**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2022	
Open to Public	
Inspection	

A I	For the	$\pm$ 2022 calendar year, or tax year beginning $$ JUL $1,$ $2022$ and er	nding J	<u>UN 30, 2023</u>	
	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres				
Ē	Name change			33-089563	35
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  23802 AVENIDA DE LA CARLOTA	oom/suite	E Telephone number 949-451-8	
	termin ated			G Gross receipts \$	215,030.
	Ameno			H(a) Is this a group re	
	Application	F Name and address of principal officer. MARGOERTIE DOTRIED		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No
1	Гах-ехе	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}}$ 501(c) ( ) (insert no.) $\overline{}}$ 4947(a)(1) or	527	If "No," attach a	list. See instructions
	Websit		_	H(c) Group exemption	
	orm of	organization: X Corporation Trust Association Other  Summary	L Year o	of formation: 2000 N	1 State of legal domicile: CA
_	1	Briefly describe the organization's mission or most significant activities: ${ m THE}~{ m Ol}$	RANGE	COUNTY WOME	EN'S CHORUS
Governance		CREATES AND PERFORMS OUTSTANDING CHORAL LI			
rna	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	ets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
		Number of independent voting members of the governing body (Part VI, line 1b)		4	7
Se Se	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	1
Ζŧ	6	Total number of volunteers (estimate if necessary)		6	43
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		136,763.	174,029.
Revenue	9	Program service revenue (Part VIII, line 2g)		131,425.	30,556.
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21.	2,204.
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,290.	-6,475.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		262,919.	200,314.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	42,164.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  5,530	<u> </u>	0.	0.
X	_D	<del>-</del>		262,748.	158,787.
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		262,748.	200,951.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		171.	-637.
	19	Revenue less expenses. Subtract line 18 from line 12	Red	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	20,	147,521.	198,367.
ASSE	21	Total liabilities (Part X, line 16)		104,528.	154,590.
let.	22	Net assets or fund balances. Subtract line 21 from line 20		42,993.	43,777.
	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic		· · · · · · · · · · · · · · · · · · ·	,
	,				
Sig	n	Signature of officer		Date	
Her		MARGUERITE DUPRIEU, CFO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	i	TRITIA FOSTER		if self-employe	
Pre	parer	Firm's name DAVIS FARR LLP		Firm's EIN 4	7-3535842
Use	Only	Firm's address 18201 VON KARMAN AVE, SUITE 1100			
		IRVINE, CA 92612		Phone no. 94	9-474-2020
May	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Page 2

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORANGE COUNTY WOMEN'S CHORUS CREATES AND PERFORMS OUTSTANDING
	CHORAL LITERATURE, ENGAGES AND ENRICHES OUR AUDIENCE, AND CELEBRATES
	WOMEN IN MUSIC BY OFFERING THREE CONCERT PROGRAMS ANNUALLY (FIVE-SIX
	CONCERTS) IN ORANGE COUNTY, PROVIDING A CONDUCTING INTERNSHIP TO A
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?  Yes X No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$158,936 . including grants of \$0 (Revenue \$30,556 . )
	THE OCWC CREATES AND PERFORMS OUTSTANDING CHORAL LITERATURE, ENGAGES
	AND ENRICHES OUR AUDIENCES, AND CELEBRATES WOMEN IN MUSIC BY TYPICALLY
	OFFERING THREE CONCERT PROGRAMS ANNUALLY (5-6 PERFORMANCES); PROVIDING
	A CONDUCTING INTERNSHIP PROGRAM FOR A PROMISING FEMALE CONDUCTOR; COMMISSIONING NEW WORKS FOR WOMEN'S VOICES, FREQUENTLY BY WOMEN
	COMPOSERS; AND PERIODICALLY TOURING NATIONALLY AND INTERNATIONALLY.
	COMI ODERD, AND TERIODICALLI TOURING NATIONALLI AND INTERNATIONALLI.
