# **Return of Organization Exempt From Income Tax**

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

<u> </u>	or th	e 2021	calendar year, or tax year beginning	07/01/202.	⊥ and ending			06/	30/2022
B (	Check if a	nnlicable:	C Name of organization			DI	Employer ider	ıtificati	ion number
_	_		PACIFIC CHORALE						
	Addre		Doing business as				95-2585		
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E.	Telephone nur	nber	
	Initial	return	3303 HARBOR BLVD, SUI	TE E5			(714)66	52-2	345
		return/ nated	City or town, state or province, country,	and ZIP or foreign postal code					
	Amer		COSTA MESA. CA 92626			G	Gross receipts	\$	8,910,794.
		cation	F Name and address of principal officer:	CHRISTOPHER A. BROW	<b>V</b> N	H(a	<ul> <li>a) Is this a grousubordinates</li> </ul>		for Yes X No
			3303 HARBOR BLVD, SUIT	E E5, COSTA MESA, CA 9	92626	H(I	b) Are all subordi		uded? Yes No
ı	Tax-ex	empt st	atus: X 501(c)(3) 501(c) (	) <b>(</b> insert no.) 4947(a)(1)	or 527	,	If "No," at	tach a lis	st. See instructions
J	Websi	ite: 🕨	WWW.PACIFICCHORALE.ORG	+		H(d	c) Group exemp	tion nur	mber 🕨
K	Form	of organ	ization: X Corporation Trust	Association Other >	L Year of	formation:	1969 M 9	State o	f legal domicile: CA
Р	art I	Su	mmary		<u> </u>				
			describe the organization's mission of	or most significant activities: WE. T	NSPIRE OF	JR COM	MUNTTY 7	THRO	UGH
ø	١.	-	ISTRY & INNOVATION IN C						0011
Activities & Governance		711(1)	EDIKI & INNOVILION IN O	HOLEN LEIKLOLUMINOED & E	DOCHITON	TROOM	2115		
ern	2	Chack	this box lifthe organization of	discontinued its operations or dispos	ed of more tha	n 25% of	ite not accote		
ò	3		er of voting members of the governing	· · · · · · · · · · · · · · · · · · ·				3	18
8	4		er of independent voting members of					4	13
ies			number of individuals employed in cal					5	89
Νĭ	5							6	53
Act	6		number of volunteers (estimate if neces						
	1		unrelated business revenue from Part \					7a	
	D	net ui	nrelated business taxable income from	Form 990-1, Part I, line 11	<del></del> i			7b	C
	_				-		rior Year	_	Current Year
ne	8		butions and grants (Part VIII, line 1h).				L,949,43		4,470,939.
Revenue	9		am service revenue (Part VIII, line 2g) .				8,19	_	568,001.
Re	10		ment income (Part VIII, column (A), lin		ı		96,98		-301,440.
	11	Other	revenue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)				ONE	NONE
	12		evenue - add lines 8 through 11 (mus			2	2,054,61	2.	4,737,500.
	13	Grant	s and similar amounts paid (Part IX, col	lumn (A), lines 1-3)			NO	ONE	NONE
	14	Benef	its paid to or for members (Part IX, colu	umn (A), line 4)			NO	ONE	NONE
es	15	Salari	es, other compensation, employee ben	nefits (Part IX, column (A), lines 5-10)			758 <b>,</b> 33	8.	1,321,062.
Expenses			ssional fundraising fees (Part IX, colum				NO	ONE	NONE
ă	b	Total t	undraising expenses (Part IX, column	(D), line 25) ▶ 204,818					
ш	17	Other	expenses (Part IX, column (A), lines 1	1a-11d, 11f-24e)			505,32	4.	964,395.
	18	Total	expenses. Add lines 13-17 (must equa	l Part IX, column (A), line 25)		1	1,263,66	2.	2,285,457.
	19	Reven	ue less expenses. Subtract line 18 from	m line 12			790,95	0.	2,452,043.
Net Assets or Fund Balances						Beginning	g of Current Y	еаг	End of Year
sets alan	20	Total	assets (Part X, line 16)			7	7,169,11	4.	9,030,620.
AB	21		iabilities (Part X, line 26)		[		135,60	4.	298,026.
ᇎ	22	Net as	sets or fund balances. Subtract line 2	1 from line 20	[	7	7,033,51	0.	8,732,594.
	rt II	Sig	nature Block						
Un	der pe		f perjury, I declare that I have examined the					my kn	owledge and belief, it is
tru	e, corre	ect, and	complete. Declaration of preparer (other tha	in officer) is based on all information of wh	nich preparer has	any know	ledge.		
							05/1	5/2	023
Sig	ın	<b>S</b>	ignature of officer				Date	, _	
He	re		CHRISTOPHER A. BROWN	PR	ESIDENT/C	TEO.			
		_	ype or print name and title		LDIDDINI) (	200			
		-	Type preparer's name	Preparer's signature	Date		Check	if PT	TIN
Paid	t		HARD RUVELSON		05/15,	/2023	self-employe	"	00293407
Pre	parer			<u> </u>	05/15				
Jse	Only		name WITHUMSMITH+BROW		10		m's EIN 🕨		<u>-2027092</u>
Mar	v the			DRIVE, STE 1000 IRVINE, CA 926		Ph	one no.	94	9-261-2808
_	_		scuss this return with the prepare						X Yes No Form 990 (2021)
ror	гаре	ı work	Reduction Act Notice, see the separa	ite mstructions.					rorm <b>990</b> (2021)

