ROBBINS & MORONEY, PA 222 SE 10th St Fort Lauderdale, FL 33316

Gay Men's Chorus of South Florida, Inc. 2038 N. Dixie Highway, Suite 201 Wilton Manors, FL 33305



ROBBINS & MORONEY, PA 222 SE 10th St Fort Lauderdale, FL 33316 954-467-3100

December 12, 2023

CONFIDENTIAL

Gay Men's Chorus of South Florida, Inc. 2038 N. Dixie Highway, Suite 201 Wilton Manors, FL 33305

Dear Mark:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990) Exempt Organization Business Income Tax Return (Form 990-T)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

ROBBINS & MORONEY PA

Filing Instructions

Gay Men's Chorus of South Florida, Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2023

Date Due:

May 15, 2024

Remittance:

None is required. Your Form 990 for the tax year ended 6/30/23 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

ROBBINS & MORONEY, PA

222 SE 10th St

Fort Lauderdale, FL 33316

Important: Your return will not be filed with the IRS until the signed Form

8879-TE has been received by this office.

Other:

Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

В	Check if applicable:	C Name of organization Gay Men's Chorus of South Florida,	23	D Employer	identification number			
	Address change	Inc.						
П	Name change	Doing business as	Continues of	27-3	533074			
\equiv		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
_	Initial return Final return/	2038 N. Dixie Highway, Suite 201 City or town, state or province, country, and ZEP or foreign postal code		954-	763-2266			
	terminated	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		500 5				
П.	Amended return	Wilton Manors FL 33305	-	G Gross reco	ipts\$ 991,796			
Ħ		F Name and address of principal officer:	H(a) is this a gro	un autum for ex	bordinates? Yes X No			
ш	Application pending	Mark B. Kent 2038 N. Dixie Highway, Suite 201	H(b) Are all sub		= =			
		Wilton Manors FL 33305	11000000		See instructions			
,	Tax-exempt status		10,71%					
1	The second section is a second	www.gaymenschorusofsouthflorida.org						
×	Form of organization	1.2	H(c) Group exe					
		ummary	Year of formation: 2	010	M State of legal domicile: FL			
-								
		escribe the organization's mission or most significant activities:	aramayaana					
90	10	inspire audiences, move spirits, open minds, and ch	ange heart	ts thro	ough			
ğ	the	quality of their music, the power of their words,	and the s	ight of	F.			
ě		ir joy.						
8		his box if the organization discontinued its operations or disposed of more than 25%	6 of its net asset	5.				
46	3 Number	of voting members of the governing body (Part VI, line 1a)		3	12			
8	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	12			
ž	5 Total nu	mber of individuals employed in calendar year 2022 (Part V, line 2a)		5	4			
Activities & Governance	6 Total nu	mher of unkinteers (setimate if necessary)		6	160			
4		related business revenue from Part VIII, column (C), line 12			17,576			
	b Net upp	lated business taxable income from Form 990-T, Part I, line 11			17,370			
_	D IVEL DISE	nated business taxable income from Form 990-1, Part I, line 11	Prior Yea	7b	Current Year			
	8 Contribu	tions and grants (Part VIII line 1h)		,822	721,840			
Revenue	9 Program	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)						
ğ			10;	3,398	237,576			
8		ent income (Part VIII, column (A), lines 3, 4, and 7d)		132	-272			
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,840	17,576			
_		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,192	976,720				
		and similar amounts paid (Part IX, column (A), lines 1–3)		0				
		paid to or for members (Part IX, column (A), line 4)			0			
8	15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5-10)	190	0,068	214,139			
Expenses	16a Professi	onal fundralsing fees (Part IX, column (A), line 11e)		3/10/11/1	0			
å		ndraising expenses (Part IX, column (D), line 25) 97, 682	Bearing of the same	A3(1) (43) (4	WEST STREET			
ŵ	1000 C 1000 Y 1000 Y	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	511	7,628	812,966			
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		7,696	1,027,105			
		less expenses. Subtract line 18 from line 12		,496	-50,385			
25	10 10010110	s 400 avgeriads, outclack life to from life 12	Beginning of Cur	rent Year	End of Year			
Net Assets or Fund Balances	20 Total as	sets (Part X, line 16)		2,342	546,525			
A-2	21 Total lia	bilities (Part X, line 26)		0,103	104,671			
25	22 Net ass	ets or fund balances. Subtract line 21 from line 20		2,239	441,854			
		ignature Block	434	1233	441,004			
_		# CONTRACTOR OF THE PROPERTY O		ACC NEASON	- CONTRACTOR OF THE STATE OF TH			
tn	nder penalties of	perjury. I declare that I have examined this return, including accompanying schedules and statem complete. Declaration of preparer (other than officer) is based on all information of which preparer	ents, and to the be	est of my kn	owledge and belief, it is			
_	DO, CONTOCK, WIND	complete. Declaration of preparer (other than ornicer) is based on an information of which preparer	nas any knowledg	е.				
	-							
Sig		e of officer		Date				
He		d Boykin Chair						
_	Type or	print name and title	12727	20.	100.000			
	2000000	pe preparer's signature Preparer's signature	Date	Check	ir PTIN			
Pai	d Micha	el J. Robbins	12/12	/23 self-em	ployed P01210648			
Pre	parer Firm's o	ROBBINS & MORONEY, PA		ine's EIN	65-0356804			
Use	Only	222 SE 10th St	- 1	THE CAN	00.00004			
	Firm's a	m			954-467-3100			
Man		ss this return with the preparer shown above? See instructions	I P	hone no.	Total Control			
		luction Act Notice, see the separate instructions.	00404040000000004400	COLUMN TO STATE OF THE STATE OF				
DAA	- aperwork rest	nection and notice, see the separate instructions.			Form 990 (2022)			