	THE CURRENT YEAR REPRESENTS OUR FIRST FULL YEAR OF POST-PANDEMIC
	PROGRAMMING (THE PRIOR YEAR INCLUDED ONLY TWO PROGRAMS). WE OFFERED
	THREE PROGRAMS CONSISTING OF FIVE PERFORMANCES IN ORANGE COUNTY
	REACHING MORE THAN 1,100 PATRONS. WE COMMISSIONED A NEW WORK FROM A
	WOMAN COMPOSER WHICH WAS PREMIERED AT OUR JUNE 2023 CONCERT.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) Total program service expenses 158,936.

# Form 990 (2022) ORANGE COUNTY WOMEN'S CHORUS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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 candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	88		<u> X</u>
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		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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," complete Schedule D,			,,
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
ıza		12a		x
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Pid the second of the projection of the second of the seco	14a		X
b		174		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

# Form 990 (2022) ORANGE COUNTY WOMEN'S CHORUS Part IV Checklist of Required Schedules (continued)

	Continued)			_
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			77
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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			v
04.5	Schedule J	23		<u> </u>
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
352	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance			
	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 32	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

232004 12-13-22

O22) ORANGE COUNTY WOMEN'S CHORUS

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b		7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	,,,		_
C	to file Form 8282?	7с		Х
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ü	and a superior that are have a superior by a local polytimes at any time of which a the superior	8		
9	Sponsoring organization nave excess business noidings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	0		
a	Did the conservation considerable and a constant to distribution and a continue 40000	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
	```			
a	Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against			
b	and the second of the second s			
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		ıza		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	138		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
_				
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<del></del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-IU		<u> </u>
13		15		х
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
16		10		- 22
17	If "Yes," complete Form 4720, Schedule O.  Section 501(a)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	17		
232005	5 12-13-22	Form	990	(2022)
202000	1 IE 10 EE	1 0111		120221

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer director trustee or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 21
7a		7.		Х
	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
b				Х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	<b>5</b> 11.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	MARGUERITE DUPRIEU - 949-451-8590			
	23802 AVENIDA DE LA CARLOTA, LAGUNA HILLS, CA 92653			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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 r	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	<b>.</b>
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		<b>າ</b> than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss per	rson i	is both or/trus	n an tee)	compensation	compensation	amount of
	week (list any		T	Ī		Π	T	from the	from related organizations	other compensation
	hours for	direct				,		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	d mos		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KATHRYN J. BALDASARI	line) 1.00	트	Ë	±0	-S	宝 5	요			
BOARD MEMBER	1.00	Х						0.	0.	0.
(2) MARY C. LANGSDORF	12.00	<u></u>				H				
PRESIDENT, BOARD OF DIRECT		Х		х				0.	0.	0.
(3) ADRIANA GOMEZ	1.00								-	-
CORPORATE SECRETARY				х				0.	0.	0.
(4) MARJORIE BEALE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) JANET BRATTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) LAUREL CHOWDHURY	6.00	1							_	_
BOARD MEMBER		Х						0.	0.	0.
(7) KATRINA VELDKAMP	6.00	l								
BOARD MEMBER	<u> </u>	Х				_		0.	0.	0.
(8) MARGUERITE DUPRIEU	4.00	l		l						
CHIEF FINANCIAL OFFICER		Х		Х		├		0.	0.	0.
