.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,95	9,8	<u>42.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2023

**Employer identification number** 

OMB No. 1545-0047

Open to Public Inspection

PACIFIC CHORALE 95-2585505 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.) 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 (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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.)

Sec	ction A. Public Support	<u>``</u>	<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1607832.	1949432.	4470939.	1622838.	1661143.	11312184.	
2	Tax revenues levied for the organ-							
	ization'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	1607832.	1949432.	4470939.	1622838.	1661143.	11312184.	
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)						3912786.	
6	Public support. Subtract line 5 from line 4.						7399398.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	1607832.	1949432.	4470939.	1622838.		11312184.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	92,740.	108,511.	88,951.	202,024.	299,533.	791,759.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10						12103943.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, 1	fourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop	-		•				
Sec	ction C. Computation of Publi							
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	61.13 %	
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	75.39 <u>%</u>	
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X	
b	33 1/3% support test - 2022. If the							
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation				
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organi	zation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization			
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line				
	more, and if the organization meets th	ne facts-and-circum	stances test, ched	ck this box and st	t <b>op here.</b> Explain i	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s	
	Schedule A (Form 990) 2023							

### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Т..

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	O		
	9a		
	Ju		
	9b		
	9с		
	- 55		
	10a		
	10b		
_		~ 000	

rai	art iv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or	ne or	100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	the 1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	supervised, or controlled the supporting organization. ction C. Type II Supporting Organizations	2		
566	Ction 6. Type it Supporting Organizations			·
			Yes	No
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). ction D. All Type III Supporting Organizations	1		
Sec	Ction D. All Type III Supporting Organizations			г
			Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).		
а	= c complete seem			
b	the organization is the parent of each of its supported organizations. Complete line 3 below.			
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental enti	ty (see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3				
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	h. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990) 2023

3b

Schedule A (Form 990) 2023

instructions)

	t V Type III Non-Functionally Integrated 509(		nizatione /	-	5-2585505 Page <b>7</b>
	on D - Distributions	a)(3) Supporting Orga	nizations (continu	<u>iea)</u>	Current Veer
		mot purposso		1	Current Year
1 2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp	· · · ·		•	
2	organizations, in excess of income from activity	t purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose		3		
4	Amounts paid to acquire exempt-use assets	s or supported organizations	•	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	DVICE CELAIIS III I dit VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		-	
Ū	(provide details in <b>Part VI</b> ). See instructions.	io organization lo responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	and a distance made by mile a distance	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2023	ıs	Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
<u>d</u>	From 2021				
<u>       e                             </u>	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>    i                                </u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
a	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

PACIFIC CHORALE

**Employer identification number** 95-2585505

Par	t I Organizations Maintaining Donor Advised Fo	unds or Other S	milar Funds or <i>F</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			·
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	ng that the assets he	d in donor advised fu	nds
	are the organization's property, subject to the organization's excl	usive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advise	ors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any	y other purpose confe	rring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organiz	zation answered "Yes	s" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization (c	heck all that apply).	1	
	Preservation of land for public use (for example, recreation	or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribu	ition in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				I I
С	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included on line 2c acquired			
_	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or te	erminated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation easeme		in a boundline of	
5	Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it hold		· ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, hand		d enforcing conservat	
Ū	otali and volunteer flours devoted to filolitoring, inspecting, flank	aning or violations, an	d critorolling corriscivat	ion casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and ent	orcina conservation e	asements during the year
•	, and are or experience in carried in the intering, including	or violations, and on	oromig control valient c	accomonic daming the your
8	Does each conservation easement reported on line 2d above sati	sfv the requirements	of section 170(h)(4)(B	)(i)
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation ea			
	balance sheet, and include, if applicable, the text of the footnote		•	
	organization's accounting for conservation easements.	Ü		
Par		t, Historical Trea	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990	), Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, no	ot to report in its reve	nue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public e	exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its financial	statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue	statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public exh	ibition, education, or	research in furtheran	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasure			
	the following amounts required to be reported under FASB ASC 9	958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
<u>b</u>	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.		Schedule D (Form 990) 2023