Form 980 (2022) Gay Men's Chorus of South Florida, 27-3533074 PartIII Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organizations mission: To inspire audiences, move spirits, open minds, and change heathe quality of their music, the power of their words, and the their joy. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-EZ? If Yes, "describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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: (Stepenses & 824, 361 including prants of \$ (Revenue \$ TO prepare and present choral concerts and to perform various service activities for the benefit of the Greater South Florid. As of June 30, 2023, the chorus had 183 members on its singling the Artistic Director, Assistant Conductor, and two paid accompatch and the Artistic Director, Assistant Conductor, and two paid accompatch and the Artistic Director, Assistant Conductor, and two paid accompatch and the Artistic Director, Assistant Conductor, and two paid accompatch and the Artistic Director, Assistant Conductor, and two paid accompatch and programs are required to the season, a total of mainstage performances were executed. Admission was charged for mainstage performances were executed. Admission was charged for mainstage concerts, and we well comedo. 4c (Code: (Code: (Expenses \$ including grants of \$ (Revenue \$ N/A) (Reve	Page
1 Briefly describe the organization's mission: To inspire audiences, move spirits, open minds, and change hear the quality of their music, the power of their words, and the their joy. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$ 824,361 including grants of \$) (Revenue \$ To prepare and present choral concerts and to perform various service activities for the benefit of the Greater South Florid. As of June 30, 2023, the chorus had 183 members on its singing the Artistic Director, Assistant Conductor, and two paid accompactively pursue its mission, the Chorus produced three concert during its 2022-2023 season. Throughout the season, a total of mainstage performances were executed. Admission was charged for mainstage performances were delivered at no cost to the community total of 14,925 people. 4b (Code:)(Expenses \$ including grants of \$) (Revenue \$ N/A including grants of \$) (Revenue \$)	
To inspire audiences, move spirits, open minds, and change heathe quality of their music, the power of their words, and the their joy. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$ 824,361 including grants of \$) (Revenue \$ To prepare and present choral concerts and to perform various service activities for the benefit of the Greater South Florid As of June 30, 2023, the chorus had 183 members on its singing the Artistic Director, Assistant Conductor, and two paid accommactively pursue its mission, the Chorus produced three concert during its 2022-2023 season. Throughout the season, a total of mainstage performances were executed. Admission was charged formal nestage concerts, and we welcomed 5,045 attendees. Fifteen c based performances were delivered at no cost to the community total of 14,925 people. 4b (Code:)(Expenses \$ including grants of \$) (Revenue \$ N/A	Ц
prior Form 990 or 990-E2? 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? If "Yes," describe these changes on Schedule O. 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 \$ 824, 361 including grants of \$) (Revenue \$ TO prepare and present choral concerts and to perform various service activities for the benefit of the Greater South Florid As of June 30, 2023, the chorus had 183 members on its singing the Artistic Director, Assistant Conductor, and two paid accompactively pursue its mission, the Chorus produced three concert during its 2022-2023 season. Throughout the season, a total of mainstage performances were executed. Admission was charged for mainstage concerts, and we welcomed \$,045 attendees. Fifteen consistency produced the community total of 14,925 people. 4b (Code:)(Expenses \$ including grants of \$) (Revenue \$ N/A)	rts through sight of
prior Form 990 or 990-E2? 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? If "Yes," describe these changes on Schedule O. 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 \$ 824, 361 including grants of \$) (Revenue \$ TO prepare and present choral concerts and to perform various service activities for the benefit of the Greater South Florid As of June 30, 2023, the chorus had 183 members on its singing the Artistic Director, Assistant Conductor, and two paid accompactively pursue its mission, the Chorus produced three concert during its 2022-2023 season. Throughout the season, a total of mainstage performances were executed. Admission was charged for mainstage concerts, and we welcomed \$,045 attendees. Fifteen consistency produced the community total of 14,925 people. 4b (Code:)(Expenses \$ including grants of \$) (Revenue \$ N/A)	
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? If "Yes," describe these changes on Schedule O. 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 \$ 824, 361 including grants of \$) (Revenue \$ TO prepare and present choral concerts and to perform various service activities for the benefit of the Greater South Florid As of June 30, 2023, the chorus had 183 members on its singing the Artistic Director, Assistant Conductor, and two paid accommactively pursue its mission, the Chorus produced three concert during its 2022-2023 season. Throughout the season, a total of mainstage performances were executed. Admission was charged formainstage concerts, and we welcomed 5,045 attendees. Fifteen c based performances were delivered at no cost to the community total of 14,925 people. 4b (Code:)(Expenses \$ including grants of \$) (Revenue \$ N/A)	Yes X No
services? 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 \$ 824,361 including grants of \$) (Revenue \$ To prepare and present choral concerts and to perform various service activities for the benefit of the Greater South Florid. As of June 30, 2023, the chorus had 183 members on its singing the Artistic Director, Assistant Conductor, and two paid accompactively pursue its mission, the Chorus produced three concert during its 2022-2023 season. Throughout the season, a total of mainstage performances were executed. Admission was charged formainstage concerts, and we welcomed 5,045 attendees. Fifteen cobased performances were delivered at no cost to the community total of 14,925 people. 4b (Code:)(Expenses \$ including grants of \$) (Revenue \$ N/A (Revenue \$)	🗀 103 🖭 110
If "Yes," describe these changes on Schedule O. 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 \$ 824,361 including grants of \$)(Revenue \$ To prepare and present choral concerts and to perform various service activities for the benefit of the Greater South Florid. As of June 30, 2023, the chorus had 183 members on its singing the Artistic Director, Assistant Conductor, and two paid accommactively pursue its mission, the Chorus produced three concert during its 2022-2023 season. Throughout the season, a total of mainstage performances were executed. Admission was charged for mainstage concerts, and we welcomed 5,045 attendees. Fifteen cobased performances were delivered at no cost to the community total of 14,925 people. 4b (Code:)(Expenses \$ including grants of \$)(Revenue \$ N/A)	
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 \$ 824,361 including grants of \$) (Revenue \$ To prepare and present choral concerts and to perform various service activities for the benefit of the Greater South Florid. As of June 30, 2023, the chorus had 183 members on its singing the Artistic Director, Assistant Conductor, and two paid accommactively pursue its mission, the Chorus produced three concert during its 2022-2023 season. Throughout the season, a total of mainstage performances were executed. Admission was charged for mainstage concerts, and we welcomed 5,045 attendees. Fifteen cobased performances were delivered at no cost to the community total of 14,925 people. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A	Yes X No
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 \$ 824,361 including grants of \$) (Revenue \$ To prepare and present choral concerts and to perform various service activities for the benefit of the Greater South Florid. As of June 30, 2023, the chorus had 183 members on its singing the Artistic Director, Assistant Conductor, and two paid accommactively pursue its mission, the Chorus produced three concert during its 2022-2023 season. Throughout the season, a total of mainstage performances were executed. Admission was charged for mainstage concerts, and we welcomed 5,045 attendees. Fifteen cobased performances were delivered at no cost to the community total of 14,925 people. 4b (Code:)(Expenses \$ including grants of \$) (Revenue \$ N/A)	
service activities for the benefit of the Greater South Florid. As of June 30, 2023, the chorus had 183 members on its singing the Artistic Director, Assistant Conductor, and two paid accommodately pursue its mission, the Chorus produced three concert during its 2022-2023 season. Throughout the season, a total of mainstage performances were executed. Admission was charged formainstage concerts, and we welcomed 5,045 attendees. Fifteen cobased performances were delivered at no cost to the community total of 14,925 people. 4b (Code:)(Expenses \$ including grants of \$) (Revenue \$ N/A	
N/A	a community. roster, plus panists. To series five, r all ommunity-
N/A	

<pre>+ = = = = = = = = = = = = = = = = = = =</pre>	***********
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A	
4c (Code:) (Expenses \$including grants of \$) (Revenue \$ N/A	******************************
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A	**************

*	
*	***************************************
*	***************************************
*	***************************************
·	******************************
·	********************
4d Other program services (Describe on Schedule O.)	
(Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses 824,361	- const

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	-110
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	"	^	v
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	3		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
	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			30535
,	"Yes," complete Schedule D, Part I	6		X
•	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			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	_	X
	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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	7.2	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
b	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	X	_
	"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
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		x
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	2-70		58
10	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	0-13
19	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X

01111 990 (2022	Judy	rien 5	CHOLUS	OI	South	riorida,	21-
Part IV	Checklis	st of Rec	uired Sch	edule	s (continue	ed)	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III			
23		22	_	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			١
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
2.70	\$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			
b		24a	-	X
c	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	24b	-	-
	to defease any tax-exempt bonds?	24c		
d	- a series and an enterior of section of section details and any fitting during the year of	24d		5
25a	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	and a series of the series of			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			5200
	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	1		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
122	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):	Por se		
a	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	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
	"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	1		
	conservation contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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	30000		1920
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	2000		C
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	10000		0.000
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			10000
-	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable		Y 05	No
b		100		Total.
c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and	100		1
	reportable gaming (gambling) winnings to prize winners?			MACH.
DAA	14 19 Ale Manner of American American	1c	990	

