Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning

, and ending

23-7376151

THE ALL-AMERICAN	BOYS	CHORUS			
Net Asset / Fund Balance at Beginning of Year					-145,741
Revenue					
Contributions		200,017			
Program service revenue		490,341			
Investment income					
Capital gain / loss					
Fundraising / Gaming:					
Gross revenue240,082					
Direct expenses					
Net income		166,939			
Other income		-5,429			
Total revenue				851,868	
Expenses					
Program services		689,313			
Management and general		201,971			
Fundraising		17,950			
Total expenses				909,234	
Excess / (deficit)				1	-57,366
Changes Net Asset / Fund Balance at End of	a y	/er		ору	-203,107
Reconciliation of Revenue				Reconciliation of Exp	enses
Total revenue per financial statements			xpenses pe	er financial statements _	
Less:		Less:			
Unrealized gains			nated servi	-	
Donated services			or year adju	ustments _	
Recoveries			sses	_	
OtherPlus:		Oth	ner	-	
Investment expenses		Plus:	aatmant av		
Other		Oth	estment ex	penses _	
Total revenue per return 851,	868	Ou		enses per return	909,234
Total revenue per return			rotar exp	enses per return	909,234
Beginning Assets 235,	408	Balance She Ending 228,		Differences	
Liabilities 381,	149	432,			
Net assets -145 ,	741	-203,	107	-57,366	=
		1.6			
		Information			
Amended return		e 05/15	122		
Return / extended	eu due dat	e 05/15	1/43		

Failure to file penalty

Form 8879-TE

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization for a Ta

Signature	Authorization	
ax Exempt	Entity	OMB No. 1545-004

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2022

Name of filer EIN or SSN THE ALL-AMERICAN BOYS CHORUS 23-7376151 Name and title of officer or person subject to tax AARON CASSARO CEO Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b Total revenue, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) _______ 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) ________6b 7a Form 4720 check here 8a Form 5227 check here 9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9b 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) ... 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that |X| I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the . (EIN) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only MCGINTY, KNUDTSON & ASSOCIATES to enter my PIN as my signature ERO firm name do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 11/16/23 Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 30801416802 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 11/16/23 ERO's signature ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form 990

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

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

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

2022
Open to Public Inspection

Form 990 (2022)

For the 2022 calendar year, or tax year beginning and ending C Name of organization Check if applicable: D Employer identification number THE ALL-AMERICAN BOYS CHORUS Address change Doing business as 23-7376151 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1801 E. EDINGER AVENUE STE 210 714-361-3920 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated SANTA ANA CA 92705 930,440 Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? X No Application pending WILLIAM SANDERSON 33 CLIMBING VINE H(b) Are all subordinates included? IRVINE CA 92603 If "No," attach a list. See instructions X 501(c)(3) 4947(a)(1) or Tax-exempt status: 527 WWW. TAABC. ORG Website: H(c) Group exemption number Form of organization: X Corporation Trust Association Year of formation: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ∞ 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 23 6 Total number of volunteers (estimate if necessary) 0 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 Current Year Prior Year 8 Contributions and grants (Part VIII, line 1h) 256,395 200,017 9 Program service revenue (Part VIII, line 2g) 281,289 490,341 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 225,006 161,510 762,690 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 851,868 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 320,145 281,263 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 430,070 627,971 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 750,215 909,234 12,475 -57,366 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year 5 End of Year 20 Total assets (Part X, line 16) 235,408 228,943 21 Total liabilities (Part X, line 26) 381,149 432,050 22 Net assets or fund balances. Subtract line 21 from line 20 -145,741-203,107 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here AARON CASSARO CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid THOMAS M. MCGINTY 11/17/23 self-employed P00103738 Preparer MCGINTY, KNUDTSON & ASSOCIATES LLP 27-1848365 Firm's name Firm's FIN Use Only 20422 BEACH BLVD. SUITE 450 HUNTINGTON BEACH, CA 92648 714-536-7777 Firm's address May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form	990 (2022) THE ALL-AMERICAN BOYS CHORUS	23-7376151	Page 2
Pa	art III Statement of Program Service Accomplishm		
	Check if Schedule O contains a response or not		X
1	Briefly describe the organization's mission:		
S	SEE SCHEDULE O		

	<u> </u>		
2	Did the organization undertake any significant program services during	the year which were not listed on the	
-			Yes X No
	If "Yes," describe these new services on Schedule O.	***************************************	I res 🔼 No
3	Did the organization cease conducting, or make significant changes in	how it conducts any present	
3		,,,,	
			Yes X No
4	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to		
	the total expenses, and revenue, if any, for each program service repo	rted.	
	122 701		
	(Code:) (Expenses \$ 133,701 including	grants of $\$$	
		MEMBERS IN THE AUDITION, TRAI	NING, AND
C	ONCERT DIVISIONS.		

	•		
	Lavada		
	J. J.	·····	
4b	(Code:) (Expenses \$ 318,631 including	grants of \$) (Revenue \$	1
		N THE SUMMER THEY TOURED	
	ASSACHUSSETTS, NEW YORK, NEW JERSEY	. PENNSYLVANIA VIRGINIA GE	ORGTA
	LABAMA AND FLORIDA. IN DECEMBER, T	HEY TOURED HAWAII.	
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	G		
	(0.1	N 2 4	
	(Code:) (Expenses \$ 6,812 including		. <u></u>)
	O HELP SUPPORT THE CHORUS PROGRAM,	17 CHORAL RECORDINGS WERE SO	LD DURING
Т	HE YEAR.		
	·	***************************************	

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4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 230,169 including grants of \$) (Revenue \$)