Form 990 (2021) Page **2** 

Part III	Statement of Program Serv		4 111	
1 Priofly o	lescribe the organization's mis	ns a response or note to any line in this Par	· · · · · · · · · · · · · · · · · · ·	X
_	_		TON IN CHODAI	
	NSPIRE OUR COMMUNITY DRMANCES AND EDUCATION	THROUGH ARTISTRY AND INNOVATION PROGRAMS.	TION IN CHORAL	
		significant program services during the ye		the Yes X No
If "Yes,"	describe these new services	on Schedule O.		— —
services		eting, or make significant changes in l		am Yes X No
4 Describ	e the organization's programes. Section 501(c)(3) and 50	n service accomplishments for each of 1(c)(4) organizations are required to repy, for each program service reported.		
4a (Code: SEE SC	) (Expenses \$ CHEDULE O	1,745,905. including grants of \$	) (Revenue \$	223,762.
4b (Code:	\/Evnances \$	162,339. including grants of \$	) (Payanua \$	244 220
• -	CHEDULE O	162,339. Including grants of $\phi$	) (Revenue φ	311,239)
<b>4c</b> (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	,(			
	rogram services (Describe on			
(Expens	es \$ includin ogram service expenses ▶		e \$ )	

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Part IV Page 3

art	V 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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			21
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		Λ
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			Λ
	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.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a	- 1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		Λ
٠	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		Λ
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	- 1	
•	the organization's Separate of consolidated infancial statements for the tax year include a footbole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 21	
1 Z a	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124	- 1	
	"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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	. 74		
-	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	- 112		
	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," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021)
Part IV Checklist of Required Schedules (continued)

- ui	Checkinst of Required Schedules (continued)		Yes	No
			162	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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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?			
		25b		Х
00	If "Yes," complete Schedule L, Part I	230		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? 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):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		00-		37
	"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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
02	complete Schedule N. Part II	32		Х
32	•	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			***
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? $\dots$	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
20		- 01		- 1
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	0.0	37	
Dani	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			للا
			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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA LE 1030				(2021)

PACIFIC CHORALE 95-2585505

Form 990 (2021) Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes Part V No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 89 Statements, filed for the calendar year ending with or within the year covered by this return. . L 2b X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Χ 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?............... **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . . . . 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **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?...... Χ 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . . . . b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ 7b **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с 7e Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?............ Sponsoring organizations maintaining donor advised funds. 9a 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: a 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 . . . . . 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources. (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?..... Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . . . . . . . . **b** 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 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?........ 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. 

Sect	ion A. Governing Body and Management				· · · ·	Λ
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?		-	2	X	
3	Did the organization delegate control over management duties customarily performed by or u					
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to e	lect or	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Int	ernai i	Revenue	Code	.) Yes	No
			1	4.0	res	
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of			406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	-		10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before for	iling the	e form?.	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Λ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests		_	12b	Х	
	rise to conflicts?			120	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	-	-	12c	Х	
40	describe on Schedule O how this was done			13	X	
13	Did the organization have a written decument saterties and destruction policy?			14	X	
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review as				21	
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	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	г агга	ngement			
	with a taxable entity during the year?		_	16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable) (3)s only) available for public inspection. Indicate how you made these available. Check all that applicable is a contract of the	, 990,	and 990-T	(sect	tion 5	01(c)
	X Own website Another's website X Upon request Other (explain on So		) ()			
40			,	int-	oct -	olis:
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur and financial statements available to the public during the tax year.	nents,	COMMICT O	mer	est p	oncy,
20	State the name, address, and telephone number of the person who possesses the organization's	books	and record	s <b>&gt;</b>		
	ABBY MANAYE 3303 HARBOR BLVD, SUITE E5 COSTA MESA, CA 92626					

714-662-2345

1E1042 1.000

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

#### 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Former  Former  Individual trustee		re than one n is both an etor/trustee)		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations		
	dottod iiiio)	Œ	tee			sated				
(1) CHRISTOPHER A BROWN	50.00									
PRESIDENT/CEO	NONE	X		X				152,660.	NONE	NONE
(2) ROBERT ISTAD	40.00									
ARTISTIC DIRECTOR	NONE	X						128,675.	NONE	NONE
(3) ABBY MANAYE	50.00									
CONTROLLER	NONE				X			119,041.	NONE	NONE
(4) THOMAS A. PRIDONOFF	1.00									
IMMEDIATE PAST CHAIR	NONE	X		X				NONE	NONE	NONE
(5) MARCIA O'HERN	1.00									
BOARD SECRETARY	NONE	X		X				NONE	NONE	NONE
(6) MICHAEL VANTREASE	1.00									
TREASURER	NONE	X		X				NONE	NONE	NONE
(7) DAVID BUNKER	1.00									
INNOVATIONS CHAIR	NONE	X		X				NONE	NONE	NONE
(8) CHRIS LINDLEY	1.00									
MARKETING CHAIR	NONE	X		X				NONE	NONE	NONE
(9) SUSAN LINDLEY	1.00									
EDUCATION CHAIR	NONE	X		X				NONE	NONE	NONE
(10) MARY A. LYONS	1.00									
DEVELOPMENT CHAIR	NONE	X		Χ				NONE	NONE	NONE
(11) CHARLES ZHANG	1.00									
NOMINATING CHAIR	NONE	X		Χ				NONE	NONE	NONE
(12) STEPHANE QUINN	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) CRAIG SPRINGER	1.00									
BOARD CHAIR	NONE	X		Χ				NONE	NONE	NONE
(14) AMANDA WHITING	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE