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)		75=	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			100		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4	100	1853	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	1000		3a	Х	7000
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b	Х	1 3
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty over,			-
	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country				175	11111
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial.	Accoun	nts (FBAR).	1	24	4000
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		28.7.010.5.07	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		******	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	10				0 00
	organization solicit any contributions that were not tax deductible as charitable contributions?	100000000		6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				5-165
4	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	2000		1000	135	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			1000	11
h	and services provided to the payor?			7a	-	X
c	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
-	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	35				v
d	If "Yes," indicate the number of Forms 8282 filed during the year	1 ***		7c	Name of	X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	7d	2	70	Table 1	v
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		u	7e 7f		X
q	If the organization received a contribution of qualified intellectual property, did the organization file Fo		Charlenge as 00	-		^
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza-			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine			///	Part I	
	sponsoring organization have excess business holdings at any time during the year?			8	_	
9	Sponsoring organizations maintaining donor advised funds.			9500	900	FETTO:
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			990	100	1115
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		1988		1000
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			3	
11	Section 501(c)(12) organizations. Enter:		3	1000	13/3	121
a	Gross income from members or shareholders	11a		12/21	- 31	1331
b	Gross income from other sources. (Do not net amounts due or paid to other sources	- 70000		10000		PET I
	against amounts due or received from them.)	11b		30	12.0	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		1
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		100		1030
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					1000
a	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.			1000	33	1200
.0	Enter the amount of reserves the organization is required to maintain by the states in which		r C	25	70	
c	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b		1/3		I SE
14a	Did the organization receive any payments for indoor tanning services during the tax year?	13c		440	7.77	v
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a	-	X
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			14b		-
				15		x
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15	5-55	- C
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	na?	16		Х
	If "Yes," complete Form 4720, Schedule O.	· ··········		10		CINS
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any active	ities		1		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
1	If "Yes," complete Form 6069.	CCCLECT		10000	721	HUGG

Form 990 (2022) Gay Men's Chorus of South Florida, 27-3533074

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Manage

	Constitution of the second of		Yes	No
та:	Enter the number of voting members of the governing body at the end of the tax year 12	1000		1
	If there are material differences in voting rights among members of the governing body, or	755		13.5
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	133	72.3	
ь		183	188	3110
2	Enter the number of voting members included on line 1a, above, who are independent 1b 12	1000	100	100
•	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	Sec.	BIRT	
3	any other officer, director, trustee, or key employee?	2		X
	Did the organization delegate control over management duties customarily performed by or under the direct	233		00
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6	Х	
	one or more members of the governing body?		v	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	X	
-	stockholders, or persons other than the governing body?		w	
8		7b	Х	
a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	-	37	1000
ь	Each committee with authority to act on behalf of the governing body?	8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	X	-
7.	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	520		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	9		Х
and the last	The state of the section of requests information about policies not required by the internal Revenue Co	ide.)	Man	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Tes	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	TUA		^
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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.	110	-	0.00
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	0
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	1	-	050
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	234	1000	
a	The organization's CEO, Executive Director, or top management official	15a	Х	
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.	100	1252	Mile
16a			No.	
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1000	1000	130000
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	100	1000	
	organization's exempt status with respect to such arrangements?	16b		V
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL		Very to	
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) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	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			
	rk B. Kent 2038 N. Dixie Highway, Suite 201		200	-510000
Wi	lton Manors FT. 33305 954	-76	3-2	266

Form 990 (2022)	Gay	Mon	10	Charma	06	Courth	Florida.	27 2522074
OITH 990 (2022)	Gay	nen	3	CHOTUS	OI	SOUTH	Florida.	27-3533074

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 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.

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	ox, tank	Pos check ess pe	recen	than o	an	(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other	
	(list any hours for retated organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensaled employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1)Fred Boykin	4.00	x		x		Ť		10			
(2) Tony Corrente	0.00	+^		^			\vdash	0	- 0		
G-140 CHENNESS - ENGINE CONTROLOGICA	4.00										
President	0.00	X		X	-			0	0	0	
(3) Kerry Waldee	4.00	Г	Г		Γ	Г	П				
Vice Chair	0.00	X		x				0	0	0	
(4)Michael Foley Treasurer	4.00	x		Х				0	0	0	
(5) Bob Beaulieu	4.00						П				
Secretary&ChorusRep.	0.00	X		Х				0	0	0	
(6)Ronni Arden	4.00	x						0	0	0	
(7)Erick Eldridge	4.00	x					П	0	0	0	
(8) Johnnie Mejia	4.00	X									
(9) Tom Nichols	0.00	10	\vdash	-	H		\vdash	- 0	0	0	
Director	4.00	x						0	0	0	
(10) Judy Paul Director	4.00	x						0	0	0	
(11)Bill Spinosa	0.00	n					\vdash	- 0	0	U	
Director	4.00	x				J		0	0	O Form 990 (2022	

(A) Name and title	(B) Average hours	(C) Position (do not check more than a box, unless person is both officer and a director/trust						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	par week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-NISC/ 1099-NEC)	compensation from the organization and related organizations
(12) Rick Vaughan Director	4.00	х						0	0	(
(13) Mark B. Kent Executive Director	40.00			х				93,981	0	7,700
						У.				
	*************						L			
1b Subtotal	ets to Part VII, S	Secti	on A	·				93,981		7,700
Total number of individuals (increportable compensation from	cluding but not li	imite	d to	thos	e lis	ted a	bovi	93,981 e) who received more than	\$100,000 of	7,700
3 Did the organization list any fo employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organ individual 5 Did any person listed on line 1: for services rendered to the or	complete Scheo 1a, is the sum izations greater a receive or acc	of re than	J for porta \$15 comp	suci able 0,00	com com o? I	fividu pens f "Ye	sations," c	n and other compensation f complete Schedule J for suc y unrelated organization or	rom the	3 X 4 X 5 X
Section B. Independent Contractor 1 Complete this table for your five	e highest comp	ensa	ted i	ndep	end	lent o	contr	actors that received more ti	han \$100,000 of	
compensation from the organia	zation. Report co (A) business address	ompe	ensa	tion	for t	he ca	slend		n the organization's tax year (8) on of services	(C) Compensation
2 Total number of independent of received more than \$100,000 or DAA	ontractors (inclu of compensation	fron	but n the	not	imite aniz	ed to ation	thos	se listed above) who	0	Form 990 (2022