Part IV Checklist of Required Schedules

9			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	4	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		- 22	
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	2000		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		32	
h	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	X	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	445		v
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11b		_X_
Ü	of its total accepts reported in Port V. line 162 lf "Voo." complete Cabadyle D. Dad VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		- 1
0.74	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			MERRIC
12/12/0	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundaming quest group and contributions on	17		_X_
10	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	40	х	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Λ.	
	If "Yes," complete Schedule G, Part III	10		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		- 41
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

-	1 990 (2022) THE ALL-AMERICAN BOYS CHORUS 23-7376151		P	age 4
_Pa	art IV Checklist of Required Schedules (continued)		Voc	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
00	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26	_	X
21	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,			42
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			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		х
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? If "Yes,"			
	complete Schedule N, Part II	32		X
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	- 1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
37	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			21
50	19? Note: All Form 990 filers are required to complete Schedule O.	38		х
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	00		
•	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
_	Did the organization comply with backup withholding rules for reportable nayments to youders and			

reportable gaming (gambling) winnings to prize winners?.

	1 990 (2022) THE ALL-AMERICAN BOYS CHORUS 23-7376151	4911145	F	age 5
	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	*			
F-	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?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		-	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0.00		
h	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b	-	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
h	and services provided to the payor?	THE PERSON NAMED IN COLUMN 1	-	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.2		
ч	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d		-	
d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		-	
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	7g		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	? 7h	-	
Ü	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8	-	
а	Did the engagging organization make any toyoble distributions under continue 40000	0-		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
0	Section 501(c)(7) organizations. Enter:	9b	_	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them \			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZA		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
25000	the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of recorded on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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Form 990 (2022) THE ALL-AMERICAN BOYS CHORUS 23-7376151 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 16 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a X Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X 11a h Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? 14 14 X Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records

1801 E. EDINGER AVE. STE 210

CA 92705

SANTA ANA

ALL AMERICAN BOYS CHORUS

Part VII	Compensatio	n of Officers	, Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent								30 - 100 - 1	

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

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

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

X 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	bo.	Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) WENDY AHLERING										
MEMBER	1.00	x	Year	1		77.00	16	o) // // o	0
(2) KAREN BARBER	1.00	A	No.	7 %		and	E.A.	911	JMJ	
MEMBER	0.00	x	7					О	0	0
(3) RUSSELL BELL							1/1.25			
MEMBER	1.00 0.00	x						o	o	0
(4) ELISA BOHM										
MEMBER	1.00	x						0	0	0
(5) SANDRA CERVANTES										
	1.00							_		0-2
MEMBER (6) DIANA DICORPO-FU	0.00	X				_		0	0	0
(6) DIANA DICORPO-FC	1.00									
MEMBER	0.00	x						0	0	0
(7) VAL HONGO-WHITIN										
	2.00									
SECRETARY	0.00	X		X				0	0	0
(8) THOMAS COURTNEY	JR. 3.00									
TREASURER	0.00	x		x				0	0	0
(9) DENNIS KWOK	0.00	A		Λ				0	0	0
(6,	2.00									
PARENT REPRESENTATIV	0.00	X			-			0	0	0
(10) HUEY-YANN OOI										
	1.00	3.5							_	
MEMBER (11) MICHELLE PAGE	0.00	X			_			0	0	0
(II)MICHELLE PAGE	1.00									
MEMBER	0.00	x						0	0	0

Pa	t VII Section A. Officers	, Directors, Tru	istee	s, K	ey E	mpi	oyee	s, a	and Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week	bo off	x, unle ficer a	Pos check ess pe nd a	rson i directo	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) stimated amo of other compensatio	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	or	from the rganization a ted organiza	and
(12) SCOTT PETERSE												
MEM	BER	1.00	x						0	o			0
(13) RITA M. PIPTA												
MEM	BER	0.00	x						0	0			0
(14													
MEM	BER	1.00	x						0	o			0
(15										0			
	IRMAN	4.00 0.00	x		x				0	0			^
(16			Λ		Λ				0	0			0
MEM	DFD	1.00	x						0	0			0
(17			Λ						0	0			0
CEO		40.00			X				0	0			0
CEO				1	100	1		11					0
)		9			1	J.			
										0.1			
1b	Subtotal												
c d	Total (add lines 1b and 1c)												
2	Total number of individuals (increportable compensation from	cluding but not lin	mited) who received more than \$	\$100,000 of			
3	Did the organization list any for								e, or highest compensated		1	Ye	es No
4	employee on line 1a? If "Yes," For any individual listed on line								and other compensation fr			3	X
	organization and related organ individual											4	x
5	Did any person listed on line 1	a receive or acc	rue c	comp	ensa	ition	from	any	unrelated organization or	individual			1
Secti	for services rendered to the or on B. Independent Contracto		es, c	comp	nete	Scn	eaule	JTO	or sucn person	<u></u>		5	X
1	Complete this table for your fiv compensation from the organiz	e highest compe	ensat	ed ir	ndepe	ende	nt co	ontra	actors that received more the	an \$100,000 of	ar.		_
		(A) business address	poi	iouti	311 10		Julia	I		(B) ion of services	<u>.</u>	Compe	C) ensation
-		***************************************											
-													
-													
2	Total number of independent c received more than \$100,000 c							hose	e listed above) who	0			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (C) (D) Revenue excluded Total revenue Unrelated business revenue function revenue from tax under sections 512-514 , Gifts, Grants milar Amounts 1a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 200,017 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 200,017 Business Code 2a TOUR INCOME 269,952 269,952 114,897 b TUITION 114,897 58,927 58,927 C CONCERT SALES d MUSIC CAMP 44,466 44,466 e MISCELLANEOUS SALES 2,099 2,099 f All other program service revenue g Total. Add lines 2a-2f 490,341 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real 6a Gross rents 6a b Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory b Less: cost or other Revenue basis and sales exps. 7b 7c c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 240,082 b Less: direct expenses 73,143 c Net income or (loss) from fundraising events 166,939 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 5,429 -5,429-5,429c Net income or (loss) from sales of inventory . Business Code 11a d All other revenue Total. Add lines 11a-11d Total revenue. See instructions . 851,868 39,037 445,875