Pai	rt III Organizations Maintaining Co	ollections of Art,	Historical Trea	asures, or	Other :	Similar	Assets	(contin	ued)	_
3	Using the organization's acquisition, accession	n, and other records,	check any of the fo	ollowing that r	nake sigi	nificant u	se of its			
	collection items (check all that apply).									
а	Public exhibition d Loan or exchange program									
b										
С										
4	Provide a description of the organization's co	llections and explain h	now they further th	e organization	's exemp	ot purpos	e in Part	KIII.		
5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other	similar a	ssets				
	to be sold to raise funds rather than to be ma							Yes	I	No
Pai	rt IV Escrow and Custodial Arrang	<b>jements</b> Complete	if the organization	answered "Ye	es" on Fo	orm 990,	Part IV, lir	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an, or other intermedia	ary for contributions	s or other asse	ets not in	cluded				
	on Form 990, Part X?						L	Yes	I	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	wing table:							
						$\vdash$		Amount		
	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		1		
	Did the organization include an amount on Fo				•	/?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds Complete if					N. Thomas				-1:
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four		
	Beginning of year balance	7,671,219.	6,608,099.	6,097,			03,484.	4,	776,58	
							55,00			
		t investment earnings, gains, and losses 1,036,763. 850,171844,474. 1,345,864					15,864.		228,10	<u>2.</u>
	Grants or scholarships									—
е	Other expenditures for facilities	204 4=2								
	and programs	384,179.	203,060.	79,	975.	1:	51,469.			—
f	Administrative expenses	2 254 225								<del>.                                    </del>
g	End of year balance	8,954,837.	· · · · ·	6,608,	,099.	6,0	97,112.	4,	603,48	4.
2	Provide the estimated percentage of the curre	•		held as:						
	Board designated or quasi-endowment		.%							
	Permanent endowment 95.0000	%								
С	Term endowment 5.0000 g									
_	The percentages on lines 2a, 2b, and 2c shou	•								
за	Are there endowment funds not in the posses	ssion of the organization	on that are held an	d administere	d for the			Г	Yes N	
	organization by:									No_
	(i) Unrelated organizations?							3a(i)		<u>x</u>
								3a(ii)		
	If "Yes" on line 3a(ii), are the related organizat							3b		—
Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipme		nent iunas.							—
	Complete if the organization answered		Part IV. line 11a. Se	ee Form 990. I	Part X. lir	ne 10.				
	Description of property	(a) Cost or oth				cumulate	а	(d) Book	value	—
	bescription of property	basis (investme			` '	eciation	٠	(u) Dook	value	
12	Land	`	, , , , ,	,						—
	Buildings	<b>I</b>								—
	Leasehold improvements		2:	8,933.		25,06	9.	3	,864	<u>.</u>
	Equipment	<b>I</b>		2,026.		05,62			, 398	
	Other	<b>I</b>		4,950.		$\frac{33}{24},92$			28	
	I. Add lines 1a through 1e. (Column (d) must ed		•			,		10	,290	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 PACIFIC CHOR	ALE	95	-2585505 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
-	Description	, ,	(b) Book value
(1)	P		( )
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
	<b>(D)</b> )		
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X   Other Liabilities	(B))		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	TIT OITH 550, I art IV, IIIC	Tre or Tri. dee Form 300, Fare X, mile 23	(b) Book value
······································			(b) DOOK Value
(1) Federal income taxes	· · · · · · · · · · · · · · · · · · ·		
(2) OPERATING LEASE OBLIGATION	o -		17 652
(3) CURRENT (4) OPERATING LEASE OBLIGATION	· · · · · · · · · · · · · · · · · · ·		47,653.
(5) LONG-TERM	<u>s</u> -		4,279.
(2) TOMG_IEVM			4,4/9

(6) (7) (8) 51,932.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

che	edule D (Form 990) 2023 PACIFIC CHORALE			95-2	2585505 Page (
Paı	rt XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		1 . 1	2 001 702
1				1	3,821,703.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	405 250		
	Net unrealized gains (losses) on investments		405,372. 463,924.	-	
			463,924.	-	
	Recoveries of prior year grants		440.040	-	
d	Other (Describe in Part XIII.)	2d	110,910.		
е	Add lines 2a through 2d			2e	980,206
3	Subtract line 2e from line 1			3	2,841,497
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,296.	_	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	27,296. 2,868,793.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Returi	า
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	3,060,853.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	463,924.		
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		110,910.		
е	Add lines 2a through 2d	,		2e	574,834
3	Subtract line 2e from line 1			3	2,486,019
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,296.		
	Other (Describe in Part XIII.)		•		
	Add lines <b>4a</b> and <b>4b</b>			4c	27,296
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	2,513,315
Pai	rt XIII Supplemental Information				•
rovi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV. lines 1b	and 2b: Part V. line 4	: Part )	K. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			,	,
	a.a.a. a.a. a.a.,, a.a, a.a,	a			
AF	RT X, LINE 2:				
	•				
'HE	E CHORALE IS EXEMPT FROM TAXATION UNDER SE	CTION 5	501(C)(3) O	F TI	HE
			. , , , -		

INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE AND IS GENERALLY NOT SUBJECT TO FEDERAL AND STATE INCOME TAXES. HOWEVER, THE CHORALE IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION.