		1								
						┝				
		-								
						$\vdash$				
		1								
		1								
		1								
		1								
		<u> </u>				_				
		1								

33-0895635

Part VII   Section A. Officers, Directors,	(B)	P.Oy	<del></del> .	<u>and</u>		91103						(E)	
(A)	(B) Average			ر Posi	•	1		(D)	(E)		F. 1	(F)	ام
Name and title	hours per		not c	heck i	more	than o		Reportable compensation	Reportable compensatio	<u> </u>		imate ount (	
	week		, unles cer an					from	from related			ount	וכ
	(list any	tor						the	organizations			oensa	tion
	hours for	direc				- G		organization	(W-2/1099-MIS			om the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			nizati	
	organizations	trust	lal tru		yee	om pe		1099-NEC)	,		and	relate	ed
	below	Individual trustee or director	Institutional trustee	er	Key employee	est c loyee	ner				orga	nizatio	วทร
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former						
		-											
		ł											
		1											
		1											
								0		_			_
1b Subtotal								0.		0.			0
c Total from continuation sheets to Pa								0.		0.			0
d Total (add lines 1b and 1c)									000 of reportable				
compensation from the organization						,		. ,	•				(
B Did the organization list any former of	6: alius aksu kuusak	1					اند : دا			1		Yes	No
3		-	•	•	•		•		•				Х
line 1a? If "Yes," complete Schedule J											3		
For any individual listed on line 1a, is the													Х
and related organizations greater than											4		
Did any person listed on line 1a receive rendered to the organization? If "Yes,"	•				•			•	dual for services		5		Х
ection B. Independent Contractors	complete Schedul	C 0 1	UI SC	ICIT,	<i>JCI</i> 31	<u> </u>							
Complete this table for your five highes the organization. Report compensation	· ·	-							· · · · · · · · · · · · · · · · · · ·	ensat	tion fro	m	
the organization. Report compensation (A)		eare	endir	ig w	ILIT C	or wi	LITIII	(B)	ear.		(C	)	
Name and busi	ness address	N	ONE	3				Description of s	ervices	С	ompen		ו
Total number of independent contractor	ore (including but n	ot lir	niter	1 to 1	thos	عالم:	ted	ahove) who received mo	ore than				
\$100,000 of compensation from the or		OL III	ıııı <del>c</del> C		(		ıcu	above, who received file	no man				
											Form 9	90 c	2022

Form 990 (2022) ORANGE
Part VIII Statement of Revenue

			Check if Schedule O contai	ns a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
anta									
ij g			Membership dues		22,540.				
ts, Ar			Fundraising events		22,340.				
ig ig			Related organizations		59,500.				
ns, Sim			Government grants (contributio		33,300.				
utio er (		Ť	All other contributions, gifts, grants		01 000				
현된			similar amounts not included above		91,989.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines 1a	-1f <b>1g</b> \$	6,903.	174 000			
<u>ŏ</u> <u>ö</u>		h	Total. Add lines 1a-1f			174,029.			
					Business Code	20 556	20 556		
e S	2	а	CONCERT REVENUE		711300	30,556.	30,556.		
e Ķ		b							
S		С							
am		d							
Program Service Revenue		е							
P		f	All other program service reven	ue					
		g	Total. Add lines 2a-2f			30,556.			
	3		Investment income (including d						
			other similar amounts)			2,204.			2,204.
	4		Income from investment of tax-						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)		l.				
			Gross amount from sales of	(i) Securities	(ii) Other				
	•	а	assets other than inventory <b>7a</b>	(,) ====================================	()				
		h	Less: cost or other basis						
Φ		D							
ğ		_	and sales expenses 7b						
eve		C .	Gain or (loss) 7c						
her Revenue			Net gain or (loss)						
Othe	8	а	Gross income from fundraising ever including \$ 22,54						
			contributions reported on line 1						
			Part IV, line 18	·	8,241.				
		h	Less: direct expenses						
			Net income or (loss) from fundra			-6,475.			-6,475.
			Gross income from gaming acti			-,			.,=
	٥	_	Part IV, line 19	I					
		h	Less: direct expenses						
			Net income or (loss) from gamir						
			Gross sales of inventory, less re						
	10	а		I					
			and allowances	I					
			Less: cost of goods sold		•				
$\rightarrow$		С	Net income or (loss) from sales	of inventory					
જ					Business Code				
eor Te	11								
lan en		b							
Miscellaneous Revenue		С							
Mis			All other revenue		,				
		е	Total. Add lines 11a-11d			000 011	20 556		4 054
	12		Total revenue. See instructions .	<u></u>		200,314.	30,556.	0.	-4,271.

## Form 990 (2022) ORANGE COUNTY WOMEN'S CHORUS Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	37,567.	26,925.	10,642.	
8	Pension plan accruals and contributions (include	,	,		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,597.	2,676.	1,921.	