Form 990 (2022) Gay Men's Chorus of South Florida, 27-3533074

Part VIII Statement of Revenue Statement of Revenue

_		CHECK	OGI	edule O com	ains	a respo	nse or note t	(A) Total revenue	S Part VIII	(C) Unrelated	(D) Revenue excluded
								200000000000000000000000000000000000000	function revenue	business revenue	from tax under sections 512-514
22.22	1a	Federated camp	nalana		1.	_		W. Commission			
F	h	Membership du			1a 1b	_	_				
O.F.	c	Fundraising eve		**********	10	_	107,019			1000000	
# 1	d	Related organiz		ere unumana.	1d		101,013	THE REAL PROPERTY.	BESTO STATE		
s E	0	Government grants (o		8)	1e		173,490	(Total			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions,	gifts, gra	nts,			100000000000000000000000000000000000000	MOS 10	EMCHIO DE		
35	and similar amounts not included above			1f	-	441,331		DESCRIPTION OF THE PERSON NAMED IN	Mean for		
들은		lines 1a-1f			1g	s	102,282		MARIE SA		
<u>ပို နို</u>	h	Total. Add lines	1a-1f	*****				721,840			
						MILES OF SERVICE	Business Code		THE RESERVE		ISLE DE DE
8	2a						711130	204,012	204,012		
200	ь	Membership	Dues				711130	33,564	33,564	7)	
E S	C						-				
Program Service Revenue	d						_			- 5	
	0	All other arrange				.,,,,,,,,	-				
	,	All other program	70-2f	ce revenue			\vdash	227 576	Name and Address of the Owner, where		
	3	Total, Add lines Investment inco	me /in	chudina divida	le inte	ernet and		237,576		A CONTRACTOR OF THE PARTY OF	The state of the s
	- 5	other similar am			ia, min	mest, and	' I	113			113
	4				t bone	proceed		113			113
	4 Income from investment of tax-exempt bond proceed: 5 Royalties				-						
				(i) Real		(8)	Personal	The state of the s	PARTIE TO STATE OF THE PARTIES AND ADDRESS OF TH		No. of the last of
	6a	Gross rents	6a								
	b	Less: rental expenses	6b					THE STATE OF THE S			
	c	Rental inc. or (loss)	6c				1				TO STEED ST
	d	Net rental incom	ne or (k	oss)							7
	/**	Gross amount from sales of assets		(i) Securities		- 0	ii) Other	A STATE OF THE PARTY OF THE PAR		ADDRESS OF THE PARTY.	
		other than inventory 7a			111				SECTION SECTION		
Other Revenue	b	Less: cost or other	90.5				0.004		EURBER		
Š		basis and sales exps.	7b			-	496		ATTION OF THE PARTY OF		
ĕ	2.0	Gain or (loss)	7c				-385		March 1	AND GENERAL	
å		Net gain or (loss			سننم			-385	-385		
0	вa	Gross income from		T			100		ENERGY EN		
		(not including \$ of contributions rep						MEN IN THE	10 A SO SO		ALL REPORTS IN
		1c). See Part IV, li		n ane			14,580		125 BR 200	DOWNELL D	SENT BUILDS
	h	Less: direct exp			8a 8b	-	14,580	303111 AG2			
	c			om fundraising			14,500				
	3.00	Gross income fr			1	T		ALC: UNIVERSE		469 NEWS 1211	A STATE OF THE PARTY OF
		activities. See P			9a						THE PARTY OF THE
	b	Less: direct exp			9b			1200			
	C	Net income or (I	loss) fr	om gaming acti	vities						
		Gross sales of it				1		W HOLLS	OTHER DOLLS		James C. St. St. F.
	l.,	returns and allowances					-	2.1110		14.3 69.18	
		Less: cost of goods sold 10b						CHECK TO	FE 18 18 18 18 18 18 18 18 18 18 18 18 18		
_	C	Net income or (I	oss) fro	om sales of inve	entory					1 3/1	· · · · · · · · · · · · · · · · · · ·
9	-						Business Code		1246 (012)		ELTRE ACTOR
99	11a	Program Ad	verti	sements	++++		711130	17,576		17,576	
Miscellaneous Revenue	ь	+				*******	-				
Seg	C	**************************************			+-+		-				
2								12 727			
Ш	_	Total. Add lines Total revenue.			0510000	***************************************		17,576 976,720	237,191	17 576	112
_	1.6	Total revenue.	One illo	acrochoris	44444	ALCO AND A CO.		310,120	631,191	17,576	113

Do i	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			The state of the s	
	and domestic governments. See Part IV, line 21				STATE OF THE PARTY
2	The second secon				THE REAL PROPERTY.
	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			Contractive Ships	TO DE LA COLUMN
5	Compensation of current officers, directors,	6333 7613	959-059505	1.0000000000000000000000000000000000000	
	trustees, and key employees	96,213	62,374	19,243	14,596
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	96,764	85,859	10,905	
8	Pension plan accruals and contributions (include	21			
	section 401(k) and 403(b) employer contributions)	1,700	1,306	266	128
9	Other employee benefits		-7000	2.00	120
10	Payroll taxes	19,462	14,949	3,040	1,473
11	Fees for services (nonemployees):		21/232	0,010	1/4/5
a	Management				
b					
c	Accounting	5,500		5,500	
d	**************************************	0,000		3,300	
e	Professional fundraising services. See Part IV, line 17		AND DESCRIPTION OF THE PERSON NAMED IN		
f	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)	7,600	7,000	600	
12		166,465	154,070	9,939	2 450
13	Office evenence	100,403	134,070	9,939	2,456
14	Information technology				
15	Royalties				
16	Occupancy	38,696	29,364	6 006	2 226
17	Travel	30,030	29,304	6,996	2,336
	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Internet				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
2.5					
23	Insurance	Contract of the last of the la			
24	Other expenses. Itemize expenses not covered	7 70 5 75 5			
	above (List miscellaneous expenses on line 24e. If			MEDICAL HILLER	
	line 24e amount exceeds 10% of line 25, column		media sees of		
	(A) amount, list line 24e expenses on Schedule O.)	111 010	111 010	THE RESIDENCE OF	CAN DE WAR
a	PeformancePersnl&Supplies	411,040	411,040	21 112	
ь	Office and Miscellaneous	66,924	27,989	31,110	7,825
C	Special Events	66,482			66,482
d	Bank and Credit Card Fees	28,603	8,754	17,463	2,386
	All other expenses	21,656	21,656		
25		1,027,105	824,361	105,062	97,682
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)				

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	DETERMINATION		32,776	1	64,171
2	Savings and temporary cash investments			472,024		362,137
3	Pledges and grants receivable, net			8,753		
4					4	36,739
5	Loans and other receivables from any current or for	mer officer, direc	etor,	THE STREET	5094 P	District Co.
	trustee, key employee, creator or founder, substant		35%		552 6	
	controlled entity or family member of any of these p		(0.000)		5	
6	Loans and other receivables from other disqualified					HEROTEN CO.
	under section 4958(f)(1)), and persons described in	section 4958(c)	(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			4,232	9	9,457
10a	Land, buildings, and equipment: cost or other			Wallengton	1000	
	basis. Complete Part VI of Schedule D		51,669	A Company of the Comp		The State of the last
	Less: accumulated depreciation	10b	31,008	4,557	10c	20,661
11	Investments—publicly traded securities				11	100
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	53,360
16	Total assets. Add lines 1 through 15 (must equal lines)	ne 33)		522,342	16	546,525
17	Accounts payable and accrued expenses			30,103	17	51,311
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
22	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
22					1923	
	trustee, key employee, creator or founder, substantial contributor, or 35%				200	
23	controlled entity or family member of any of these p	TO SECURE A PROPERTY OF A SECURITION OF A SECU			22	
24	and parties payment to enterere and parties				23	
25	Unsecured notes and loans payable to unrelated third parties				24	
	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X					
	of Schedule D				25	52 260
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check			30,103		53,360 104,671
	Organizations that follow FASB ASC 958, check	here X		30,103	20	104,071
	and complete lines 27, 28, 32, and 33.	11010				
27				441,739	27	123 354
28	Net assets without donor restrictions Net assets with donor restrictions			50,500	28	423,354 18,500
	Organizations that do not follow FASB ASC 958, check here			75 D D D D D D D D D D D D D D D D D D D		107500
	and complete lines 29 through 33.				55 15	
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equip	ment fund			30	
31	Retained earnings, endowment, accumulated incom	ne, or other fund:			31	
32	Total and appele as food belongs			492,239		441,854
33	Total liabilities and net assets/fund balances			522,342		546,525

orm 990 (2022) Gay Men's Chorus of South Florida, 27-3533074			Pag	ge 12
Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI			900	
1 Total communication of Destation and Destation and Destation		0.	76,	720
2 Total companies (most award Dad IV, astrono (A) II, and	0.570,000			
3 Revenue less expenses. Subtract line 2 from line 1		1,0		
4 Net assets or fund balances at beginning of year (must equal Part V. line 32, column (A))	3		50,	
Not according to the discovery of the state		4	92,	239
C Description of the second se				
Dilar paried adjustments	7			
9 Other changes in net assets or fund balances (explain on Schedule O)	CCCCC - CCCCCCCCC			
	9			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))				
	10	4.	41,8	854
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				M
Schedule O.		200	13	No.
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		110		1111
reviewed on a separate basis, consolidated basis, or both:		1000		
Separate basis Consolidated basis Both consolidated and separate basis		15.50	100	1000
b Were the organization's financial statements audited by an independent accountant?		2b	Х	-
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1000	10.21
separate basis, consolidated basis, or both:		19617	50	
X Separate basis Consolidated basis Both consolidated and separate basis		555	183	
c 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	Х	
If the organization changed either its oversight process or selection process during the tax year, explain on				200
Schedule O.		116.75	100	
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		Х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		70	\neg	A
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
The state of the s			990	London