THE CHORALE HAS ADOPTED THE ACCOUNTING STANDARDS RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. FOR THE CHORALE, THESE STANDARDS COULD BE APPLICABLE TO THE INCURRENCE OF ANY UNRELATED BUSINESS INCOME ATTRIBUTABLE TO THE CHORALE. BECAUSE OF THE CHORALE'S GENERAL

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number							
					95-2585	505	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization rais     a	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual  art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5.000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA	, , , ,	( , , , , , , )	col. <b>(c)</b> )
<u>e</u>			(event type)	(event type)	(total number)	. "
Revenue	1	Gross receipts	254,986.			254,986.
	2	Less: Contributions	215,891.			215,891.
	3	Gross income (line 1 minus line 2)	39,095.			39,095.
	4	Cash prizes				
S	5	Noncash prizes				
bense	6	Rent/facility costs	61,181.			61,181.
Direct Expenses	7	Food and beverages	17,852.			17,852.
Ö	٥	Entortainment	2,099.			2 099.
		Entertainment Other direct expenses	29,778.			2,099. 29,778.
		Direct expense summary. Add lines 4 through				110,910.
		Net income summary. Subtract line 10 from lin				-71,815.
Pa						
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
æ	_	0				
-		Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %  No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	_					
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
Ø	11 "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			rear?	Yes No

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 PACIFIC CHORALE 95-	<u> </u>	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		<u>%</u>
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		.,	□
	retain the state gaming license?	Ш	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and		0 (	0h 10h
ı a		art III, IIn	ies 9, 1	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule 6	G (Form 990)	PACIFIC CHORALE	95-2585505	Page 4
Part IV	G (Form 990)  Supplemental Info	mation (continued)		
		(continued)		

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

**ZUZ**3

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number 95-2585505

# PACIFIC CHORALE Part I Questions Regarding Compensation

<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		х
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		Х
-	If "Yes" on line 6a or 6b, describe in Part III.	3.2		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
0	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	,	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) CHRISTOPHER A BROWN (i)		154,094.	0.	0.	0.			0.
PRESIDENT / CEO-FORMER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT ISTAD	(i)	155,900.	0.	0.	0.	0.	155,900.	0.
ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							ļ
	(ii)							-
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

PACIFIC CHORALE

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

95-2585505

Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut			3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	501,808.	FMV			
10	Securities - Closely held stock		_					
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
.0								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23								
23 24	Scientific specimens Archeological artifacts							
2 <del>4</del> 25								
26	`							
20 27	Other ()							
	Other ()							
<u>28</u> 29	Other ( )   Number of Forms 8283 received by the organiz	ation during	the tax year for a	antributions				
29	for which the organization completed Form 828							
	for which the organization completed Form 626	os, Fait V, L	onee Acknowledg	ement <b>29</b>			Yes	No
200	During the year, did the organization receive by	contributio	n any proporty rop	arted in Dort L lines 1 throug	h 38 that it		162	NO
Sua								
	must hold for at least 3 years from the date of the					20-		Х
	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II.	aliay that ra	auiros tha ravious	of any populandard contribut	iono?	04		Х
31	Does the organization have a gift acceptance p				101191	31	$\rightarrow$	
32a	Does the organization hire or use third parties of		•			00		v
	contributions?					32a		X
	If "Yes," describe in Part II.	. I ( ) (		. Kananak da kanana	ld			
33	If the organization didn't report an amount in co	oiumn (c) foi	a type of property	ror wnich column (a) is ched	скеа,			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

#### SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PACIFIC CHORALE

Employer identification number 95-2585505

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PACIFIC CHORALE IS COMPRISED OF 200 STAFF AND VOLUNTEER SINGERS. ADDITION TO ITS LONG-STANDING PARTNERSHIP WITH PACIFIC SYMPHONY, THE CHORALE HAS PERFORMED WITH SUCH RENOWNED AMERICAN ENSEMBLES AS THE LOS THE BOSTON SYMPHONY, THE NATIONAL SYMPHONY, ANGELES PHILHARMONIC, SAN DIEGO SYMPHONY, LOS ANGELES CHAMBER ORCHESTRA, PHILHARMONIA BAROQUE AND MUSICA ANGELICA. OTHER NOTED COLLABORATIONS WITHIN THE SOUTHERN CALIFORNIA COMMUNITY INCLUDE THE HOLLYWOOD BOWL ORCHESTRA LONG BEACH SYMPHONY, PASADENA SYMPHONY, AND RIVERSIDE SYMPHONY. GRAMMY-AWARD-WINNING PACIFIC CHORALE CAN ALSO BE HEARD ON NUMEROUS RECORDINGS. CHORALE HAS PERFORMED WITH SUCH RENOWNED AMERICAN ENSEMBLES AS THE LOS ANGELES PHILHARMONIC, THE BOSTON SYMPHONY, THE NATIONAL SAN DIEGO SYMPHONY, LOS ANGELES CHAMBER ORCHESTRA SYMPHONY. PHILHARMONIA BAROQUE ORCHESTRA, AND MUSICA ANGELICA. OTHER NOTED COLLABORATIONS WITHIN THE SOUTHERN CALIFORNIA COMMUNITY INCLUDE THE HOLLYWOOD BOWL ORCHESTRA, LONGBEACH SYMPHONY, PASADENA SYMPHONY, AND RIVERSIDE SYMPHONY. PACIFIC CHORALE CAN ALSO BE HEARD ON NUMEROUS RECORDINGS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATION PROGRAMS ARE CENTRAL TO THE CHORALE'S VISION OF INSPIRING A