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	m 990 (2021)										Page 8
P	Section A. Officers, Directors, Tru		y Em	ıplo	•		and F	ligi	1		-
	(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted	officer and a director/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related				
_		line)	al trustee or	nal trustee		byee	Highest compensated employee				organizations
	6) RICHARD J. MCNEIL	1.00	-								
	IRECTOR	NONE	X						NONE	NONE	NONE
	5) RYAN RATCLIFF	1.00	v						NONE	NONE	NONE
	RTISTS' COUNCIL PRESIDENT 7) CHRISTOPHER ZHAO	1.00	X						NONE	NONE	NONE
	IRECTOR	NONE	X						NONE	NONE	NONE
	R) I.T HONG WANG	1.00	21						None	NONE	IVOIVI
	IRECTOR	NONE	Х						NONE	NONE	NONE
19	BRIAN BATES	1.00									
D	IRECTOR	NONE	X						NONE	NONE	NONE
		ļ	-								
1k	Sub-total							<b>•</b>	400,376.	NONE	NONE
(	Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$	NONE	NONE	NONE
	d Total (add lines 1b and 1c)							▶	400,376.	•	NONE
2	Total number of individuals (including but not reportable compensation from the organization		hose	liste	d al	bov	e) who 3	re	eceived more than	\$100,000 of	
_		-									Yes No
3	Did the organization list any former office										
	employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	livid	ual						3 X
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	If	"Yes	,"	complete Schedu	le J for such	4 V
5	individual	accrue co	mpen	sati	on 1	fron	n any	uni	related organizati	on or individual	4 X
Se	for services rendered to the organization? If "Yestion B. Independent Contractors	es," comple	te Sch	nedu	ıle J	l for	such	per	son		5 X
1	Complete this table for your five highest com compensation from the organization. Report of year.										
								_			

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE NONE

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### Part VIII Statement of Revenue

Par	t VII			linn in thin Don't N	,,,,		
		Check if Schedule O contains a respon	nse or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
۾ ۾	С	Fundraising events 1c	330,787.				
fts		Related organizations 1d					
ច្ច≣្ន		Government grants (contributions) 1e	578,516.				
ns,		All other contributions, gifts, grants,	-				
ig is	•	and similar amounts not included above . 1f	3,561,636.				
ţ		Noncash contributions included in	3,000,000				
늘	g	lines 1a-1f	<b>\$</b> 1,005,436.				
a Co	h	<b>Total.</b> Add lines 1a-1f		4,470,939.			
	-"	Total. Add lines 1a-11	Business Code	1,170,333.			
ø		CONCERTS	711190	223,762.	223,762.		
Program Service Revenue	2a	CONCERT TICKET SALES	711190				
Ser	b			196,952.	196,952.		
E S	С	OTHER PROGRAM INCOME	711190	147,287.	147,287.		
gra Re	d						
õ	е						
а.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		568,001.			
	3	Investment income (including dividends,					
		other similar amounts)		88,951.			88,951.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NON	NONE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 3,685,110.					
e	b	Less: cost or other basis					
enne		and sales expenses <b>7b</b> 4,075,501					
€	С	Gain or (loss) <b>7c</b> -390,391					
<u>.</u>	d	Net gain or (loss)		-390,391.			-390,391.
Other R	8a	Gross income from fundraising					
0		events (not including \$330,787.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	97,793.				
	ь	Less: direct expenses 8b	97,793.				
	c	Net income or (loss) from fundraising events	<b>.</b> . <b>&gt;</b>	NONE			NONE
	9a	Gross income from gaming					
	-	activities. See Part IV, line 19 9a	NONE				
	ь	Less: direct expenses 9b	NONE				
		Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
	iva	returns and allowances 10a	NONE				
	<b>L</b>		<del>                                     </del>				
	b	Less: cost of goods sold		NONE			
			Business Code	210212			
sno			200230 0000				
ne	11a						
ella Vei	b						
Miscellaneous Revenue	C	All other revenue					
Σ	a	All other revenue		NONE			
		Total. Add lines 11a-11d		4,737,500.	560 001		-201 440
ICA	12	Total revenue. See mstructions		7,737,300.	568,001.		-301,440.

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### 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 respo	-		•	
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
			expenses	general expenses	ехрепзез
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,	NONE			
3	trustees, and key employees	281,335.	197,372.	30,532.	53,431.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	877,766.	771,578.	56,425.	49,763.
		NONE	771,070.	00,420.	45/105.
ŏ	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	INOINE			
9	Other employee benefits	NONE			
	Payroll taxes	161,961.	127,927.	14,287.	19,747.
10	Fees for services (nonemployees):	101,501.	227,327.	11/2011	10,111.
	Management	NONE			
	Legal	9,528.		9,528.	
	Accounting	20,074.		20,074.	
	Lobbying	NONE		,	
	Professional fundraising services. See Part IV, line 17.	NONE			
	Investment management fees	23,431.		23,431.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	57 <b>,</b> 306.	49,744.	-5,424.	12,986.
12	Advertising and promotion	86,906.	76,534.	50.	10,322.
13	Office expenses	148,466.	113,659.	8,335.	26,472.
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	46,577.	29,470.	11,449.	5 <b>,</b> 658.
17	Travel	22,980.	17,727.	2,334.	2,919.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE	0 600	417	1 456
22	Depreciation, depletion, and amortization	10,553. 6,457.	8,680. 4,028.	417. 957.	1,456. 1,472.
23	Insurance	0,457.	4,020.	957.	1,412.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
	PROGRAMMING & PRODUCTION	499,937.	499,937.		
	DONOR CULTIVATION	32,180.	11,588.		20,592.
	BONOK COBITYNITON	32,100.	11,000.		20,002.
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,285,457.	1,908,244.	172,395.	204,818.
	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)	_,,	_,	2.2,3501	
					5 000 (2224)

