

#### **COLE AND MCPHERSON CPAS LLC**

888 DAYTON ST UNIT 107
Yellow Springs, OH 45387
CM@COLEMCPHERSONCPAS.COM
Phone: (937)751-7375 | Fax: (937)347-5508

July 23, 2023

World House Choir Inc PO Box 655 Yellow Springs, OH 45387

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (937)751-7375.

Sincerely,

Matthew Cole CPA COLE AND MCPHERSON CPAS LLC

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World House Choir Inc PO Box 655 Yellow Springs, OH 45387

World House Choir Inc:

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for World House Choir Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (937)751-7375.

Sincerely,

Matthew Cole CPA COLE AND MCPHERSON CPAS LLC

# Form **990-EZ**

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

**Open to Public** Inspection

OMB No. 1545-0047

Dep Inte	Department of the Treasury Internal Revenue Service  Go to www.irs.gov/Form990EZ for instructions and the latest information.				1.	Inspection			
<u>A</u>	For the	2022 calenda		, 20					
В	Check if ap	pplicable	C Name of organization		D Employer	identification number			
	Address	change	WORLD HOUSE CHOIR INC		61-1758	61-1758958			
Ц	Name ch	•	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	number			
Н	Initial retu		PO BOX 655		(937)76	7-2319			
Н	Amended	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exe	emption			
П			YELLOW SPRINGS, OH 45387		Number				
G	Account	ting Method:	X Cash Accrual Other (specify)	Н	Check 🗴 if th	e organization is <b>not</b>			
	Website	_	DHOUSECHOIR.ORG			ach Schedule B			
J	Гах-ехеі		neck only one) $\boxed{\mathbf{x}}$ 501(c)(3) $\boxed{}$ 501(c) ( ) (insert no.) $\boxed{}$ 4947(a)(1) or		(Form 990).	aon Concadio B			
		f organization:	X Corporation Trust Association Other		( /				
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	e, or if total as	sets				
			500,000 or more, file Form 990 instead of Form 990-EZ			51,878			
Р	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balance						
_	<u> </u>		he organization used Schedule O to respond to any question in this	•		•			
	1		s, gifts, grants, and similar amounts received			50,363			
	2		vice revenue including government fees and contracts			30,000			
	3	-	dues and assessments			1,515			
	4					1,313			
	5a		nt from sale of assets other than inventory						
	b		other basis and sales expenses						
	C		) from sale of assets other than inventory (subtract line 5b from line 5a)		5c				
	6	•	fundraising events:						
	а	-	e from gaming (attach Schedule G if greater than						
ō			6a						
aun	b		e from fundraising events (not including \$ of contribut	tions					
Revenue			ing events reported on line 1) (attach Schedule G if the						
_			gross income and contributions exceeds \$15,000) 6b						
	С		expenses from gaming and fundraising events 6c						
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	•					
	_				6d				
	7a		of inventory, less returns and allowances						
	b		goods sold						
	C		or (loss) from sales of inventory (subtract line 7b from line 7a)		7c				
	8		e (describe in Schedule O)						
	9		<b>ie.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			51,878			
	10		imilar amounts paid (list in Schedule O)						
	11		to or for members						
	12		er compensation, and employee benefits						
es			fees and other payments to independent contractors			22,111			
eus	14		rent, utilities, and maintenance			550			
Expenses	15		ications, postage, and shipping			4,084			
_	16		ses (describe in Schedule O)			20,524			
	17	•	ses. Add lines 10 through 16			47,269			
	18		eficit) for the year (subtract line 17 from line 9)			4,609			
ţ			r fund balances at beginning of year (from line 27, column (A)) (must agree wit						
Net Assets			igure reported on prior year's return)		19	25,691			
χ¥	20		es in net assets or fund balances (explain in Schedule O)			, <u>-</u>			
<u>N</u> et	21	_	r fund balances at end of year. Combine lines 18 through 20			30.300			