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must on			plete column (A).	
	Check if Schedule O contains a response		(B)	(C)	
	ot include amounts reported on lines 6b, 7b, lb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		· · · · · · · · · · · · · · · · · · ·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	206,753	146,795	59,958	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,800	10,508	4,292	
10	Payroll taxes	59,710	42,394	17,316	
11	Fees for services (nonemployees):				
a	Management				
b	Legal	14 404	A CONTRACTOR OF THE PARTY OF TH	14 404	
C	Accounting	14,484		14,484	
d	Lobbying	B FE B BY B	H H H H		
e	Professional fundraising services. See Part IV, line 17		TO H CHO !		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,488	4,910	578	
12	Advertising and promotion	322	322	370	
13	Office expenses	35,405	2,415	19,134	13,856
14	Information technology	00,100		20,201	
15	Royalties				
16	Occupancy	84,542	59,977	20,471	4,094
17	Travel	175,643	175,643	,	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	31,460		31,460	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,784	4,728	1,056	
23	Insurance	31,107	22,086	9,021	
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.)	02 500	02.200	1.40	
a	PROGRAM AND REPERTOIRE	83,520	83,380	140	
b	EDUCATION MISCELLANEOUS	51,984 51,512	51,984 33,207	10 205	
c	MISCELLANEOUS	27,787	23,005	18,305 4,782	
d	SUPPLIES	28,933	27,959	974	
	All other expenses Total functional expenses. Add lines 1 through 24e	909,234	689,313	201,971	17,950
25 26	Joint costs. Complete this line only if the	909,234	009,313	201,311	11,950
neri to li ki	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)				

		(Palance Shoot	CHORUS	23	9-1316131		Page 1
Par	ιX	Check if Schedule O contains a response or note to	any line in this	Part X			П
			any mre m ane	, are / , , , , , , , , , , , , , , , , , ,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		W-10450 VOCANO - CALWOOD TO SEC.	41,128	1	50,417
8	2	Savings and temporary cash investments			328	2	328
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			25,844	4	15,874
	5	Loans and other receivables from any current or former of	officer, director,				
		trustee, key employee, creator or founder, substantial con	tributor, or 35%				
		controlled entity or family member of any of these persons	6			5	
9	6	Loans and other receivables from other disqualified person					
		under section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
!		Inventories for sale or use			12,709	8	12,709
1		Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other					
Ι.	u	basis. Complete Part VI of Schedule D	102	769,490			
	h			619,875	155,399	100	149,615
1					133,333	11	149,010
	2	Investments—publicly traded securities					
	3	Investments—other securities. See Part IV, line 11				12	
1.8	3	Investments—program-related. See Part IV, line 11				13	
	4	Intangible assets				14	
1		Other assets. See Part IV, line 11			02E 400	15	000 041
_		Total assets. Add lines 1 through 15 (must equal line 33)			235,408	16	228,943
	7	Accounts payable and accrued expenses			40,116	200	92,728
1	8	Grants payable Deferred revenue Tay-evernt bond liabilities	A A W A A A	18			
1	9	Deferred revenue	nj\/(19	
2		rax-exempt borid liabilities				20	
2		Escrow or custodial account liability. Complete Part IV of	6.1.1		1 1	21	
2	2	Loans and other payables to any current or former officer,					
		trustee, key employee, creator or founder, substantial con	tributor, or 35%				
		controlled entity or family member of any of these persons				22	
2	3	Secured mortgages and notes payable to unrelated third	parties			23	
2	4	Unsecured notes and loans payable to unrelated third part	ties			24	
2	5	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24). C	Complete Part X				
		of Schedule D			341,033	25	339,322
2	6	Total liabilities. Add lines 17 through 25			381,149	26	432,050
		Organizations that follow FASB ASC 958, check here	X				
		and complete lines 27, 28, 32, and 33.					
2 2	7	Net assets without donor restrictions			-188,337	27	-245,703
2	8	Net assets with donor restrictions			42,596	28	42,596
		Organizations that do not follow FASB ASC 958, chec	k here				
		and complete lines 29 through 33.					
2	9	Capital stock or trust principal, or current funds				29	
3	0	Paid-in or capital surplus, or land, building, or equipment	fund			30	
3	1	Retained earnings, endowment, accumulated income, or	other funds			31	
3 3	2	Total net assets or fund balances			-145,741	32	-203,107
: .	3	Total liabilities and net assets/fund balances			235,408		228,943

Form 990 (2022)

Forn	1 990 (2022) THE ALL-AMERICAN BOYS CHORUS 23-7376151			Pa	ge 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1		51,	868
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	09,	234
3	Revenue less expenses. Subtract line 2 from line 1	3	-!	57,	366
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1	45,	741
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				The second
	32, column (B))	10	-20	03,:	107
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		~		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2022)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Name of the organization