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Gay Men's Chorus of South Florida,

Employer identification number

Inc. 27-3533074 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi), (Complete Part II.) 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 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 III, 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 (iv) is the organization (v) Amount of monetary (Vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions!) document? instructions) instructions) Yes (A) (B) (C) (D)

(E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Cale	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.")	357,656	479,418	370,292	750,822	721,840	2,680,028		
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	357,656	479,418	370,292	750,822	721,840	2,680,028		
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		Save mes		Contract of	CONTRACTOR OF STREET	81,080 2,598,948		
Sec	tion B. Total Support						2,390,948		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	357,656	479,418	370,292	750,822	721,840	2,680,028		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,687	740	121	132	113	2,793		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10				1996 - 11 10 3 8		2,682,821		
12	Gross receipts from related activities, etc. (12	826,501		
13	First 5 years. If the Form 990 is for the org		cond, third, fourth,	or fifth tax year as	a section 501(c)(3	3)			
_	organization, check this box and stop here								
	tion C. Computation of Public Su					71 77			
14	Public support percentage for 2022 (line 6,	column (f) divided I	by line 11, column	(f))		14	96.87%		
15	Public support percentage from 2021 Sche	dule A, Part II, line	14			15	95.24%		
16a	33 1/3% support test—2022. If the organic	zation did not check	the box on line 13	, and line 14 is 33	1/3% or more, ch	eck this			
	box and stop here. The organization qualif 33 1/3% support test—2021. If the organization	ies as a publicly su	pported organization	on	02411.00022222222		X		
b	33 1/3% support test—2021. If the organic	zation did not check	a box on line 13 o	r 16a, and line 15	is 33 1/3% or mor	e, check	_		
17-	this box and stop here. The organization q	ualines as a publici	y supported organi	zation			L		
	10%-facts-and-circumstances test—202: 10% or more, and if the organization meets Part VI how the organization meets the fact	the facts-and-circu	imstances test, ch	eck this box and s	top here. Explain	in			
	annanimation								
b	10%-facts-and-circumstances test—202	 If the organization 	n did not check a b	ox on line 13, 16a	, 16b, or 17a, and	line			
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported								
	in Part VI how the organization meets the f	acts-and-circumsta:	nces test. The cent						
				Control of the Contro					
18					200.000.000.000.000.000		Г		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	7	(f) Total
1	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(-)	10,2010	(0) 2020	(0) 2021	(0) 2022		(i) rotai
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-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						\neg	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)	HAP TO						
	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	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.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)						\neg	
14	First 5 years. If the Form 990 is for the org	anization's first, s	second, third, fourt	h, or fifth tax year a	as a section 501(c)(3)		
0	organization, check this box and stop here							
V-1-1	tion C. Computation of Public Su						-	
15	Public support percentage for 2022 (line 8,	column (f), divide	d by line 13, colun	nn (f))			15	%
16 Sec	Public support percentage from 2021 Sche			******************			16	%
17	tion D. Computation of Investmen	it income Per	rcentage				Total I	
	Investment income percentage for 2022 (lin	ne 10c, column (f)	, divided by line 13	s, column (f))			17	%
	Investment income percentage from 2021 S						18	%
19a	33 1/3% support tests—2022. If the organ							
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2021. If the organ	ization did not ch	eck a box on line 1	4 or line 19a, and	line 16 is more tha	an 33 1/3%, a	nd	
20	line 18 is not more than 33 1/3%, check thi Private foundation. If the organization did	s box and stop h	ere. The organizat	ion qualifies as a p	sublicly supported	organization.		
-	The state of the s	undun a Dux	on may 14, 198, Of	190, GIECK UIIS DO	A and see instruct	rutta	0000	000000000000000000000000000000000000000

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. All Supporting Organi	izations
----------------------------------	----------

	A SECURIDADA A COMO DE ANALACIO. CON LA PORTE A VIOLA LA PORTA DO LA COMPANSIONA DE LA COMPANSIONA DEL COMPANSIONA DE LA COMPANSIONA DE LA COMPANSIONA DEL		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	1530		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1	ATT OF	ME.
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status		1	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1565		216
-10	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	100		(IIII)
	lines 3b and 3c below.	3a		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1520	1700	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	100	9170	
141	organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	5000	1000	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	0.000		Politica
b	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1	TATO IN	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	10000	4000	
c	despite being controlled or supervised by or in connection with its supported organizations.	4b	_	_
	Did the organization support any foreign supported organization that does not have an IRS determination	1000	3263	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		TODAY.	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		SECTION.	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		10000
100	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	1000	5334	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		5100	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		2382	
	was accomplished (such as by amendment to the organizing document).	-	_	
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a	District of	Name of the
	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	SC	-	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	600	Tubbin.	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	25.27	200	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		_
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		1237	1000
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	5350	250	
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	10000		
	77 If "Yes," complete Part I of Schedule L (Form 990).	8		1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1000	The said	(6 J.)
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations		1000	
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which		MOTE	3050
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit		25.70	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		-911	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
50	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1000		

10b

determine whether the organization had excess business holdings.)

Pai	Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	Contraction of the last	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	123		186
	11c below, the governing body of a supported organization?	44.	-	-
b	A family member of a person described on line 11a above?	11a		-
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11b	Section 1	Party and
3270	provide detail in Part VI.	11c	NECCHIO.	No.
Sect	ion B. Type I Supporting Organizations	1110		
	We desired and the second seco	12.19	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	1000		1110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.	10.80	122-1	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	1495		200
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1500	Elbal	13.00
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			1000
	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			100
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1000	Marco I	1000
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	5	DE S	SEE.
Sacti	supervised, or controlled the supporting organization.	2		
occu	ion C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	-	Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	155	732	The second
	or management of the supporting organization was vested in the same persons that controlled or managed	1000	000	
	the supported organization(s).			(DISSO
Secti	ion D. All Type III Supporting Organizations	1	_	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	2000	105	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	135	200	15334
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1000	5000	1
	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	10000	-2 11	The state of
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1000	100	
	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	14	Sec.	
	a significant voice in the organization's investment policies and in directing the use of the organization's	1353	100	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1000	
Casti	supported organizations played in this regard.	3		
	on 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	i).		
a b	The organization satisfied the Activities Test. Complete line 2 below.			
c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental action. Consoling in Part Miles.			
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr. Activities Test. Answer lines 2a and 2b below.	uctions)		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	100	2000	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1003	200	
	how the organization was responsive to those supported organizations, and how the organization determined	033	55	
	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	90000		
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	129	11 (1)	
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	199	13.5	
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	1	15-3-1	N 19 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	26%		
	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		-	TO THE
IAA.	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>
175/75				

1	Type III Non-Functionally Integrated 509(a)(3) Supp Check here if the organization satisfied the Integral Part Test as a qualifyl instructions. All other Type III non-functionally integrated supporting organization.	ng trust on Nov. 20, 19	70 (explain in Part VI).	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(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		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	973		THE R.
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
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		To State of the last	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4	Section of the section	
5	Income tax imposed in prior year	5	SURVE EXPL	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See Instructions. Distributable amount for 2022 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder, Subtract lines 4a and 4b from line 4. 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. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Gay Men's Ch		
Inc. Organization type (check	ann);	27-3533074
Organization type (check	one).	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule, c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See
General Rule		
	in filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling to property) from any one contributor. Complete Parts I and II. See instructions for determinant contributions.	
Special Rules		
regulations under 16b, and that rece	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support tes sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line lived from any one contributor, during the year, total contributions of the greater of (1) \$5,0 unt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	13, 16a, or
contributor, during literary, or educati	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, scier onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (ent) instead of the contributor name and address), II, and III.	ntific,
contributor, during contributions total during the year for General Rule app	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, contributions exclusively for religious, charitable, etc., purposes, but no such ad more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless lies to this organization because it received nonexclusively religious, charitable, etc., contimore during the year	ceived the
Caution: An organization must answer "No" on Part	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 99 meet the filing requirements of Schedule B (Form 990).	