Par	Balance Sneets (see the instructions for Pa	rt II)				
	Check if the organization used Schedule O to	o respond to any qu	estion in this Part II			<u>x</u>
			(	A) Beginning of year		(B) End of year
22	Cash, savings, and investments			25,066	22	29,675
23	Land and buildings			0	23	0
	Other assets (describe in Schedule O)			625	24	625
	Total assets			25,691	25	30,300
	Total liabilities (describe in Schedule O)		<del> </del>	0	26	0
	Net assets or fund balances (line 27 of column (B) mus			25,691	27	30,300
	t III Statement of Program Service Accompli					
	Check if the organization used Schedule O	•		•		Expenses
Mhat	is the organization's primary exempt purpose? <b>SOCIAL</b>				(Red	quired for section
vviiat	is the organizations primary exempt purpose:	UUSIICE AWAREN	ESS THROUGH ST.	NGING	501	(c)(3) and 501(c)(4)
	ribe the organization's program service accomplishments for	•			orga	anizations; optional for
	easured by expenses. In a clear and concise manner, descr		ed, the number of		othe	ers.)
	ons benefited, and other relevant information for each progra	am uue.				
285	EE SCHEDULE O					
_						
_						
_	(Grants \$ 4,423) If this amour	nt includes foreign grant	s, check here		28a	34,415
29						
_						
_						
_	(Grants \$ ) If this amoun	t includes foreign grant	s, check here		29a	1
30						
_						
	(Grants \$ ) If this amoun	nt includes foreign grant	s, check here	· · · · · ·	30a	1
31	•	nt includes foreign grant			30a	1
31	Other program services (describe in Schedule O)					
_	Other program services (describe in Schedule O) (Grants \$ ) If this amount	at includes foreign grant	s, check here		31a	1
_ 32 T	Other program services (describe in Schedule O) (Grants \$ ) If this amount otal program service expenses (add lines 28a through 3	nt includes foreign grant	s, check here		31a 32	34,415
_ 32 T	Other program services (describe in Schedule O)  (Grants \$ ) If this amount of the program service expenses (add lines 28a through 3 to the program service expenses). Trustees, and Key	nt includes foreign grant 31a) Employees (list each o	s, check here	nsated - see the instr	31a 32	34,415 ons for Part IV)
_ 32 T	Other program services (describe in Schedule O) (Grants \$ ) If this amount otal program service expenses (add lines 28a through 3	nt includes foreign grant 31a) Employees (list each o	s, check here  one even if not compe this Part IV	nsated - see the instr	31a 32	34,415 ons for Part IV)
_ 32 T	Other program services (describe in Schedule O)  (Grants \$ ) If this amoun of the control	at includes foreign grant (B1a)  Employees (list each opond to any question in	s, check here	nsated - see the instr	31a 32 ructio	34,415 ons for Part IV)
_ 32 T	Other program services (describe in Schedule O)  (Grants \$ ) If this amount of the program service expenses (add lines 28a through 3 to the program service expenses). Trustees, and Key	at includes foreign grant (a)	s, check here one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	nsated - see the instr	31a 32 ructio	34,415 ons for Part IV)
_ 32 T	Other program services (describe in Schedule O)  (Grants \$ ) If this amoun of the control	at includes foreign grant (B1a)  Employees (list each opond to any question in	s, check here one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	nsated - see the instr	31a 32 ructio	34,415 ons for Part IV) (e) Estimated amount of
32 T Par	Other program services (describe in Schedule O) (Grants \$ ) If this amount otal program service expenses (add lines 28a through 3 t IV   List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to response (a) Name and title	at includes foreign grant (a)	s, check here  one even if not compe this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	nsated - see the instr	31a 32 ructio	34,415 ons for Part IV) (e) Estimated amount of
Par	Other program services (describe in Schedule O) (Grants \$ ) If this amount otal program service expenses (add lines 28a through 3 t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to response (a) Name and title	at includes foreign grant  B1a)  Employees (list each opened to any question in  (b) Average hours per week devoted to position	s, check here  one even if not compe this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  STMA01	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	31a 32 ructio	34,415 ons for Part IV) (e) Estimated amount of other compensation
Par	Other program services (describe in Schedule O) (Grants \$ ) If this amount otal program service expenses (add lines 28a through 3 t IV   List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to response (a) Name and title	at includes foreign grant (a)	s, check here  one even if not compe this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	nsated - see the instr	31a 32 ructio	34,415 ons for Part IV) (e) Estimated amount of
Par	Other program services (describe in Schedule O) (Grants \$ ) If this amount otal program service expenses (add lines 28a through 3 t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to response (a) Name and title	at includes foreign grant  B1a)  Employees (list each opened to any question in  (b) Average hours per week devoted to position	s, check here  one even if not compe this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  STMA01	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	31a 32 ructio	34,415 ons for Part IV) (e) Estimated amount of other compensation
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CATH	Other program services (describe in Schedule O)  (Grants \$ ) If this amount of the program service expenses (add lines 28a through 3 to 1V  List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to reside the program and title  HERINE ROMA  ISTIC DIRECTOR  A KREEGER	at includes foreign grant (a)	s, check here one even if not compe this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  STMA01  10,021	nsated - see the instr  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	31a 32 uction	34,415 ons for Part IV)  (e) Estimated amount of other compensation
CATHARTI	Other program services (describe in Schedule O)  (Grants \$ ) If this amount of the program service expenses (add lines 28a through 3 of t IV	at includes foreign grant (a)	s, check here one even if not compe this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  STMA01  10,021	nsated - see the instr  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	31a 32 uuctio	34,415 ons for Part IV)  (e) Estimated amount of other compensation
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CATHARTILLISA MAGGE MODIFIED MODI	Other program services (describe in Schedule O) (Grants \$ ) If this amount of the program service expenses (add lines 28a through 3 of IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to reside the program and title  HERINE ROMA ISTIC DIRECTOR A KREEGER SIDENT GIE MORRISON RD MEMBER RA LAUGHLIN RD MEMBER IN MCGRUDER	at includes foreign grant  B1a)  Employees (list each opened to any question in  (b) Average hours per week devoted to position  20.00  5.00	s, check here one even if not compe this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  STMA01  10,021  0	nsated - see the instr  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	31a 32 uuctio	a 34,415 ons for Part IV) (e) Estimated amount of other compensation  0  0
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CATH PRES MAGO BOAH MOIF BOAH KEVI	Other program services (describe in Schedule O) (Grants \$ ) If this amount otal program service expenses (add lines 28a through 3 total	tincludes foreign grant  (a)	s, check here one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 10,021 0	nsated - see the instr  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	31a 32 uuctio	34,415 ons for Part IV) (e) Estimated amount of other compensation  0  0  0
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CATH PRES MAGO BOAH MOIF BOAH KEVI	Other program services (describe in Schedule O) (Grants \$ ) If this amount otal program service expenses (add lines 28a through 3 total	tincludes foreign grant  (a)	s, check here one even if not compe this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 10,021 0	nsated - see the instr  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	31a 32 uuctio	34,415 ons for Part IV) (e) Estimated amount of other compensation  0  0  0
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Form 990-EZ (2022) WORLD HOUSE CHOIR INC 61-1758958 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ..... Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 Х Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 X 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a Х b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q . . 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, 35c x Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 36 x 37b x 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X Section 501(c)(7) organizations. Enter: 39a 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ; section 4912 : section 4911: b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . . . . . . . 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X List the states with which a copy of this return is filed: **42 a** The organization's books are in care of: MATTHEW COLE CPA Telephone no. 937-751-7375 Located at: PO BOX 634, YELLOW SPRINGS, OH ZIP + 4 45387 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . . 42b Х If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X If "Yes," enter the name of the foreign country: 43 Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a x b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b x X d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