THE ALL-AMERICAN BOYS CHORUS

Employer identification number 23-7376151

			****** *******************************	CICIEN DOID CHOIC	<i>,</i>		23-131	OTOT	
Pa	ırt I	Reas	on for Public Charity	Status. (All organization	ns must o	complete	e this part.) See instruction	ons.	
he o	orgai			e it is: (For lines 1 through 12,					
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	X		pol described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	П			ce organization described in s		(b)(1)(A)(i	ii).		
4	П						n 170(b)(1)(A)(iii). Enter the h	nenital'e namo	
		city, and stat		a in conjunction may a neophal	accombca	000010	Troub, T, A, Min. Enter the Th	ospitars riame,	
5	П	1.50		of a college or university owner	d or operate	ad by a go	warnmental unit described in		
J	Ш				or operate	ed by a go	overnmental unit described in		
6	П		(b)(1)(A)(iv). (Complete Part	jovernmental unit described in	coetion 17	/0/b\/4\/A\	V. A		
7	Н			substantial part of its support f					
1	Ш		section 170(b)(1)(A)(vi). (C		ioni a gove	mmentar	unit or from the general public		
8	П		, ,, ,, ,, ,	170(b)(1)(A)(vi). (Complete Pa	et II \				
9	Н					nd in coni	unction with a land-grant colleg	10	
٠	ш			of agriculture (see instructions).				je	
		university:	or a normana grant conego c	or agriculture (see motractions).	Litter tile i	iame, ony	, and state of the college of		
10	П		on that normally receives (1)) more than 33 1/3% of its sun	port from c	ontribution	s, membership fees, and gros		
		receipts from	activities related to its exem	pt functions, subject to certain	exceptions	and (2) r	no more than 331/3% of its	S	
		support from	gross investment income an	nd unrelated business taxable i	ncome (les	s section	511 tax) from businesses		
	_			0, 1975. See section 509(a)(2					
11	Ш	An organizati	on organized and operated e	exclusively to test for public sa	fety. See s	ection 50	9(a)(4).		
12	Ш						s of, or to carry out the purpos		
							(a)(2). See section 509(a)(3).	Check	
			200 100 100 100	scribes the type of supporting of	Carlo Sell		10 Table 10		
	a						ganization(s), typically by givin	g	
				ver to regularly appoint or elect		of the dire	ectors or trustees of the		
				omplete Part IV, Sections A					
	b			pervised or controlled in conne					
		organizat	ion(s). You must complete	Part IV, Sections A and C.	same pers	ons that c	ontrol or manage the supporte	d	
	С				nd in conno	otion with	, and functionally integrated wi	46	
	Ü			structions). You must complet				uı,	
	d						with its supported organizatio	n(s)	
							equirement and an attentivenes		
		requireme	ent (see instructions). You n	nust complete Part IV, Section	ons A and	D, and Pa	art V.		
	е	Check thi	s box if the organization rece	eived a written determination fro	om the IRS	that it is a	a Type I, Type II, Type III		
				n-functionally integrated suppo	rting organ	ization.		r	
			mber of supported organization					l	
	g	Provide the f	ollowing information about the	ne supported organization(s).				T	
(i)		e of supported	(ii) EIN	(iii) Type of organization	* . *	organization	(v) Amount of monetary	(vi) Amount	
	org	anization		(described on lines 1–10 above (see instructions))	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ur governing ment?	support (see instructions)	other support instructions	
					Yes	No	indiasione)	inou double	,,
(A)									
(B)									
(-,									
(C)									
(0)									
(D)					AT 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10				
(0)									
(E)									
(- <i>)</i>									
otal					-				

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			4			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				·		
Caler	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	XDc	1/6			7	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (
13	First 5 years. If the Form 990 is for the org						
<u></u>	organization, check this box and stop here						
	tion C. Computation of Public Su					1 1	
14	Public support percentage for 2022 (line 6,	column (f) divided	by line 11, column	ı (f))		14	%
15	Public support percentage from 2021 Sched						%
16a	33 1/3% support test—2022. If the organi				3 1/3% or more, ch	eck this	
_	box and stop here. The organization qualif						
D	33 1/3% support test—2021. If the organization of						
170	this box and stop here. The organization of						Ц
17a	10%-facts-and-circumstances test—202				A		
b	10% or more, and if the organization meets Part VI how the organization meets the factorganization 10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization 15 is 10% or more, and if the organization meets the second orga	ts-and-circumstand 1. If the organization meets the facts-an	es test. The organ on did not check a d-circumstances te	box on line 13, 16a	a publicly support a, 16b, or 17a, and and stop here. Ex	ed line plain	
	in Part VI how the organization meets the t		-		1 7 11	1017.70	
18	Private foundation. If the organization did instructions	not check a box o	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see		
	instructions						Ц

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.)

		4			empione i on i m	/	
	tion A. Public Support	,				1	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7a	Amounts included on lines 1, 2, and 3						
500	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)			A STATE OF THE STA			
	tion B. Total Support		A A March II	製	N AV ANA	1	
Calen	dar year (or fiscal year beginning in)	// (a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	Ħ	e e		i d		
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						rg:
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop here	e					
Sec	tion C. Computation of Public S	upport Percen	tage				
15	Public support percentage for 2022 (line 8,	, column (f), divided	d by line 13, column	ı (f))		15	%
16	Public support percentage from 2021 Sche	edule A, Part III, line	e 15				%
Sec	tion D. Computation of Investme		H				
17	Investment income percentage for 2022 (li	ne 10c, column (f),	divided by line 13,	column (f))		17	%
18	Investment income percentage from 2021	Schedule A, Part II	1 1: 47			1 40 1	%
19a	33 1/3% support tests—2022. If the orga	nization did not che	eck the box on line	14, and line 15 is i	more than 33 1/3%	, and line	
	17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization qu	ualifies as a public	ly supported organi	zation	L
b	33 1/3% support tests—2021. If the orga						
	line 18 is not more than 33 1/3%, check the	is box and stop h e	ere. The organization	n qualifies as a pu	ublicly supported or	ganization	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

		Yes	No
	1		
	,		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
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	9a		
	9b		
	9с		
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Schedu	ule A (Form 990) 2022 THE ALL-AMERICAN BOYS CHORUS 23-73761	51		Page 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	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 Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
		W-00-1	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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
-	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ictions)		
2	Activities Test. Answer lines 2a and 2b below.	rollorisj.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	Za		
2	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	21-		
2		2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or clost a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	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 Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	tions	r ago o				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.			e				
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	(B) Current Year (optional)							
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						
Sect	ion 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 Part VI):							
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).	14	DOV					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	11 2					
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
- 8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion 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		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-functionally integrated T		supporting organization					

(see instructions).