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### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	162,690.	1	175,146.
	2	Savings and temporary cash investments	501,387.	2	1,057,614.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	9,350.	4	36,250.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	1,562.	8	1,496.
ĕ	9	Prepaid expenses and deferred charges SEE SCHEDULE .Q	4,020.	9	723.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 413,522			
	b	Less: accumulated depreciation	1	10c	767.
	11	Investments - publicly traded securities SEE SCHEDULE .O			7,123,938.
	12	Investments - other securities. See Part IV, line 11			NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11			634,686.
	16	Total assets. Add lines 1 through 15 (must equal line 33)			9,030,620.
$\neg$	17	Accounts payable and accrued expenses	NONE		134,897.
	18	Grants payable	NONE		NONE
	19	Deferred revenue . SEE SCHEDULE Q			60,826.
	20	Tax-exempt bond liabilities	,		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			NONE
(n	22	Loans and other payables to any current or former officer, director,	NONE		NONE
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
Ε		controlled entity or family member of any of these persons	NONE	22	NONE
Lia	23	Secured mortgages and notes payable to unrelated third parties			NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		
	24 25	Other liabilities (including federal income tax, payables to related third	NONE	24	NONE
	25				
		parties, and other liabilities not included on lines 17-24). Complete Part X	101 225	25	102 202
	26	of Schedule D	101,325.		102,303.
-	26		135,604.	20	298,026.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	026 200	27	2 124 405
Bal	28	Net assets with donor restrictions			2,124,495.
g	20		6,097,112.	28	6,608,099.
F		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
488	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances		32	8,732,594.
ž	33	Total liabilities and net assets/fund balances		33	9,030,620.
			.,,		Form <b>990</b> (2021)

PACIFIC CHORALE 95-2585505

Form 990 (2021) Page **12** 

Part	XI Reconciliation of Net Assets					
· ur	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<del>500</del> .
2	Total expenses (must equal Part IX, column (A), line 25)	2				457.
3	Revenue less expenses. Subtract line 2 from line 1	3				$\frac{137}{043}$ .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		_		$\frac{510}{510}$ .
5	Net unrealized gains (losses) on investments	5				$\frac{510}{959}$ .
6	Donated services and use of facilities	6			<u> </u>	<u> </u>
_	Investment expenses	7				
7	Prior period adjustments	8				
8	· · · · · ·	9				
9 10	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	,	40	C	7	30	501
Part	32, column (B))	10		, /	34,	<u>594</u> .
rait	Check if Schedule O contains a response or note to any line in this Part XII					
	Check if Schedule O contains a response of note to any line in this Fart Air			• •	Yes	No
4	Accounting method used to prepare the Form 990: Cash X Accrual Other				res	NO
1		mloin d	<u>_</u>			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	фіаіп	ווי			
				•		7.7
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 con	npiled	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 audi	ted on	a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain o	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th	ne			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo tl	he			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

Form **990** (2021)

JSA

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#### SCHEDULE A (Form 990)

## **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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

PACIFIC CHORALE 95-2585505 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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 II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) FIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990) 2021

Total

PACIFIC CHORALE 95-2585505

Schedule A (Form 990) 2021 Page 2

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,880,684.	1,193,955.	1,607,832.	1,949,432.	4,470,939.	13,102,842.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	3,880,684.	1,193,955.	1,607,832.	1,949,432.	4,470,939.	13,102,842.
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)						4,027,263.
6	Public support. Subtract line 5 from line 4						9,075,579.
	tion B. Total Support						3,010,013.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3,880,684.	1,193,955.	1,607,832.	1,949,432.	4,470,939.	13,102,842.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	155,825.	92,740.	108,511.	88,951.	446,027.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						13,548,869.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	2,222,529.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.		<u> </u>				
Sec	tion C. Computation of Public Supp	ort Percentaç	ge				
14	Public support percentage for 2021 (lin						66.98 <b>%</b>
15	Public support percentage from 2020 \$						69.95 <b>%</b>
16a	331/3% support test - 2021. If the org	anization did n	ot check the box	on line 13, and	d line 14 is 331	1/3 % or more, ch	
	box and <b>stop here</b> . The organization qu	•		•			
b	331/3% support test - 2020. If the org	anization did no	ot check a box o	n line 13 or 16a	a, and line 15 is	331/3 % or more	e, check
	this box and <b>stop here</b> . The organization	n qualifies as a	publicly support	ed organization	1		▶ ∟
17a	10%-facts-and-circumstances test - 2	<b>021.</b> If the org	anization did no	t check a box o	on line 13, 16a	, or 16b, and lir	ne 14 is
	10% or more, and if the organization	meets the fac	ts-and-circumsta	ances test, che	ck this box an	d <b>stop here</b> . Ex	plain in
	Part VI how the organization meets t	he facts-and-ci	rcumstances tes	st. The organiza	ation qualifies	as a publicly su	pported
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2	<b>020</b> . If the org	anization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organiz	ation meets the	e facts-and-circu	ımstances test,	check this box	and stop here.	Explain
	in Part VI how the organization meets	the facts-and-	circumstances te	est. The organiz	zation qualifies	as a publicly su	pported
	organization						▶ 📖
18	Private foundation. If the organization	n did not checl	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see