45a X 45b x

Form 990-EZ (2022)

44d

Form	990-EZ (2022)	1	WORLD HOUSE C	HOIR	INC					61-1	7589	58	Р	age 4
											ſ		Yes	No
46		,	5 5 7	• •	in political campaign a							46		
Part			c)(3) Organization		Schedule C, Part I .	<u> </u>	<u> </u>	• • • •	• • •		• •	46		X
rait	All s 50 a	ection 501 and 51.	1(c)(3) organizat	ions	must answer ques									s
	Cite	CK II LITE O	rgariization used	SCII	edule O to respon	iu io ariy q	luestion in	เมเรา	arı	VI • • • • ·	• • •	· · ·	Yes	No
47					or have a section 501(							47	100	x
48					on 170(b)(1)(A)(ii)? If "`						t	48		X
49a	_				mpt non-charitable rela						T T	49a		X
b	If "Yes," wa	as the related	d organization a sect	ion 52	7 organization?						[	49b		
50	•		-	•	est compensated emplo	• .					Эy			
	employees	s) who each r	received more than \$	100,00	00 of compensation fro									
	(a) Nam	ne and title of eac	ch employee		(b) Average hours per week devoted to position	comp (Forms W-2	eportable ensation 2/1099-MISC/ 9-NEC)	contrib benefit	outions t	enefits, o employee and deferred sation			d amoun npensati	
IONE														
f	Total numb	per of other e	employees paid over	\$100,0	000									
51	•		•	•	est compensated indep If there is none, enter "		actors who e	ach red	ceived	more than				
	(a) Name an	nd business addr	ress of each independent co	ontracto		(b)	Type of service	9		(0	c) Comp	ensation	1	
NONE					7)									
					*									
d 52	Did the org	ganization co	omplete Schedule A?	? Note	ch receiving over \$100 :: All section 501(c)(3)	organization	s must attac				. X	Yes		No
		•			, including accompanying					of my knowle	dge an	d belief	, it is	
rue, corre				an offic	er) is based on all informa	ation of which p	oreparer has a	iny knov	vledge.					
Sign		ISA KREEC	GER						Data					_
Here	"	ure of officer ISA KREE(	GER, TREASUREI	R					Date					
		r print name and												_
		ype preparer's na		Prep	parer's signature		Date		С	neck if	PTIN	1		
Paid	MATI	THEW COLI	E CPA				07-23-20	23	se	elf-employed	P01	6303	27	
Prepar	er Firm's	name	COLE AND MCPH	ERSO	N CPAS LLC			F	Firm's E	N				
Jse Or	ily Firm's a	address	888 DAYTON ST	UNI	T 107									
		•	Yellow Spring	s OH	45387			F	Phone n	o. <b>937</b> –	751-			
May the I	RS discuss	this return w	ith the preparer show	vn abo	ve? See instructions						. $\sqcap$	Yes	ΧI	No