Schedu	lle A (Form 990) 2022 THE ALL-AMERICAN E	BOYS CHORUS	23-73	76:	151 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		***************************************
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		1	
2	Amounts paid to perform activity that directly furthers exempt purposes				
	organizations, in excess of income from activity	o. oappoitoa		2	
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		3	
4	Amounts paid to acquire exempt-use assets	riod organizations		4	
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ils in Part VI		5	
6	Other distributions (describe in Part VI). See instructions.	no ni i dit vij		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	tion is responsive		8	
•	(provide details in Part VI). See instructions.	ion is responsive			
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Line o amount divided by line o amount	(i)	/ii\	10	/:::\
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required-explain in Part VI). See				
	instructions.			_	
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018			-	
	From 2019			_	
	From 2020		STATE OF THE STATE		
	From 2021			_	
	Total of lines 3a through 3e	11 11	JIJ		
	Applied to underdistributions of prior years		1 0		
	Applied to 2022 distributable amount			_	
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019				
С	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Forn	n 990) 2022	THE	ALL-AMERICAN	BOYS	CHORUS	23-7376151	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Par	Information IV, Section Part IV, Set V, line 1; P	n. Provide the explar A, lines 1, 2, 3b, 3c, ection C, line 1; Part Part V, Section B, line	nations red 4b, 4c, 5 IV, Section 1e; Part	quired by Part ia, 6, 9a, 9b, 9 on D, lines 2 a t V, Section D,	II, line 10; Part II, line 17a or Oc, 11a, 11b, and 11c; Part IV, Ind 3; Part IV, Section E, lines Iines 5, 6, and 8; and Part V,	17b; Part Section 1c. 2a. 2b.
	lines 2, 5, and 6	o. Also com	plete this part for an	y addition	al information.	. (See instructions.)	
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization Employer identification number THE ALL-AMERICAN BOYS CHORUS 23-7376151 Organization type (check one): Filers of: Section: X 501(c)(Form 990 or 990-EZ 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 X 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 331/3% 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 totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

THE ALL-AMERICAN BOYS CHORUS

Employer identification number 23-7376151

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	CREAN FOUNDATION 2300 MESA DRIVE NEWPORT BEACH CA 92660	\$ 5,000	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				
2	DR. LAWRENCE BROWNE 114 PIAZZA GENOA NEWPORT BEACH CA 92663	\$ 24,000	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	VAL HONGO-WHITING P.O. BOX 1527 COSTA MESA CA 92628	\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	SETSUKO KRICKL 520 KINGS ROAD NEWPORT BEACH CA 92663	\$ 10,000	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				
5	JOHN PAGE 19 WEDGEWOOD LANE LADERA RANCH CA 92694	\$ 5,360	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	PAUL MULTARI 1924 PORT WEYBRIDGE PLACE NEWPORT BEACH CA 92660	\$ 8,000	Person X Payroll				

PAGE 2 OF 2

Page 2

Name of organization
THE ALL-AMERICAN BOYS CHORUS

Employer identification number 23-7376151

7 1177	ALL AMERICAN BOIS CHOROS	23	-1210121				
Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 7	LAUREL PARKE 101 N DESERET CR ANAHEIM CA 92807	\$ 20,000	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				
8	MARLA LICHTSINN 1801 E EDINGER AVENUE STE 210 SANTA ANA CA 92705	\$ 5,000	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				
9	ORANGE COUNTY COMMUNITY FOUNDATION 4041 MACARTHUR BLVD SUITE 510 NEWPORT BEACH CA 92660	5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10	FADY SOLIMAN 1801 E EDINGER AVENUE SUITE 210 SANTA ANA CA 92705	\$ 10,000	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				
11	COUNTY OF ORANGE ANDREW DO OFFICE 400 W CIVIC CENTER DRIVE SANTA ANA CA 92701	\$ 10,000	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				
ž 1111111	F	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

m	HE ALL AMEDICAN POWG GUODUG			00 808454
	HE ALL-AMERICAN BOYS CHORUS			23-7376151
Pa	art I Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on I			Accounts.
-		(a) Donor advis		(b) Funds and other accounts
1	Total number at end of year	· · · · · · · · · · · · · · · · · · ·		(a) i and and outsi associate
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that		a odvined	
3	-			
6	funds are the organization's property, subject to the organization's excluding the organization inform all grantees, donors, and donor advisors in			Yes No
U	only for charitable purposes and not for the benefit of the donor or donor	•		
		a contrator and its family contrat attents	* POT 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\square_{V_{-1}} \square_{V_{-1}}$
P:	art II Conservation Easements.			Yes No
	Complete if the organization answered "Yes" on I	Form 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).		
	Preservation of land for public use (for example, recreation or educ	ation) Preservation	on of a historically	important land area
	Protection of natural habitat	Preservation	on of a certified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the	e form of a conse	vation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements	A Paris	1	_2a
b	그 두 아니다 1980년 1981년 1일 1981년	Can Y		2b
С		ded in (a)		2c
d	Number of conservation easements included in (c) acquired after July 2		<u> </u>	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, released, exti	nguished, or terminated	by the organizati	on during the
	tax year			
4	Number of states where property subject to conservation easement is lo	ocated		
5	Does the organization have a written policy regarding the periodic moni			
	violations, and enforcement of the conservation easements it holds? \dots			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing	ng conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ations, and enforcing co	nservation easem	ents during the year
8	Does each conservation easement reported on line 2(d) above satisfy t			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easeme			
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial s	statements that de	scribes the
	organization's accounting for conservation easements.			
Pa	art III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F			Similar Assets.
		The state of the s		
та	If the organization elected, as permitted under FASB ASC 958, not to re			
	of art, historical treasures, or other similar assets held for public exhibiting			or public
L	service, provide in Part XIII the text of the footnote to its financial statem			
b				
	art, historical treasures, or other similar assets held for public exhibition,	education, or research	iii lurtherance of	public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			
2	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or		iinanciai gain, prov	viae inė
	following amounts required to be reported under FASB ASC 958 relating			2
a h	Revenue included on Form 990, Part VIII, line 1			