11	Fees for services (nonemployees):	-	-	-	
а	Management				
b	Legal				
С	Accounting	9,248.		9,248.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	84,187.	83,208.		979.
12	Advertising and promotion	7,754.	7,754.		
13	Office expenses	18,310.	10,491.	3,268.	4,551.
14	Information technology	991.	991.		
15	Royalties				
16	Occupancy	12,760.	9,400.	3,360.	
17	Travel	5,106.	1,689.	3,417.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	_			
19	Conferences, conventions, and meetings	2,874.	557.	2,317.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		2.5	0.010	
23	Insurance	2,577.	365.	2,212.	
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.)				
а	OTHER CONCERT PRODUCTIO	11,645.	11,645.		
b	LICENSES AND ORGANIZATI	3,335.	3,235.	100.	
c		, , , , , , ,	,		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	200,951.	158,936.	36,485.	5,530.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (202)

Form 990 (2022)
Part X | Balance Sheet

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	X		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	32,251.	1	18,712.
	2	Savings and temporary cash investments	112,713.	2	166,017.
	3	Pledges and grants receivable, net	0.	3	250.
	4	Accounts receivable, net		4	386
	5	Loans and other receivables from any current or former officer, director			
		trustee, key employee, creator or founder, substantial contributor, or 35	5%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	1		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(E	9)	6	
S S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
۲	9	Prepaid expenses and deferred charges	1,268.	9	2,352.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	40.550
	15	Other assets. See Part IV, line 11	300.	15	10,650.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	198,367.
	17	Accounts payable and accrued expenses		17	145,540.
	18	Grants payable		18	0.050
	19	Deferred revenue		19	9,050.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,	-0.4		
≣		trustee, key employee, creator or founder, substantial contributor, or 35			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	<b>,</b>		
		parties, and other liabilities not included on lines 17-24). Complete Part		25	
	26	of Schedule D  Total liabilities. Add lines 17 through 25	104,528.	25 26	154,590.
	20	Organizations that follow FASB ASC 958, check here	201/020	20	202,000
es		and complete lines 27, 28, 32, and 33.			
S	27	Net assets without donor restrictions	42,993.	27	43,777.
Bak	28	Net assets with donor restrictions		28	,
<u>Б</u>		Organizations that do not follow FASB ASC 958, check here			
F.		and complete lines 29 through 33.			
<u>p</u>	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	40.000	32	43,777.
-	33	Total liabilities and net assets/fund balances	147 501	33	198,367.

Pai	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,314.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20	0,951.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>-637.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4:	<u>2,993.</u>
5	Net unrealized gains (losses) on investments	5		1,421.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	4	3,777.
Pai	rt 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			
	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 Scho	edule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

ORANGE COUNTY WOMEN'S CHORUS

Employer identification number 33-0895635

OMB No. 1545-0047

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		T	Т	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10	-1- / ::	>			40	
	Gross receipts from related activities,			f		12	
13	First 5 years. If the Form 990 is for the	· ·		*	•	. , . ,	
Sec	organization, check this box and stopertion C. Computation of Publi				•••••		
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021		•	.,,		15	<u> </u>
	33 1/3% support test - 2022. If the o						
100	<b>stop here.</b> The organization qualifies					iore, ericeit triis se	
h	<b>33 1/3% support test - 2021.</b> If the c		-				
_	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_	-				
	meets the facts-and-circumstances te			=			
b	10% -facts-and-circumstances test	•	•		•		
_	more, and if the organization meets the	_	-				
	organization meets the facts-and-circu				-		
18	<b>Private foundation.</b> If the organization		-		•		
				<u> </u>			(Form 990) 2022

232022 12-09-22

#### 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.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	77,193.	92,620.	106,920.	142,318.	174,029.	593,080.	
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	29,743.	9,797.		128,170.	30,556.	198,266.	
3	Gross receipts from activities that	•	•		•	•	,	
_	are not an unrelated trade or bus-							
	iness under section 513	3,119.					3,119.	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	110,055.	102,417.	106,920.	270,488.	204,585.	794,465.	