Schedule A (Form 990) 2021 Page **3** 

### 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 performed, 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 business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	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						
000	tion B. Total Support						
	tion B. Total Support	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2011	(D) 2010	(6) 2019	(u) 2020	( <del>e</del> ) 2021	(i) iotai
9	Amounts from line 6						
iva	payments received on securities loans,						
	rents, royalties, and income from similar						
h	Unrelated business tayable income (loss						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
с 11	Net income from unrelated business						
"	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
40							
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organization	on's first secon	d third fourth	or fifth tax ve	arasa seo	tion 501(c)(3)
	organization, check this box and <b>stop here</b>	_			_		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2021 (line 8			mn (f))		15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2021 (li			13, column (f))		17	%
18	Investment income percentage from 2020					18	%
19 a	331/3% support tests - 2021. If the or					ore than 331	/3 %, and line
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2020. If the orga	-	_				
	line 18 is not more than 331/3 %, check	this box and st	top here. The or	ganization qualifi	es as a publicly	supported or	ganization 🕨
20	Private foundation If the organization	did not check :	a how on line 1	14 19a or 19h	check this how	v and coo ir	etructions -

JSA 1E1221 1.000 PACIFIC CHORALE

Schedule A (Form 990) 2021 Page **4** 

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

CCLI	on A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5а	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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		

10 a 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.

from, assets in which the supporting organization also 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

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.)

9c

10a

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PACIFIC CHORALE 95-2585505

Part	Supporting Organizations (continued)			
	r		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			
	, , , , , , , , , , , , , , , , , , , ,	11a		
	· · · · · · · · · · · · · · · · · · ·	11b		
С	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 <b>Part VI</b> .	11c		
Section	on 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 one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	Г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	Did the considering and ideals and of the considering health and the first state of the f		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institute or an institute organization satisfied the Activities Test. Complete line 2 below.	ructi	ons).	
b c	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	inetr	uctions	e)
•	The diganization supported a governmental onliky. Describe in Val. 7 now you supported a governmental onliky (see		Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	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 <b>Part VI identify those supported organizations and explain</b> 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	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	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 <b>Part VI</b> the role played by the organization in this regard	3h		

Schedule A (Form 990) 2021 JSA 1E1230 1.000 3223QF XL8S 06372.400 19

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **6** 

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explai	in in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organi	izations n	nust complete Sectio	ns A through E.	
Section A - Adjusted Net Income (A) Prior Year (B) Cu					
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
	Multiply line 5 by 0.035.	6			
	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Se	ction C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	lv integra	ted Type III supporting	g organization	
-	(see instructions).	.,	. )F sabbatuit	<i>y g</i>	

Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e				
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ed		
	organizations, in excess of income from activity				
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets 4				
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5				
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
			din.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

# Schedule B (Form 990)

#### **Schedule of Contributors**

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF.

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

**Employer identification number** Name of the organization PACIFIC CHORALE 95-2585505 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2** 

Name of organization PACIFIC CHORALE Employer identification number 95–2585505

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number
PACIFIC CHORALE 95–2585505

art II	Noncash Property	(see instructions)	Lise duplicate conic	es of Part II if additiona	l space is peeded
	Moncash Property	(see instructions).	. Use dublicate cobi	es di Part II il additiona	i space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED STOCK		
1			
		\$1,005,436.	12/22/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

Schedule B (Form 990) (2021) Page **4** 

Employer identification number Name of organization 95-2585505 PACIFIC CHORALE Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2021)

#### SCHEDULE D (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

► 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.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PAC	CIFIC CHO	RALE								95-2585	505		
Pa	rti Org	ganizations	Maintaining	Donor Adv	ised Funds or Ot	ner Sir	mi	ilar Funds o	r Acco	ounts.			
	Coi	mplete if the	organization	answered	"Yes" on Form 99	90, Pa	ırt I	IV, line 6.					
					(a) Donor	advised	l fur	nds		(b) Funds and	other a	ccounts	
1	Total numb	ner at end of v	ear										
2		_	ributions to (du										
			•										
3			ts from (during										
4			of year			414	41.						
5	_	_			advisors in writing							, <u></u>	٦.,,
_		_		_	organization's exc						<b>Y</b>	es_	No
6					and donor advisors								
					fit of the donor or								٦
				t?						<u></u>	Y	es _	No
Pa		nservation E			IIV. II. = 6.			<del>-</del>					
					"Yes" on Form 9								
1	Purpose(s)	) of conservat	ion easements	s held by the	organization (check	all that	at a	pply).					
	Pres	ervation of la	nd for public us	Se (for example	, recreation or education		╛	Preservation	of a h	istorically im	portant	t land a	rea
	Prote	ection of natu	ral habitat					Preservation	of a c	ertified histo	ric stru	cture	
	Pres	servation of op	en space										
2	Complete I	ines 2a throu	gh 2d if the or	ganization he	eld a qualified cons	ervatio	on (	contribution in	n <u>the f</u>	orm of a con	servatio	on	
	easement (	on the last da	y of the tax yea	iΓ.						Held at the	End of	the Tax	Year
а									2a				_
b									2b				
c		_	-		historic structure in				2c				
d					c) acquired after 7/								
u									2d				
3										l by the ora	anizatio	on dur	ing the
3			easements n	nounieu, tra	risierieu, releaseu,	extiligi	luis	sneu, or term	illateu	i by the org	anizan	on dui	ing the
	tax year ▶		nranarty aubi	aat ta aanaa	nuction accoment in	locator	b						
4					rvation easement is				4: L				
5		_			garding the period					_		. г	□
_					sements it holds? .						-	∕es ∟	No
6	Staff and vo	olunteer hours	devoted to mo	nitoring, insp	ecting, handling of	iolation	ıs,	and enforcing	conse	rvation easen	nents du	uring th	ie year
	<u> </u>		—										
7	Amount of	expenses inci	urred in monito	oring, inspec	ting, handling of vio	ations,	, ar	nd enforcing o	conser	vation easem	nents du	uring th	ne year
	▶\$												
8			•		2(d) above satisfy th				ion 170	0(h)(4)(B)(i)		г	_
	and section	n 170(h)(4)(B)	(ii)?								<b>Y</b>	es _	No
9		•	_	•	conservation ease								
		-		•	of the footnote to th	e orga	niz	zation's financ	cial sta	tements that	describ	es the	
			g for conserva										
Pa					of Art, Historica				er Sim	ilar Assets			
	Coi	mplete if the	organization	answered	"Yes" on Form 9	90, Pa	ırt	IV, line 8.					
1a	If the organ	nization elect	ed, as permitte	ed under FA	ASB ASC 958, not	to repo	ort	in its revenu	ue stat	tement and I	balance	sheet	works
	of art, hist	iorical treasur	es, or other :	similar assei	ts held for public to its financial state	exhibit	tior	n, education, at describes t	OF TE	esearch in fu toms	ırtherai	nce of	public
h											anno ch	boot w	orks of
b					ASB ASC 958, to I Id for public exhibi								
			ounts relating			, 0			201011	randioidii	o. p		2,
	•	_	_							▶ \$			
2					rt, historical treasu								
-					ASB ASC 958 relat				455013	. Tot imunol	a. guiii	, p. 041	30 1110
а	_	-	•			_				▶ \$			
b													