chodulo	D /Form	agai	2022

b Buildings c Leasehold improvements d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12	
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
/4) Financial a	(including name of security)		Cost or end-of-year market value	
(1) Financial (derivatives Id equity interests			
(2) Other	in equity interests			
(4)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)		*		
Total (Column	a /h) must aqual Form 000 Part V col /P) lina 12)			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)			
i ait viii	Complete if the organization answered "Yes" or	n Form 990 Part IV line	11c See Form 990 Part X line 13	
·	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)		Control of the contro		
(7)		Francisco Francisco	7 4 5 4 4 1	
(8)				
	(b) must equal Form 990, Part X, col. (B) line 13.)	/ View W View		
Part IX	Other Assets.	<u> </u>		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book val	lue
(1)				
_(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,	
	line 25.			
1.	(a) Description of liabili	ty	(b) Book val	lue
	income taxes		0.20	2 000
	ED PARTY PAYABLE			3,000
(3) SBA E	PAYABLE			7,860 3, 4 62
(4) TAXES (5)	TUTUDIE	THE THE THE PERSON NAMED OF THE PERSON NAMED O		J, 40Z
(6)				
(7)				
(8)				
(9)				
the state of the second second second	(b) must equal Form 990, Part X, col. (B) line 25.)		339	9,322
2. Liability for I	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's fin		

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

Sche	edule D (Form 990) 2022 THE ALL-AMERICAN BOYS CHORUS 23-737615	1	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	⊢ ·	
a			
	Donated services and use of facilities 2b	-	
		1	
C	Recoveries of prior year grants 2c	-	
a	Other (Describe in Part XIII.)	-	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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		
b	Other (Describe in Part XIII.)		1
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	ırn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rteta	
1		1	1
2	Total expenses and losses per audited financial statements	1	-
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a	4	
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII.)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_	
	Investment expenses not included on Form 990, Part VIII, line 7b.	1	
h	Other (Describe in Part XIII.)	1	
	Other (Describe in Fait Alli.)		
0	Add lines 4e and 4h	۱.,	
	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4a. (This must expel Form 900, Part I, line 40.)	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b an	5	ne
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	5	ne
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5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
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5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
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5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 rt X, lir	

Schedule D (Fo	rm 990) 2022	THE	ALL-A	MERICAN	BOYS	CHORUS	23-7376151	Page 5
Part XIII	Supplementa	al Inf	ormation	(continued)				

							• • • • • • • • • • • • • • • • • • • •	
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			· · · · · · · · · · · · · · · · · · ·	A - 14F - HoFFin - 14F	TD. T			
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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.

OMB No. 1545-0047

Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number THE ALL-AMERICAN BOYS CHORUS 23-7376151 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 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? 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. (iii) Did fund-(v) Amount paid to (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 3 4 5 7 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 3 registration or licensing.

BOYSCHOIR 11/17/2023 8:15 AM Schedule G (Form 990) 2022 THE ALL-AMERICAN BOYS CHORUS 23-7376151 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events FALL FUNDRAISER JOG-A-THON NONE (add col. (a) through (event type) col. (c)) (event type) (total number) 165,889 74,193 1 Gross receipts 240,082 2 Less: Contributions 3 Gross income (line 1 minus 165,889 74,193 240,082 4 Cash prizes 9,585 9,585 5 Noncash prizes 6 Rent/facility costs 32,185 1,669 33,854 7 Food and beverages 157 157 8 Entertainment 18,865 9 Other direct expenses 10,682 29,547 Direct expense summary. Add lines 4 through 9 in column (d)
 Net income summary. Subtract line 10 from line 3, column (d) 73,143 166,939 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor No

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				
					_
9	Enter the state(s) in which the organization conducts gaming activities:				
а	Is the organization licensed to conduct gaming activities in each of these states?	 П,	Yes		No
b	If "No," explain:	 			
102	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	 Π:	г	¬:	
	If "Yes," explain:	 Ш	Yes ['	NO

7 Direct expense summary. Add lines 2 through 5 in column (d)

Sche	dule G (Form 990) 2022	THE	ALL-AMER	ICAN	BOYS	CHORUS	23-7376151			Pag	ge 3
11	Does the organization cond	luct gam	ing activities with r	nonmem	bers?				Ye	s	No
12	Is the organization a granto									_	
	formed to administer charita	able gam	ning?				***************************************	[Ye	s	No
13	Indicate the percentage of	•						1 1			
а	The organization's facility						************************************				%
b	An outside facility							13b			%_
14	Enter the name and address records:	s of the	person who prepa	res the d	organization	n's gaming/sp	ecial events books and				
	Name										
	Address					*********					
15a	Does the organization have revenue?						eceives gaming	Г	☐ Ye	s F	1 No
b	If "Yes," enter the amount of	of gaming	revenue received	by the	organization	า \$	and the	L		° ∟] 110
	amount of gaming revenue	retained	by the third party	\$							
С	If "Yes," enter name and ad	dress of	the third party:	*//			****				
	Name		****				******************************				
	2 372										
	Address										
16	Gaming manager information	on:									
	Name										
		- 122									
	Gaming manager compens	ation \$	axk				COOY				
	Description of services prov	vided	·····································				1 9				
	Director/officer	Ш	Employee	Ш	ndependen	t contractor					
17	Mandatory distributions:										
a a	Is the organization required	under et	ata law to make c	haritabla	distribution	os from the a	aming proceeds to				
u	retain the state gaming licer	_				•		Г	Ye	٦,	No
b	Enter the amount of distribu						empt organizations or	L		» <u>Г</u>	NO
	spent in the organization's of										
Pa	rt IV Supplementa	l Infor	mation. Provid	le the	explanati	ons require	ed by Part I, line 2b, columns (iii)	and (v);	and		
							e. Also provide any additional info				
	See instructio	ns.									
				,							
							///////////////////////////////////////				
		• • • • • • • • • • • • • • • • • • • •									

SCHEDULE O (Form 990)

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.