DAA

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

Gay Men's Chorus of South Florida,

Employer identification number 27-3533074

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	Douglas Pew and Donald Croxton 633 N.W. 22nd Street Wilton Manors FL 33311	\$ 25,100	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	Our Fund Foundation 1201 N.E. 26th Street, Suite 108 Wilton Manors FL 33305	s 40,000	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	Broward County Cultural Division 100 S. Andrews Avenue, 6th Floor Fort Lauderdale FL 33301	\$ 90,990	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	State of Florida Division of Arts and Cultural Affairs RA Gray Building 500 S. Bronough Street Tallahassee FL 32399	\$ 82,500	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	Fred Boykin and Jack Killen 333 Las Olas Way #2304 Fort Lauderdale FL 33301	\$ 19,206	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	Richard and Emilio Quadracci Cabrera 1602 S.W. 150th Terrace Davie FL 33326	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Gay Men's Chorus of South Florida,

Employer identification number 27-3533074

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		
. 7	Dan Chadburn and Tom Nichols 124 N.E. 16th Place Fort Lauderdale FL 33305	s 25,103	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	OutClique 126 N.E. 29th Street Wilton Manors FL 33334	\$ 45,730	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	Warten Foundation, Inc. 207 S.E. 15th Avenue Fort Lauderdale FL 33301	\$ 22,000	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		
10	Sach Advertising Group 565 Oaks Lane, Unit 101 Pompano Beach FL 33069	\$ 21,655	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11.	Joseph Fletcher and Kerry Waldee 13450 S.W. 40th Street Davie FL 33330	s 18,018	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	* ************************************	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Gay Men's Chorus of South Florida,

Employer identification number 27-3533074

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) Advertising 8 s 45,730 (a) No. (c) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) Graphic Design 10 \$ 21,655 (a) No. (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.)

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.

2022 Open to Public Inspection

Name of the organization Employer identification number Gay Men's Chorus of South Florida. Inc. 27-3533074 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Post III Ossovications Molecular					-		Pag	e 2
Part III Organizations Maintainin 3 Using the organization's acquisition, access	ig Collections of Ar	rt, Historical Tre	easures, or Ot	ther Similar A	ssets (continu	ied)	
3 Using the organization's acquisition, access collection items (check all that apply):	sion, and other records, c	heck any of the follo	wing that make si	gnificant use of its				
a Public exhibition			Later Control					
		an or exchange progr						
	e Oth	ner						
c Preservation for future generations		120000110000000000000000000000000000000	SCIONALI COL CONTRA IN					
 Provide a description of the organization's or XIII. 	collections and explain ho	w they further the or	ganization's exem	opt purpose in Par	t			
- 17 - TATTI - 17: 10	5.0							
g j j i i g g i i				15				
Part IV Escrow and Custodial Ar	to be maintained as part	of the organization's	collection?			Ye	8	No
		- F 000 B	. D. / K 6					
Complete if the organization 990, Part X, line 21.	manswered res or	n Form 990, Pan	t IV, line 9, or r	eported an arr	iount o	n Form		
	dian as other latera with a	for an about the state of					_	_
1a Is the organization an agent, trustee, custor included on Form 990, Part X?	dian or other intermediary	for contributions or	other assets not			П.,		
b If "Yes," explain the arrangement in Part XII	Il and complete the follow	dan teblar				Ye	8 📙	No
o ii res, explain the arrangement in Part XII	ii and complete the follow	ring table:				Amount		_
c Beginning balance				40		Amount		_
				1c	-		_	-
d Additions during the year				1e				=
e Distributions during the year		****************		1f	-			-
f Ending balance 2a Did the organization include an amount on I	Form 900 Part V line 21	for accrew or custo	dial account liabili			Ye		No
b If "Yes," explain the arrangement in Part XII						□ 16	, Н	NO
Part V Endowment Funds.	ii. Orieck field if the expla	manur nas deen pro	VIDEO ON PART AIN	***************************************				_
Complete if the organization	n answered "Ves" or	n Form 990 Part	IV line 10					
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	a back	(e) Envir	years bac	
1a Beginning of year balance	18,500	18,500	18,5		3,500	fed com	18,5	_
b Contributions		10,000	10/5	- 10	,,500		1010	00
c Net investment earnings, gains, and		-						
losses	113	132	21	03	105		2	26
d Grants or scholarships					100		-	-
e Other expenditures for facilities and								
programs	-113	-132	-2	03	-105		-2	26
f Administrative expenses								
g End of year balance	18,500	18,500	18,5	00 18	,500		18,5	00
2 Provide the estimated percentage of the cu	rrent year end balance (li							
a Board designated or quasi-endowment	%							
b Permanent endowment 100.00%								
c Term endowment %								
The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.							
3a Are there endowment funds not in the poss	ession of the organization	n that are held and a	dministered for th	e				
organization by:						- I	Yes I	No
(i) Unrelated organizations						3a(i)	X	
(ii) Related organizations					-2001000	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organic	zations listed as required	on Schedule R?				3b		
4 Describe in Part XIII the intended uses of the	ne organization's endown	nent funds.						
Part VI Land, Buildings, and Equ	ipment.							
Complete if the organization	n answered "Yes" or	n Form 990, Part	t IV, line 11a, 5	See Form 990,	Part X	line 1	0.	
Description of property	(a) Cost or other basis	(b) Cost or oth	ner basis	(c) Accumulated	27 - 23 - 23 - 23 - 23 - 23 - 23 - 23 -	(d) Book v	elue	
A fine the A countries for a set A countries from	(investment)	(other)	1:	depreciation				
1a Land			57.00					
b Buildings								
c Leasehold improvements			1		12			
d Equipment		5	1,669	31,00	8	2	0,6	61
e Other								
Total. Add lines 1a through 1e. (Column (d) must			×				0,6	