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	12,564.	17,683.	13,485.	38,064.	17,079.	98,875.	
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						0.	
c	Add lines 7a and 7b	12,564.	17,683.	13,485.	38,064.	17,079.		
8	Public support. (Subtract line 7c from line 6.)						695,590.	
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6	110,055.	102,417.	106,920.	270,488.	204,585.	794,465.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	26.	21.	17.	21.	2,204.	2,289.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	26.	21.	17.	21.	2,204.	2,289.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	110,081.	102,438.	106,937.	270,509.	206,789.	796,754.	
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,	
<u> </u>	check this box and stop here							
	ction C. Computation of Publi					「 <i>₁</i>	07 20	
	Public support percentage for 2022 (li	, (,,	,	(//		15	87.30 %	
	Public support percentage from 2021 ction D. Computation of Inves					16	85.84 %	
	-			20 13 column (f)		17	.29 %	
	Investment income percentage for 20 Investment income percentage from 2					18	.29 %	
	33 1/3% support tests - 2022. If the			on line 14 and line			- , , ,	
.56	more than 33 1/3%, check this box ar						v	
b	33 1/3% support tests - 2021. If the							
	line 18 is not more than 33 1/3%, che							
20	Private foundation If the organization			•		ŭ		

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
0.0		
3с		
4a		
Tu		
4b		
- 40		
40		
4c		
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5a		
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9a		
٥.		
9b		
0 -		
9c		
40		
10a		
10b		

232024 12-09-22

Par	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?	1a		
b	A family member of a person described on line 11a above?	lb		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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 <b>Part VI</b> 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 contained or rectifications, if any, applied to each power during the tax year.	1		
	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,			
Caat		2		
Seci	tion C. Type II Supporting Organizations	$\neg$		
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion D. All Type III Supporting Organizations	$\neg$	1	
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	, , , , , , , , , , , , , , , , , , , ,	1		
	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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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			
		а		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		а		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2022

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continue</sub>	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
<u>b</u>	From 2018				
<u> </u>	From 2019				
<u>d</u>	From 2020				
е	From 2021				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years			_	
<u> </u>	Applied to 2022 distributable amount				
<u>C</u>	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:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
_	Excess from 2022				

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

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

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047 Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** 

_	ORANGE COUNTY WOMEN		33-0895635	
Pai			or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes I	No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o		•	
	·			No
Par				<u> </u>
1	Purpose(s) of conservation easements held by the organization			—
•	Preservation of land for public use (for example, recrea		a historically important land area	
	Protection of natural habitat		a certified historic structure	
	Preservation of open space	Treservation of	a certified flistoric structure	
2	<del></del> · · ·	ind concentration contribution in the form of	f a consequation assembnt on the last	
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribution in the form c	Held at the End of the Tax Ye	
_				
				—
b				—
C	Number of conservation easements on a certified historic stru		2c	—
d	Number of conservation easements included in (c) acquired a			
				—
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by the	organization during the tax	
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			٥V
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	on easements during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes I	٧o
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement and	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	nts that describes the	
	organization's accounting for conservation easements.			
Par			ner Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fur	therance of public	
	service, provide in Part XIII the text of the footnote to its finar	icial statements that describes these items	S.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,	
	provide the following amounts relating to these items:	,		
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
			<u> </u>	_
2	If the organization received or held works of art, historical trea		The state of the s	_
_	the following amounts required to be reported under FASB A		gain, provide	
9	Revenue included on Form 990, Part VIII, line 1	_	\$	
	Assets included in Form 990, Part X			—
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 20	122
-	. J aportroin ricadouon Actitouce, see ule manucuons		Conedule D (LOTH 990) 20	

232051 09-01-22

	rt III Organizations Maintaining Col					r Other			Conti		age 🗲
3	Using the organization's acquisition, accession,								(COITE	iueu)	
Ū	collection items (check all that apply):										
а	Public exhibition d Loan or exchange program										
b	Scholarly research	6			nange progre						
C	Preservation for future generations		·	Oti 161							
4	Provide a description of the organization's colle	actions and explain	n how th	ov further th	o organizatio	n'e avam	nt nurno	so in Dart	YIII		