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Name of the organization

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

THE ALL-AMERICAN BOYS CHORUS	23-7376151
FORM 990 - ORGANIZATION'S MISSION	
THE ALL-AMERICAN BOYS CHORUS PROVIDES A WORLD-ACCLAIMED	MUSIC AND
PERFORMING ARTS CURRICULUM THAT EDUCATES, MOTIVATES AND	BUILDS CHARACTER IN
BOYS THROUGH UNPARALLELED OPPORTUNITIES FOR PERFORMANCE	, LEADERSHIP, TRAVEL
AND COMMUNITY SERVICE.	
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS	
CHORUS MEMBERS ARE SCHOOLED IN A HAPPY, MOTIVATED, AND	SELF-DISCIPLINED
ENVIRONMENT, WHERE THEY ACQUIRE LEADERSHIP TRAITS AND T	HE SKILLS NEEDED TO
BE SUCCESSFUL. TAXOAVEI CO)V
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW FORM 990
BOARD REVIEWS A DRAFT COPY OF THE TAX RETURNS BEFORE FI	LING WITH THE TAXING
AUTHORITIES.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLO	OSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC	

Form 4562

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

quence No. 179

Identifying number

THE ALL-AMERICAN BOYS CHORUS 23-7376151 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 1,080,000 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,700,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2022 17 4,476 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property 5-year property 7-year property C 10-year property 15-year property 20-year property 25-year property 25 yrs. Residential rental 27.5 yrs MM S/L property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. MM S/L property MM S/L Section C-Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 30-year C 30 yrs. MM S/L d 40-year S/L 40 yrs. MM Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22

portion of the basis attributable to section 263A costs

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

4,476

23-7376151

Federal Asset Report Form 990, Page 1 11/17/2023 8:15 AM

FYE: 12/31/2022

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	<u>Prior</u>	Current
Prior 1 2 3	MACRS: LEASEHOLD IMPROVEMENTS CEO LAPTOP PRODUCTION EQUIPMENT	10/20/16 2/05/19 7/05/19	174,549 999 556 176,104	XXX	174,549 0 0 174,549	39 MM S/L 5 HY 200DB 5 HY 200DB	23,310 999 556 24,865	4,476 0 0 4,476
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	rs -	176,104 0 0 176,104		174,549 0 0 174,549		24,865 0 0 24,865	4,476 0 0 4,476

23-7376151

CA Asset Report

Form 990, Page 1

11/17/2023 8:15 AM

FYE: 12/31/2022

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Prior	MACRS: LEASEHOLD IMPROVEMENTS CEO LAPTOP PRODUCTION EQUIPMENT	10/20/16 2/05/19 7/05/19	174,549 999 556 176,104	174,549 999 556 176,104	23,310 711 396 24,417	4,476 115 64 4,655	4,476 0 0 4,476	0 -115 -64 -179
	Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	_	176,104 0 0 176,104	176,104 0 0 176,104	24,417 0 0 24,417	4,655 0 0 4,655	4,476 0 0 4,476	-179 0 0 -179

23-7376151

AMT Asset Report

11/17/2023 8:15 AM

Form 990, Page 1

FYE: 12/31/2022

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
1 2	MACRS: LEASEHOLD IMPROVEMENTS CEO LAPTOP PRODUCTION EQUIPMENT	10/20/16 2/05/19 7/05/19	174,549 999 556 176,104		X X	174,549 0 0 174,549	39 MM S/L 5 HY 200DB 5 HY 200DB	23,310 999 556 24,865	4,476 0 0 4,476
	Grand Totals Less: Dispositions and Transfe Net Grand Totals	ers	176,104 0 176,104			174,549 0 174,549		24,865 0 24,865	4,476 0 4,476

23-7376151

Bonus Depreciation Report

11/17/2023 8:15 AM

FYE: 12/31/2022

Form 990, Page 1

Asset _	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr		
	CEO LAPTOP PRODUCTION EQUIPMENT	2/05/19 7/05/19	999 556				0	0	999 556	0
		Grand Total	1.555	0.	0	0	1 555			

23-7376151

Depreciation Adjustment Report

11/17/2023 8:15 AM

FYE: 12/31/2022

All Business Activities

Form MACRS	<u>Unit</u> S Adj	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1 Page 1 Page 1	1 1 1	1 2 3	LEASEHOLD IMPROVEMENTS CEO LAPTOP PRODUCTION EQUIPMENT	4,476 0 0 4,476	4,476 0 0 4,476	0 0 0

23-7376151

Future Depreciation Report

11/17/2023 8:15 AM **FYE: 12/31/23**

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior M	AACRS:				
1 2 3	LEASEHOLD IMPROVEMENTS CEO LAPTOP PRODUCTION EQUIPMENT	10/20/16 2/05/19 7/05/19	174,549 999 556	4,476 0 0	4,476 0 0
			176,104	4,476	4,476
	Grand Totals		176,104	4,476	4,476

Form 990 Two Year Comparison Report 2021 & 2022
For calendar year 2022, or tax year beginning , ending