	(a) Description of security or category	(b) Book value	11b. See Form 990, Part X, line 12.
	(including name of security)		Cost or end-of-year market value
(1) Financial			
	eld equity interests		
(3) Other	~~~~~~		
(A)	***************************************		
(B)			
(D)			
(E)			
(F)	***************************************		
(G)			
(H)	***************************************	(110-3,03)	
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
	Complete if the organization answered "		
	(a) Description of investment	(b) Book value	(c) Method of valuation:
(1)			Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			3
(6)			
(7)			
(8)			
(9)			
	a distance in the contract of		
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)		No. of the Control of
Part IX	Other Assets. Complete if the organization answered "	Yes" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
Part IX	Other Assets. Complete if the organization answered " (a) Dec	Yes" on Form 990, Part IV, line	(b) Book value
Part IX	Other Assets. Complete if the organization answered "	Yes" on Form 990, Part IV, line	(b) Book value
(1) (2)	Other Assets. Complete if the organization answered " (a) Dec	Yes" on Form 990, Part IV, line	(b) Book value
(1) (2) (3)	Other Assets. Complete if the organization answered " (a) Dec	Yes" on Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4)	Other Assets. Complete if the organization answered " (a) Dec	Yes" on Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered " (a) Dec	Yes" on Form 990, Part IV, line	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered " (a) Dec	Yes" on Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered " (a) Dec	Yes" on Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered " (a) Dee Right of Use Asset	Yes" on Form 990, Part IV, line	(b) Book value 53, 360
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered " (a) Dec Right of Use Asset Right of Use Asset (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "	Yes" on Form 990, Part IV, line	(b) Book value 53, 360
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column	Other Assets. Complete if the organization answered " (a) Dec Right of Use Asset Right of Use Asset (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered " line 25.	Yes" on Form 990, Part IV, line	(b) Book value 53, 360 53, 360
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered " (a) Dec Right of Use Asset Right of Use Asset (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered " line 25. (a) Description	Yes" on Form 990, Part IV, line	(b) Book value 53, 360
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Assets. Complete if the organization answered " (a) Dec. Right of Use Asset Right of Use Asset (b) must equal Form 990, Part X, cot. (B) line 15.) Other Liabilities. Complete if the organization answered " line 25. (a) Description	Yes" on Form 990, Part IV, line	(b) Book value 53, 360 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered " (a) Dec Right of Use Asset Right of Use Asset (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered " line 25. (a) Description	Yes" on Form 990, Part IV, line	(b) Book value 53, 36(
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Lease (3)	Other Assets. Complete if the organization answered " (a) Dec. Right of Use Asset Right of Use Asset (b) must equal Form 990, Part X, cot. (B) line 15.) Other Liabilities. Complete if the organization answered " line 25. (a) Description	Yes" on Form 990, Part IV, line	(b) Book value 53, 36(
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered " (a) Dec. Right of Use Asset Right of Use Asset (b) must equal Form 990, Part X, cot. (B) line 15.) Other Liabilities. Complete if the organization answered " line 25. (a) Description	Yes" on Form 990, Part IV, line	(b) Book value 53, 36(
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Lease (3) (4)	Other Assets. Complete if the organization answered " (a) Dec. Right of Use Asset Right of Use Asset (b) must equal Form 990, Part X, cot. (B) line 15.) Other Liabilities. Complete if the organization answered " line 25. (a) Description	Yes" on Form 990, Part IV, line	(b) Book value 53, 36(
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) Lease (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered " (a) Dec. Right of Use Asset Right of Use Asset (b) must equal Form 990, Part X, cot. (B) line 15.) Other Liabilities. Complete if the organization answered " line 25. (a) Description	Yes" on Form 990, Part IV, line	(b) Book value 53, 36(
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Lease (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered " (a) Dec. Right of Use Asset Right of Use Asset (b) must equal Form 990, Part X, cot. (B) line 15.) Other Liabilities. Complete if the organization answered " line 25. (a) Description	Yes" on Form 990, Part IV, line	(b) Book value 53, 36(
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Lease (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered " (a) Dec. Right of Use Asset Right of Use Asset (b) must equal Form 990, Part X, cot. (B) line 15.) Other Liabilities. Complete if the organization answered " line 25. (a) Description	Yes" on Form 990, Part IV, line	(b) Book value 53, 360 53, 360

Pa	rt XI Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form	Statements With F	Revenue per Ret	urn.	Page 4
1	Total revenue, gains, and other support per audited financial statements	990, Part IV, line	128.		1 060 710
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	1,068,719
		1.1		1930	
a	Net unrealized gains (losses) on investments	2a	01 000	1	
	Donated services and use of facilities	2b	91,999		
4	Recoveries of prior year grants	2c		200	
	Other (Describe in Part XIII.) Add lines 2a through 2d	2d		-	01 000
3	Culphonal line Se from line 4			20	91,999 976,720
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;			3	976,720
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Others (December to December)	(1)1710(G13)			
6	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	4		6	976,720
Pa	rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form	Statements With	Expenses per R	eturn	
1	Total expenses and losses per audited financial statements	000,101(11,1110	20.	1	1,119,104
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				1/11/11/1
a	Donated services and use of facilities	2a	91,999	533	
b	Prior year adjustments	2b		2300	
c	Other losses	2c		310	
d	Other (Describe in Part XIII.)	2d		100	
0	Add lines 2a through 2d			2e	91,999
3	Subtract line 2e from line 1			3	1,027,105
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		5700	
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	(8.)		5	1,027,105
	rt XIII Supplemental Information.		J. 30-30-00.	1910VA	70000000000000000000000000000000000000
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and rt XI, lines 2d and 4b. Also complete this part to			art X, lin	e
3.555				.,,,,,,,,,,	******************************
1000				******	****************
1011		********************			
****					************
****				******	
1000					

Schedule D (F	orm 990) 2022	Gay Men	's Chorus	of Sout	h Flori	da, 27	-3533074	Page 5
Part XIII	Suppleme	ntal Informati	on (continued))		- A POX	Cartalactic Control	

		*******************						***************************************
							9.50.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	***************************
+				***************************************				
							(**************************************	

- 3311 (4414)								

F ++++++++++++								

+ 3,0000113311111			***************************************					
		*******		***************************************				
+ +++++++++++++++++++++++++++++++++++++								
t recensions								

SCHEDULE G (Form 990)

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.

2022

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public

Gay Men's Chorus of South Florida, Name of the organization Employer identification number 27-3533074 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 VIII) 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 (vii) Amount paid to miner house (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (E) Activity or entity (fundraiser) from activity fundralser listed in organization control of contributions' col. (6) Yes No 10 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.

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 Once Upon A Time-(d) Total events Brunch&VIP Reception None (add col. (a) through (event type) (event type) (total number) col. (cl) 1 Gross receipts 121,599 121,599 2 Less: Contributions 107,019 107,019 3 Gross income (line 1 minus 14,580 line 2). 14,580 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 14,580 9 Other direct expenses 14,580 10 Direct expense summary. Add lines 4 through 9 in column (d) 14,580 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabe/instant (d) Total gaming (add Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (e)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sch	edule G (Form 990) 2022 Gay Men's Chorus of South Florida, 27-3533074				Page 3
11	Does the organization conduct gaming activities with nonmembers?	30000		Yes	N
12	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity				
	formed to administer charitable gaming?			Yes	☐ N
13	Indicate the percentage of gaming activity conducted in:	20 0			
a	The organization's facility	13a			%
ь	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name			1.0	
	Address				
15a	revenue?		П	Yes	Пи
b	If "Yes," enter the amount of gaming revenue received by the organization S and the		_		П.
	amount of gaming revenue retained by the third party \$				
c	If "Yes," enter name and address of the third party:				
	NECOS:				
	Name			40	
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandata Park at				
"	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to				П.
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or	11100	Ш	Yes	□ N
-	spent in the organization's own exempt activities during the tax year \$				
Pa	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor See instructions.	and (v mation); ai	nd	
_	See instructions.				
-					
***			,,,,		
			1111		

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Inc.						27-	-35330	74		
P	art I Types of Property				_		-,0,00				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g				(d) od of determinin contribution am			
1	Art — Works of art	X	1	400							
2	Art — Historical treasures										- 6
3	Art — Fractional interests										
4	Books and publications										-8
5	Clothing and household goods										
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities — Publicly traded										
10	Securities — Closely held stock										
11	Securities — Partnership, LLC, or trust interests										
12	Securities — Miscellaneous										
13	Qualified conservation contribution — Historic structures										
14	Qualified conservation contribution — Other										=0,
15	Real estate — Residential					_					
16	Real estate — Commercial					_					_
17	Real estate — Other					_			_	_	
18	Collectibles				_	_					
19	Food inventory	Х	2	11,466	Fa	in	Marko	+ 1/21:	10	_	
20	Drugs and medical supplies			11/100	10	11	Harke	r varu	ie_		_
21	Taxidermy										- 20
22	Historical artifacts										_
23	Scientific specimens										_
24	Archeological artifacts										_
25	Other (Advertising)	X	2	54,680	Fa	ir	Marke	+ V=1:	10		
26	Other (Graphic Design)	X	1	21,655							_
27	Other (Misc & Other)	X	3				Marke				
28	Other (217001			riuz no	C YGLO			
29	Number of Forms 8283 received by				199000						
	which the organization completed Fo	orm 8283, I	Part V, Donee Acknowle	dgement	29					**	
30a	During the year, did the organization									Yes	No
	28, that it must hold for at least 3 ye used for exempt purposes for the en	tire holding		ibution, and which isn't req					30a		X
b	If "Yes," describe the arrangement in								-	7	1050
31	Does the organization have a gift ac contributions?								31	610	X
32a	contributions?			to solicit, process, or sell n					32a		Х
b	If "Yes," describe in Part II.								Sec.	5	1
33	If the organization didn't report an ar describe in Part II.	mount in co	olumn (c) for a type of pr	operty for which column (a) is che	ecked	í,			134	1