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Schedule D (Form 990) 2021

		TFIC CHORALE	Art Historical'		Other Cimiler /	95-2585505	
	Organizations Maintaini						,
3	Using the organization's acquisition		other records, ch	eck any of the	e following that n	nake significant u	se of its
	collection items (check all that app	ly):					
а	Public exhibition		_	n or exchange	program		
b	Scholarly research		e Oth	er			
С	Preservation for future gene						
4	Provide a description of the organ	nization's collections	and explain ho	w they further	the organization	s exempt purpose	e in Part
	XIII.						
5	During the year, did the organization	on solicit or receive o	lonations of art, h	istorical treası	ıres, or other simil	ar	
	assets to be sold to raise funds rath	ner than to be mainta	ained as part of th	ne organizatior	's collection?	Yes	No
Pa	Complete if the organiza 990, Part X, line 21.		s" on Form 990	), Part IV, line	9, or reported a	n amount on For	rm
1a	Is the organization an agent, trus	tee custodian or o	ther intermedian	for contribut	ions or other ass	ets not	
	included on Form 990, Part X?					Yes	No
h	If "Yes," explain the arrangement i	n Part XIII and comr	lete the following	tahle.			
	ii res, explain the arrangement	irr are XIII and comp	nete the following	tubic.		Amount	
С	Beginning balance			10		Alliount	
d	Additions during the year						
e							
f	Distributions during the year						
	Ending balance				estadial aggrupt lic	ability? Yes	No
	If "Yes," explain the arrangement i	· ·				_	
	irt V Endowment Funds.	II Fait Alli. Check in	ете п тпе ехріапа	lion has been p	TOVIDED OFF FAIT AIT		
Pa	Complete if the organiza	ation answered "Ve	s" on Form 990	) Part IV line	10		
	Complete if the organiza	(a) Current year	(b) Prior year	(c) Two yea		room book (a) Four	ears back
					, , ,		
1a	Beginning of year balance	6,097,112.	4,603,484		-		90,308.
b	Contributions	1,435,436.	299,233	. 55,	000.	10,000.	
С	Net investment earnings, gains,						
	and losses	-844,474.	1,345,864	-228,	102.	11,177. 2,8	03,498.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	79,975.	151,469	•	23	38,397.	
f	Administrative expenses						
g	End of year balance	6,608,099.	6,097,112	4,603,	484. 4,77	76,586. 4,7	93,806.
2	Provide the estimated percentage		end balance (line	1g, column (a))	held as:		
а	Board designated or quasi-endown		_%				
b	Permanent endowment ► 95.0						
С	Term endowment ► 5.0000	•					
	The percentages on lines 2a, 2b, a	and 2c should equal 1	100%.				
3a	Are there endowment funds not in	the possession of th	ne organization th	at are held an	d administered for		
	organization by:					Y	es No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations					3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on S	Schedule R?		3b	
4	Describe in Part XIII the intended u		tion's endowment	funds.			
Pa	irt VI Land, Buildings, and Equ	uipment.	"	0 David IV / lim	- 11- C F	OOO Dant V line	- 10
	Complete if the organization of property	(a) Cost or		ost or other basis	(c) Accumulated	(d) Book valu	
	Description of property	(inves		(other)	depreciation	(d) DOOK Valu	
1a	Land						
b	Buildings						
_	Buildings	<u></u> _					
c	Leasehold improvements			23,270.	23,270.		NONE
c d				23,270. 413,522.	23,270. 412,755.		NONE 767.
c d e	Leasehold improvements				•		

Schedule D (Form 990) 2021

3

Schedule D (F	Form 990) 2021 PACIFIC CHORAL	E		9	95-2585505	Page
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line			
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year mar		
(1) Financia	al derivatives					
	held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	(h) must soud Form 000 Pod V and (D) line 42 \					
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) .  Investments - Program Related.					
Part VIII	Complete if the organization answered	"Yes" on Form 990	Part IV line	11c See Form 990	) Part X line	13
	(a) Description of investment	(b) Book value	, , , , , , , , , , , , , , ,	(c) Method of valua	-	
	(a) Description of investment	(b) Book value		Cost or end-of-year mar		
(1)						
(2)						
(3)						
(4)						
<u>(5)</u>						
<u>(6)</u>						
<u>(7)</u> (8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 13.) .					
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	. Part IV. line	11d. See Form 990	). Part X. line	15.
		scription	, ,		(b) Book v	
(1)BENEF	ICIAL INTEREST				634	,686
(2)						
(3)						
(4)						
(5)						
(6)						
(7)					-	
(8)						
(9)	ımn (b) must equal Form 990, Part X, col. (B) li	ino 15 )			634	606
Part X	Other Liabilities.	me 15.)		<u>P</u>	634	,686
FaitA	Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line	11e or 11f. See Fo	rm 990, Part	Χ,
1.	(a) Descrip	tion of liability			(b) Book v	value
	ral income taxes	•				
	ED PAYROLL LIABILITIES				102	,303
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	(h)				400	200
i otal. (Colun	nn (b) must equal Form 990 Part X col. (B) line 25.)			•	102	. 303