Name

Taxpayer Identification Number

נ	HE A	LL-AMERICAN BOYS CHORUS				23-7	376151
				2021	2022		Differences
	1. Cont	tributions, gifts, grants	1.	226,395	200	0,017	-26,378
	2. Mem	nbership dues and assessments	2.				
	3. Gove	ernment contributions and grants	3.	30,000			-30,000
n e	4. Prog	ram service revenue	4.	281,289	490	341	209,052
e u	5. Inves	stment income	5.				
>	6. Proc	eeds from tax exempt bonds	6.				
R e		gain or (loss) from sale of assets other than inventory	7.				
		income or (loss) from fundraising events	8.	80,110	160	6,939	86,829
		income or (loss) from gaming	9.				
		gain or (loss) on sales of inventory	10.	-11,424	-!	5,429	5,995
		er revenue	11.	156,320			-156,320
		I revenue. Add lines 1 through 11	12.	762,690	85:	1,868	89,178
	13 . Gran	nts and similar amounts paid	13.				
ses		efits paid to or for members	14.				
		pensation of officers, directors, trustees, etc.	15.				
	16. Sala	ries, other compensation, and employee benefits	16.	320,145	28:	1,263	-38,882
e	17. Profe	essional fundraising fees	17.				
х	18. Othe	er professional fees	18.	18,693	1:	9,972	1,279
ш	19. Occi	upancy, rent, utilities, and maintenance	19.	86,036		4,542	-1,494
	20. Depr	reciation and Depletion	20.	7,144		5,784	-1,360
	21. Othe	er expenses	21.	318,197	51'	7,673	199,476
	22. Tota	I expenses. Add lines 13 through 21	22.	750,215	909	9,234	159,019
	23. Exce	ess or (Deficit). Subtract line 22 from line 12	/23.	12,475	J -5'	7,366	-69,841
	24. Total	I exempt revenue	24.	762,690	85:	1,868	89,178
	25. Total	I unrelated revenue	25.				
į.	26. Total	l excludable revenue	26.	426,185		4,912	58,727
nformation	27. Total	I assets	27.	235,408		3,943	-6,465
Ę	28. Total	I liabilities	28.	381,149		2,050	50,901
드	29. Reta	ined earnings	29.	-145,741		3,107	-57,366
-	30. Num	ber of voting members of governing body	30.	18	16		
Ö	31. Num	ber of independent voting members of governing body	31.	18	16		
	32. Num	ber of employees	32.	24	23		
	33. Num	iber of volunteers	33.				

23-7376151

CA Future Depreciation Report

FYE: 12/31/23

11/17/2023 8:15 AM

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	CA
Prior M	MACRS:			
1 2 3	LEASEHOLD IMPROVEMENTS CEO LAPTOP PRODUCTION EQUIPMENT	10/20/16 2/05/19 7/05/19	174,549 999 556 176,104	4,476 115 64 4,655
	Grand Totals		176,104	4,655

Pom 990		Тах	Tax Return History			2022
Name THE ALL-AMERICAN	BOYS	CHORUS			Employer 23-7	Employer Identification Number 23-7376151
	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	309,722	260,697	236,606	256,395	200,017	
Program service revenue	345,753	318,308	117,918	281,289	490,341	
Capital gain or loss						
Fundraising revenue (income/loss)	129,243	195,570	106,145	80,110	166,939	
Gaming revenue (income/loss)	1 1		1 1			
Other revenue	-5,430	-	-	144,896	-5,429	
Total revenue	779,288	761,367	458,834	762,690	851,868	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	296,472	377,569	322,252	320,145	281,263	
Professional fees	20,770	18,819	18,644	18,693	19,972	
Occupancy costs	-	88,845		86,036	84,542	
Depreciation and depletion	23,462	22,591	22,419	7,144	5,784	
Other expenses	280,374	307,984	135,980	318,197	517,673	
Total expenses	-	-	589,951	750,215	909,234	
Excess or (Deficit)	78,633	-54,441	-131,117	12,475	-57,366	
Total exempt revenue	779.288	761.367	458,834	762 690	851 868	
Total unrelated revenue					-	
Total excludable revenue	340,323	305,100	116,083	426,185	484,912	
Total Assets	276,350	289,141	273,107	235,408	228,943	
Total Liabilities	249,008	316,240	431,323	381,149	-	
Net Fund Balances	27,342	-27,099	-158,216	-145,741	-203,107	

11/17/2023 8:15 AM Fund Raising Raising Fund 5 5 S Management & General 578 578 Management & 974 974 General Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee) 5 Form 990, Part IX, Line 24e - All Other Expenses 21,326 6,162 27,959 4,910 4,910 471 Program Program Service Service Federal Statements \$ ·s S ⟨⟨⟩ 21,326 5,488 5,488 28,933 Expenses Expenses Total Total BOYSCHOIR THE ALL-AMERICAN BOYS CHORUS S S S S BUS AND TRUCK EXPENSES Description Description SUPPORT SERVICES FYE: 12/31/2022 TOTAL TOTAL 23-7376151 TELEPHONE TAXES

23-7376151

Federal Statements

11/17/2023 8:15 AM

FYE: 12/31/2022

JOG-A-THON

Other Direct Fundraising or Gaming Expenses

Description	 Amount
MISCELLANEOUS PRINTING	\$ 9,509 1,173
TOTAL	\$ 10,682

23-7376151

Federal Statements

11/17/2023 8:15 AM

FYE: 12/31/2022

FALL FUNDRAISER

Other Direct Fundraising or Gaming Expenses

Description	 Amount
MISCELLANEOUS	\$ 13,701
PRINTING	3,608
SUPPLIES	362
POSTAGE	 1,194
TOTAL	\$ 18,865