Schedule M (Fr	orm 990) 2022 Gay Men's Chorus	s of South	Florida,	27-3533074	Page 2
Part II	Supplemental Information. Provid the organization is reporting in Part or a combination of both. Also comp	e the information I, column (b), the	required by Par number of conf	rt I, lines 30b, 32b, and 33, a tributions, the number of ite	and whether

4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
***********	·				

)++++++q13413					

***********		*************			*******************
***********		*******			*****************

************	***************************************			***************************************	
***********				***************************************	

			9443147441341113414	*******************************	***************************************
	():::::::::::::::::::::::::::::::::::::		******************	***************************************	

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. 2022

Open to Public

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 Gay Men's Chorus of South Florida, Employer identification number Inc. 27-3533074 Form 990, Part VI, Line 6 - Classes of Members or Stockholders The singers in the Chorus are "members" as set out in the bylaws. Form 990, Part VI, Line 7a - Election of Members and Their Rights The bylaws of the Chorus allow the Chorus members to appoint as many members to the Board of Directors as they wish. Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members The Chorus members elect the officers annually and approve the budget (along with the Board and the Officers by separate votes) in accordance with the bylaws. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Electronic copy submitted to all members of the board for review and approval. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Policy is reviewed and discussed by Board members and officers and any possible conflicts that arise are required to be disclosed. Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation was approved by the Board of Directors. The amount was determined as a result of looking at other similar positions in the South Florida region.

9 1 8

Gay Men's Chorus of South Florida,	Employer identification number 27-3533074
Form 990, Part VI, Line 19 - Governing Documents Disclos	sure Explanation
Documents are made available through our website and upo	n request.

	(

	Page 1 of 1

Department of the Treasury

Internal Revenue Service

(Rev. January 2022)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-0047

File a separate application for each return. ▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filling (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits

	atic 6-Month Extension of Time. Only submit	original (no copies needed).			
- er anibit	rations required to file an income tax return other than For			s, REMICs, and	trusts	
must us	Form 7004 to request an extension of time to file income	tax returns.				
Type or		tructions.	Ta	xpayer identifica	ation number (TIN)
print	Gay Men's Chorus of Sout	h Flor	ida,			
	Inc.			7-353307	4	
	Number, street, and room or suite no. If a P.O. box	c, see instru				
File by the	2038 N. Dixie Highway, S	uite 2	01			
due date fo						
filling your return. See	1.10 Pd0 1.00 C20 Pd 32 Pd2 Pd2 Pd2 Pd2 Pd2 Pd2 Pd2 Pd2 Pd2 Pd		50.5 34.00 2 3 30 20 22 20 24			
instructions	Wilton Manors FL	33305	5			
Enter the	Return Code for the return that this application is for (file	a separate	application for each return)			01
Applic		Return	Application			Return
Is For		Code	Is For			Code
Form	990 or Form 990-EZ	01	Form 1041-A			08
Form	1720 (individual)	03	Form 4720 (other than individu	ah		09
Form	990-PF	04	Form 5227			10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	990-T (trust other than above)	06	Form 8870			12
Form	990-T (corporation)	07	Charles and the second	Contract of	A PLANTAGE	No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa
	2038 N. Dixie Highwa cooks are in the care of ➤ Wilton Manors				FL 3	3305
Tele If the	phone No. 954-763-2266 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (hole group, check this box	Fax Note in the Unite	o. Dod States, check this box	If this is	FL 3	3305
Tele If the	phone No. ▶ 954-763-2266 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (Fax Note in the Unite	o. Dod States, check this box	-	FL 3	3305
Tele If the If t	phone No. ► 954-763-2266 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of hole group, check this box ▶ □ . If it is for part of	Fax No. in the Unite Group Exem the group, 15/24 nization's re	o. Dead States, check this box option Number (GEN) check this box of the exempt organization of turn for:	d attach	FL 3	3305
Tele If the If t	phone No. 954-763-2266 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (hole group, check this box the names and TINs of all members the extension is for. equest an automatic 6-month extension of time until 05/e organization named above. The extension is for the organization named above. The extension is for the organization named above.	Fax N. in the Units Group Exem the group, 15/24 nization's re	o. > ad States, check this box ption Number (GEN) check this box , to file the exempt organization return for:	d attach	FL 3	3305
Tele If the If t	phone No. 954-763-2266 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of hole group, check this box The names and TINs of all members the extension is for a digit of the names and TINs of all members the extension is for a digit of the names and TINs of all members the extension is for a digit of the names and TINs of all members the extension is for a digit of the names and TINs of all members the extension is for the organization named above.	Fax No. in the Unite Group Exemple the group, 15/24 nization's re	o. De ad States, check this box ption Number (GEN) check this box	d attach		• □
Tele If the If t	phone No. 954-763-2266 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of hole group, check this box The names and TINs of all members the extension is for a digit of the names and TINs of all members the extension is for a digit of the names and TINs of all members the extension is for a digit of the names and TINs of all members the extension is for a digit of the names and TINs of all members the extension is for the organization named above. The extension is for the organization is for the organization in the tax year entered in line 1 is for less than 12 months, check the properties of the organization is for Forms 990-PF, 990-T, 4720, or 6069, organization is for Forms 990-PF, 990-T, 4720, or 6069, organization is for Forms 990-PF, 990-T, 4720, or 6069, organization.	Fax No. in the Unite Group Exemple the group, 15/24 nization's re	o. De and States, check this box ption Number (GEN)	d attach	FL 3	3305
Tele If the If t	phone No. 954-763-2266 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of hole group, check this box The internal of the names and TINs of all members the extension is for a guest an automatic 6-month extension of time until 05 / organization named above. The extension is for the organization is for Forms 990-PF, 990-T, 4720, or 6069, nrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069, nrefundable credits. See instructions.	Fax No. in the Units Group Exem the group, 15/24 nization's re	o. De and States, check this box ption Number (GEN) check this box	d attach return for eturn	\$	• □
Tele If the If t	phone No. 954-763-2266 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of hole group, check this box The names and TINs of all members the extension is for the names and TINs of all members the extension is for organization named above. The extension is for the organization is for Forms 990-PF, 990-T, 4720, or 6069, nrefundable credits. See instructions. This application is for Forms 990-PF, 990-T, 4720, or 6069, nrefundable credits. See instructions. This application is for Forms 990-PF, 990-T, 4720, or 6069, nrefundable credits. See instructions.	Fax No. in the Units Group Exemple the group, 15/24 nization's record reason:	o. and States, check this box ption Number (GEN) check this box to file the exempt organization return for: Initial return Initial return Final return	d attach		• □
Tele If the If t	phone No. 954-763-2266 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of hole group, check this box The internal of the names and TINs of all members the extension is for a guest an automatic 6-month extension of time until 05 / organization named above. The extension is for the organization is for Forms 990-PF, 990-T, 4720, or 6069, nrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069, nrefundable credits. See instructions.	Fax No. in the Unite Group Exemple the group, 15/24 nization's reconstruction of the term	o. Dead States, check this box potion Number (GEN) check this box	d attach return for eturn	\$	• □