2. 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 . JSA 1E1270 1.000 Schedule D (Form 990) 2021

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Part	Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part N			n.	
1	Total revenue, gains, and other support per audited financial statements			1	4,354,978.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-752,959.		
b	Donated services and use of facilities	2b	296,075.		
С	Recoveries of prior year grants	_			
d	Other (Describe in Part XIII.)		97,793.		
е	Add lines 2a through 2d			2e	-359,091.
3	Subtract line 2e from line 1		,	3	4,714,069.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,431.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	23,431.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				4,737,500.
Part	Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part N	Vith E √, line	e 12a.	ırn.	
1	Total expenses and losses per audited financial statements			1	2,655,894.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		ı		
а	Donated services and use of facilities	2a	296,075.	_	
b	Prior year adjustments	2b		-	
С	Other losses			-	
d	Other (Describe in Part XIII.)		97,793.	-	
е	Add lines 2a through 2d			2e	393,868.
3	Subtract line 2e from line 1			3	2,262,026.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		00 401		
а	Investment expenses not included on Form 990, Part VIII, line 7b		23,431.	-	
b	Other (Describe in Part XIII.)			- 1	22 421
С 5	Add lines <b>4a</b> and <b>4b</b>			4c 5	23,431.
	XIII Supplemental Information.			5	2,285,457.
2; Pari	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro				

### Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE CHORALE HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT PROVIDE CONTINUED FINANCIAL STABILITY FOR THE CHORALE AND A REVENUE STREAM FOR SPENDING ON THE CHORALE'S MISSION. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY. UNDER THIS POLICY, AS APPROVED BY THE BOARD OF DIRECTORS, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT ENSURES SAFETY THROUGH DIVERSIFICATION WHILE OBTAINING A COMPETITIVE RATE OF RETURN WITH THE SECONDARY OBJECTIVE TO MAINTAIN LIQUIDITY.

PART X, LINE 2:

THE CHORALE IS EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE 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 TAX-EXEMPT STATUS, THESE STANDARDS ARE NOT ANTICIPATED TO HAVE A MATERIAL IMPACT ON THE CHORALE'S FINANCIAL STATEMENTS. FURTHER, THERE ARE NO INCOME TAX RELATED PENALTIES AND INTEREST INCLUDED IN THESE FINANCIAL

Schedule D (Form 990) 2021

# Part XIII Supplemental Information (continued)

STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS

SPECIAL EVENT DIRECT EXPENSES \$97,793

PART XII, LINE 2D - OTHER ADJUSTMENTS

SPECIAL EVENT DIRECT EXPENSES \$97,793

#### 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

Open to Public Inspection

Name of the organization Employer identification number 95-2585505 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 raised funds through any of the following activities. Check all that apply 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of contributions? (or retained by) or entity (fundraiser) from activity fundraiser listed in organization col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2021

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 Schedule G (Form 990) 2021
 PACIFIC CHORALE
 95-2585505
 Page 2

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.

		gross receipts greater than \$5,000	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	428,580.			428,580
œ	2	Less: Contributions	330,787.			330,787
	<u> </u>	Gross income (line 1 minus line 2)	97,793.			97,793
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	12,088.			12,088
Direct Expenses	7	Food and beverages	53,713.			53,713
Direc	8	Entertainment	14,750.			14,750
	9	Other direct expenses	17,242.			17,242
	10 11	Direct expense summary. Add line Net income summary. Subtract lin	es 4 through 9 in colu ne 10 from line 3, colu	mn (d)		97,793.
Pa	rt I	Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin	anization answered "\	res" on Form 990, I	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
xben	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
۵	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colur	mn (d)		
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)		
9 a b		Enter the state(s) in which the orgals the organization licensed to con If "No," explain:		in each of these state		Yes No
10 a		Were any of the organization's gaming				. Yes No

Schedule G (Form 990) 2021

JSA 1E1282 1.000

Sched	tule G (Form 990 or 990-EZ) 2021 PACIFIC CHORALE	95-25855	505	Page 3
11	Does the organization conduct gaming activities with nonmembers?		/es	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entiformed to administer charitable gaming?		es	No
13	Indicate the percentage of gaming activity conducted in:	· · · · · · · ' '	- CS	NO
a	The organization's facility	13a		%
b				%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and		
	Name ▶			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives revenue?		′es	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			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro	oceeds to		_
	retain the state gaming license?	۱	/es	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orgonization's own exempt activities during the tax year > \$	anizations		
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).			