5	During the year, did the organization solicit or re							se iiii ait.	AIII.		
3	to be sold to raise funds rather than to be main								Yes		No
Par	rt IV Escrow and Custodial Arrange										
	reported an amount on Form 990, Part		oto ii tiic	organizatio	ii anowerea	100 011	1 01111 000	, 1 aic 10, 1			
	Is the organization an agent, trustee, custodian	or other intermed	liary for a	contributions	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII and										
_		a 00p.0.0 a							Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Forr								Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch								_		]
	rt V Endowment Funds. Complete if the										
		(a) Current year		Prior year	(c) Two year			ears back	<b>(e)</b> Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curren	t year end balance	e (line 1	g, column (a)	)) held as:						
а	Board designated or quasi-endowment	•	%		•						
b	Permanent endowment	%									
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.									
За	Are there endowment funds not in the possessi	on of the organiza	ation tha	t are held ar	nd administer	ed for the	Э				
	organization by:	· ·								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizatio	ns listed as requir	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the or	ganization's endo							,		
Par	rt VI Land, Buildings, and Equipmer	nt.									
	Complete if the organization answered "	Yes" on Form 990	), Part IV	/, line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Boo	k valu	е
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other										

Schedule D (Form 990) 2022

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

	TY WOMEN'S CHO	ORUS	33-0895635 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	F 000 D+ IV I'	14 - O Farm 000 Park V Park 10	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1) DEPOSITS	1		1,650.
(2) DEPOSITS HELD BY TOUR MAN	AGER		9,000.
(3)			2,0001
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15 )		10,650.
Part X Other Liabilities.			•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	e 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2022

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	S	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	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:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12.)	5	
Pai	T XII Reconciliation of Expenses per Audited Financia		es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part		Т	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	<u></u>	40	
c	Add lines 4a and 4b			
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, It XIII Supplemental Information.	ine 18.)	5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV lines 1h and 2h: Pa	rt V line 4: Part X line 2: Part	· XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	,	11 V, 1110 4, 1 art X, 1110 2, 1 art	Λι,
	La aria 15, and 1 art/m, miles La aria 15.7 nee complete the part to provi	as any additional information.		

#### **SCHEDULE G** (Form 990)

Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number ORANGE COUNTY WOMEN'S CHORUS 33-0895635 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No 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 fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			25TH	SEASON	NONE	''
			ANIVERSARY C			(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
e			(crematype)	(orom type)	(total frames)	
Revenue	1	Gross receipts	28,100.	2,681.		30,781.
_	2	Less: Contributions	19,859.	2,681.		22,540.
	3	Gross income (line 1 minus line 2)	8,241.			8,241.
	4	Cash prizes				
	5	Noncash prizes	6,552.			6,552.
sesuec	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	6,413.			6,413.