LOVE OF CHORALE MUSIC AND LIFELONG LEARNING. PACIFIC CHORALE'S

INNOVATIVE EDUCATIONAL INITIATIVES HAVE OPENED THE DOOR TO THE ART OF

CHORAL MUSIC AND THE MAGIC OF THE CREATIVE PROCESS FOR THOUSANDS OF

STUDENTS AND ADULTS ANNUALLY, INCLUDING A CHORAL ACADEMY FOR ELEMENTARY

SCHOOL STUDENTS MODELED ON THE EL SISTEMA MOVEMENT; A CHORAL CAMP

LHA 332211 11-14-23

Schedule O (Form 990) 2023

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization PACIFIC CHORALE

Employer identification number 95-2585505

PRESENTED IN ASSOCIATION WITH CALIFORNIA STATE UNIVERSITY, FULLERTON

PROVIDING HIGH SCHOOL STUDENTS WITH TRAINING IN MUSIC THEORY AND VOCAL

PRODUCTION; A CHORAL FESTIVAL UNITING 400 SINGERS EACH SUMMER IN A FREE

COMMUNITY PERFORMANCE; INTRO TO THE ARTS AND PASSAGE TO THE ARTS,

PARTNERSHIP WITH LOCAL SOCIAL SERVICE ORGANIZATIONS AND HIGH SCHOOL

CHORAL DIRECTORS THAT ALLOW STUDENTS, AT-RISK YOUTH, AND LOW-INCOME

FAMILIES TO ATTEND PACIFIC CHORALE PERFORMANCES FREE OF CHARGE;

COMPETITIONS AND MASTER CLASSES TO NURTURE THE TALENT OF YOUNG

COMPOSERS; AND CONCERT PREVIEWS THAT PROVIDE DEEPER INSIGHT INTO THE

CHORALE'S PERFORMANCE REPERTOIRE.

FORM 990, PART VI, SECTION A, LINE 2:

CHRIS AND SUSAN LINDLEY ARE MARRIED.

FORM 990, PART VI, SECTION A, LINE 7A:

SINGERS IN PACIFIC CHORALE ELECT A PRESIDENT OF AN ARTISTS' COUNCIL EVERY
OTHER YEAR. THE PRESIDENT SITS ON THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD NOMINATES BOARD MEMBERS FOR THE AUDIT COMMITTEE. THE AUDIT

COMMITTEE REVIEWS THE FINANCIAL DOCUMENTS BEFORE THEY ARE SUBMITTED AND

FINALIZED. THE FULL FORM 990, AS FILED WITH THE GOVERNMENT, IS REVIEWED IN

DETAIL BY SELECT OFFICERS. ADDITIONALLY, THE FULL FORM 990, WAS DISTRIBUTED

TO THE ENTIRE BOARD FOR COMMENT BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD HAS INSTITUTED AN ANNUAL STATEMENT OF COMPLIANCE WHICH IS

DISTRIBUTED TO ALL BOARD MEMBERS TO COMPLETE. THIS ANNUAL DISCLOSURE IS

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 95-2585505 PACIFIC CHORALE USED TO MONITOR TRANSACTIONS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION USES WRITTEN EMPLOYMENT CONTRACTS, COMPENSATION SURVEYS OR STUDIES AND CONTEMPORANEOUS WRITTEN BOARD APPROVAL FOR THE COMPENSATION PROCESS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C: THE BOARD OF DIRECTORS HAD CONSTITUTED AN AUDIT COMMITTEE AND DELEGATED THAT COMMITTEE THE RESPONSIBILITY FOR ENGAGING INDEPENDENT AUDITORS AND MONITORING THE AUDIT PROCESS. THIS STRUCTURE HAS BEEN IN EFFECT IN PRIOR YEARS AND WAS NOT CHANGED IN THE CURRENT REPORTING PERIOD.