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#### **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.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

PACIFIC CHORALE

Inspection Employer identification number

95-2585505

Part	Questions Regarding Compensation				
			Yes	No	
1a	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)				
	Districtionary spontaing decount Torsonar services (Such as maid, Gladifear, Glory				
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	1b			
2	explain	10			
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line				
		2			
	1a?				
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  X 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?				
	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		X	
b	Any related organization?	5b		X	
_	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		X	
b	Any related organization?	6b		X	
_	If "Yes" on line 6a or 6b, describe in Part III.				
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	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
•	Regulations section 53.4958-6(c)?	9			

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 PACIFIC CHORALE 95-2585505 Page **2** 

#### 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.

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	C) Retirement and (D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(i) Base (ii) Bonus & incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CHRISTOPHER A BROWN	(i)	152,660.	NONE	NONE	NONE	NONE	152,660.	NONE
1 PRESIDENT/CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ABBY MANAYE	(i)	119,041.	NONE	NONE	NONE	NONE	119,041.	NONE
2 CONTROLLER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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

**Noncash Contributions** 

(c) Noncash contribution

OMB No. 1545-0047

Open to Public Inspection

(d)

Method of determining

Department of the Treasury Internal Revenue Service

Types of Property

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

Attach to Form 990.

(a) Check if

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

Employer identification number PACIFIC CHORALE 95-2585505

(b)

Number of contributions or

		Check if applicable	Number of contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art			, , ,				
2	Art - Historical treasures	l						
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	1,005,536.	FMV			
10	Securities - Closely held stock	l		, ,				
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
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	Scientific specimens							
24	Archeological artifacts							
25	Other ►(							
26	Other ►()							
27	Other ▶()							
28	Other ▶(							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any proper	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	nree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		X
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	-						
	contributions?					31		X
32a	Does the organization hire or use		•					
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	column (c) for a type of prop	perty for which column (a)	is checked,			
	describe in Part II.							
For Pa	aperwork Reduction Act Notice, see the Instr	ructions for Fo	rm 990.		Schedule	M (Fo	rm 990	) 2021

 Schedule M (Form 990) (2021)
 PACIFIC CHORALE
 95-2585505
 Page 2

Part II Suppleme

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCH M COL. B

NUMBER OF CONTRIBUTIONS IS USED FOR COLUMN B.

JSA Schedule M (Form 990) (2021)

1E1508 1.000

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

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PACIFIC CHORALE

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

Employer identification number 95–2585505

#### FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS;

PACIFIC CHORALE IS COMPRISED OF 200 STAFF AND VOLUNTEER SINGERS. IN ADDITION TO ITS LONG-STANDING PARTNERSHIP WITH PACIFIC SYMPHONY, THE CHORALE HAS PERFORMED WITH SUCH RENOWNED AMERICAN ENSEMBLES AS THE LOS ANGELES PHILHARMONIC, THE BOSTON SYMPHONY, THE NATIONAL SYMPHONY, SAN DIEGO SYMPHONY, LOS ANGELES CHAMBER ORCHESTRA, PHILHARMONIA BAROQUE ORCHESTRA, AND MUSICA ANGELICA. OTHER NOTED COLLABORATIONS WITHIN THE SOUTHERN CALIFORNIA COMMUNITY INCLUDE THE HOLLYWOOD BOWL ORCHESTRA, LONG BEACH SYMPHONY, PASADENA SYMPHONY, AND RIVERSIDE SYMPHONY. THE 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 SYMPHONY, SAN DIEGO SYMPHONY, LOS ANGELES CHAMBER ORCHESTRA, 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 PRESENTED IN

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

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PACIFIC CHORALE

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

Inspection

Employer identification number

95-2585505

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 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
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

JSA 1E1227 2.000

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

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2021

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number PACIFIC CHORALE 95-2585505

COMPENSATION PROCESS.

#### FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

#### PART 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.

JSA 1E1227 2.000

Name of the organization

PACIFIC CHORALE

95-2585505

FORM 990, PART III - PROGRAM SERVICE

#### LINE 4A, PROGRAM SERVICE

\_\_\_\_\_

PACIFIC CHORALE IS INTERNATIONALLY RECOGNIZED FOR EXCEPTIONAL ARTISTIC EXPRESSION, STIMULATING AMERICAN-FOCUSED PROGRAMMING, AND AWARD-WINNING EDUCATIONAL PROGRAMS. UNDER THE ARTISTIC DIRECTION OF ROBERT ISTAD, THE CHORALE PRESENTS AN ANNUAL CONCERT SEASON OF PERFORMANCES AT THE SEGERSTROM CENTER FOR THE ARTS IN ORANGE COUNTY, CALIFORNIA, AND OTHER VENUES AROUND THE COUNTY. THE CHORALE FREQUENTLY PERFORMS WITH SEVERAL OF THE NATION'S LEADING SYMPHONIES, INCLUDING THE PACIFIC SYMPHONY AND THE LOS ANGELES PHILHARMONIC. PACIFIC CHORALE HAS INFUSED AN AGES-OLD ART FORM WITH CALIFORNIA'S HALLMARK INNOVATION AND CULTURAL INDEPENDENCE, EXPANDING THE TRADITIONAL CONCEPTS OF CHORAL REPERTOIRE AND PERFORMANCE.

#### LINE 4B, PROGRAM SERVICE

\_\_\_\_\_

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 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.

3223QF XL8S

723.

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Name of the organization Employer identification number PACIFIC CHORALE 95-2585505 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS \_\_\_\_\_\_ BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE ----------723. PREPAID EXPENSES 4,020. TOTALS

4,020.

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Schedule O (Form 990 or 990-EZ) 2021

Name of the organization

PACIFIC CHORALE

95-2585505

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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DESCRIPTION BOOK VALUE BOOK VALUE OR FMV

INVESTMENTS 6,478,785. 7,123,938. FMV

TOTALS ------

44

Name of the organization Employer identification number PACIFIC CHORALE 95-2585505 FORM 990, PART X - DEFERRED REVENUE \_\_\_\_\_ BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE -----DEFERRED REVENUE 34,279. 60,826. TOTALS

34,279.

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60,826.

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3223QF XL8S