Ę						
	8	Entertainment				
	9	Other direct expenses	866.	885.		1,751.
	10	Direct expense summary. Add lines 4 through				14,716.
_	11	Net income summary. Subtract line 10 from li				-6,475.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	1		T
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				billgo/progressive billgo		col. (a) through col. (c))
3e						
_	1	Gross revenue				
S	2	Cash prizes				
SUS						
X	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
٦		O				
	5	Other direct expenses				
	6	Volunteer labor	Yes %  No	Yes %  No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ıcts gaming activities: _			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
b	lf "	Yes," explain:				
	_					

Schedule G (Form 990) 2022

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Sch	edule G (Form 990) 2022 ORANGE COUNTY WOMEN'S CHORUS 33-	0895	<u>635</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	o An outside facility	13b		<del>//</del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130		/0
14	cinter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	,	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	•			
a	s the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	☐ No
	retain the state gaming license?	$\square$	162	L NO
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities during the tax year \$  organization's own exempt activities own e			
Ра		art III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
				<del></del>

Schedule G	G (Form 990)	ORANGE	COUNTY	WOMEN'S	CHORUS	33-0895635	Page 4
Part IV	G (Form 990)  Supplemental Inform	mation (con	atinued)				
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-							
-							
		<u> </u>	<u> </u>			 	

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ORANGE COUNTY WOMEN'S CHORUS

Employer identification number 33-0895635

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENRICHES OUR AUDIENCE, AND CELEBRATES WOMEN IN MUSIC BY OFFERING THREE
CONCERT PROGRAMS ANNUALLY (FIVE-SIX CONCERTS) IN ORANGE COUNTY;
PROVIDING A CONDUCTING INTERNSHIP TO A PROMISING YOUNG WOMAN CONDUCTOR;
COMMISSIONING NEW WORKS FOR WOMEN'S VOICES, FREQUENTLY FROM WOMEN
COMPOSERS; AND PERIODICALLY TOURING NATIONALLY AND INTERNATIONALLY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMISING YOUNG WOMAN CONDUCTOR; COMMISSIONING NEW WORKS FOR WOMEN'S
VOICES, FREQUENTLY FROM WOMEN COMPOSERS; AND PERIODICALLY TOURING
NATIONALLY AND INTERNATIONALLY.
FORM 990, PART VI, SECTION A, LINE 2:
KATHRYN BALDASARI AND JANET BRATTON, BOTH BOARD MEMBERS, ARE ALSO SISTERS.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 IS DISTRIBUTED TO ALL OFFICERS AND MEMBERS OF THE
BOARD. QUESTIONS ARE ADDRESSED AND RESOLVED PRIOR TO FILING.
~
FORM 990, PART VI, SECTION B, LINE 12C:
EACH MEMBER OF THE BOARD OF DIRECTORS COMPLETES A CONFLICT OF INTEREST
STATEMENT ANNUALLY. THESE ARE REVIEWED BY THE PRESIDENT OF THE BOARD, AND
ANY ISSUES ARE RESOLVED.

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

THE OCWC MAKES ITS FORM 990 AND FINANCIAL STATEMENTS AVAILABLE AT

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2			
Name of the organization ORANGE COUNTY WOMEN'S CHORUS	Employer identification number 33-0895635			
WWW.OCNONPROFITCENTRAL.ORG. ITS ANNUAL REPORT AND FORM 99	90 ARE AVAILABLE			
ON ITS OWN WEBSITE AT				
WWW.OCWOMENSCHORUS.ORG/WHO-WE-ARE/FINANCIAL-INFORMATION.	GOVERNING			
DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE	LE UPON REQUEST.			
FORM 990, PART IX, LINE 11G, OTHER FEES:	_			
ARTISTIC LEADERSHIP:				
PROGRAM SERVICE EXPENSES	20,470.			
MANAGEMENT AND GENERAL EXPENSES	0.			
FUNDRAISING EXPENSES	0.			
TOTAL EXPENSES	20,470.			
	_			
GUEST ARTISTS:				
PROGRAM SERVICE EXPENSES	50,428.			
MANAGEMENT AND GENERAL EXPENSES	0.			
FUNDRAISING EXPENSES	0.			
TOTAL EXPENSES	50,428.			
	_			
GRAPHIC DESIGN:	_			
PROGRAM SERVICE EXPENSES	1,949.			
MANAGEMENT AND GENERAL EXPENSES	0.			
FUNDRAISING EXPENSES	979.			
TOTAL EXPENSES	2,928.			
SOUND ENGINEERING, TECH SUPPORT/PRODUCTION:				
PROGRAM SERVICE EXPENSES	10,361.			
MANAGEMENT AND GENERAL EXPENSES	0.			
FUNDRAISING EXPENSES	0.			
232212 10-28-22	Schedule O (Form 990) 2022			

Schedule O (Form 990) 2022 Page 2													
Name of the organization ORANGE COUNTY WOMEN'S CHORUS									Employer identification number 33-0895635				
TOTAL	EXPEN	SES											10,361.
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A		84,187.