#### SCHEDULE A (Form 990)

Name of the organization

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

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

OMB No. 1545-0047

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** Inspection

**Employer identification number** 

WORLD HOUSE CHOIR INC 61-1758958 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 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. 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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes (A) (B) (C) (D) (E) Total

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

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

Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose • • • •							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	<b>Total.</b> Add lines 1 through 5							
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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 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		, and the second					
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b	*						
11	Net income from unrelated business							
	activities not included on line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First 5 years. If the Form 990 is for the or		rst, second, thi	rd, fourth, or fi	fth tax year as a	a section 501(	c)(3)	
	organization, check this box and stop her							
	on C. Computation of Public Suppor					T I		
15	Public support percentage for 2022 (line 8	, ,,,	•	3, column (f))	• • • • • • •	15	%	
16	Public support percentage from 2021 Sch			• • • • • • •	• • • • • • •	16	<u>%</u>	
	on D. Computation of Investment In				(6)	1 1		
17	Investment income percentage for 2022 (			-		17	%	
18	Investment income percentage from 2021					18	%	
19a	33 1/3% support tests - 2022. If the orga							
	17 is not more than 33 1/3%, check this b	=	_	· · · · · · · · · · · · · · · · · · ·				
b	33 1/3% support tests - 2021. If the organizat							
	line 18 is not more than 33 1/3%, check this bo		_			-		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

#### Part IV **Supporting Organizations**

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

Section A. All Supporting Organizatio
---------------------------------------

Secti	on A. All Supporting Organizations		,	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
_	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
_	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	4.0		
_	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings.)

Schedul	e A (Form 990) 2022	WORLD HOUSE CHOIR INC 61-17589	58	F	age \$
Part	IV Supporting	Organizations (continued)			1
				Yes	No
11	-	accepted a gift or contribution from any of the following persons?			
а	•	y or indirectly controls, either alone or together with persons described on lines 11b and			
	-	ring body of a supported organization?	11a	_	
b	-	a person described on line 11a above?	11b		
С		ity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Cooti	provide detail in <b>Par</b> t		11c		
Secu	on B. Type i Suppo	orting Organizations		Yes	No
4	Did the governing hady	members of the governing body, officers acting in their official capacity, or membership of one or		168	NO
1	0 0 ,				
	• • • • • • • • • • • • • • • • • • • •	cations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	<i>~</i>		
	- · · · · · · · · · · · · · · · · · · ·	pervised, or controlled the organization's activities. If the organization had more than one supporte	,		
	-	how the powers to appoint and/or remove officers, directors, or trustees were allocated among the sand what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	• • •	operate for the benefit of any supported organization other than the supported	•		
~	_	operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part</b></i>			
	• , ,	th benefit carried out the purposes of the supported organization(s) that operated,			
	. •	olled the supporting organization.	2		
Section		orting Organizations			
OCOLI	он от турс и сарр	orang Organizations		Yes	No
1	Were a majority of th	e organization's directors or trustees during the tax year also a majority of the directors		1.00	
_	•	f the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		e supporting organization was vested in the same persons that controlled or managed			
	the supported organi		1		
Section		upporting Organizations			
				Yes	No
1	Did the organization pro	vide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year,	(i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the F	orm 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing	g documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the orga	inization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii)	serving on the governing body of a supported organization? If "No," explain in Part VI I	iow		
		ntained a close and continuous working relationship with the supported organization(s).	2		
3		tionship described in line 2, above, did the organization's supported organizations have			
	a significant voice in	the organization's investment policies and in directing the use of the organization's			
	income or assets at a	all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		ons played in this regard.	3		
Section		tionally Integrated Supporting Organizations			
1		o the method that the organization used to satisfy the Integral Part Test during the year	(see ins	tructio	ons).
а	= -	satisfied the Activities Test. Complete line 2 below.			
b	_	is the parent of each of its supported organizations. Complete line 3 below.			
С		upported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see in	structions		
2		ver lines 2a and 2b below.		Yes	No
а		of the organization's activities during the tax year directly further the exempt purposes of			
		zation(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
		ganizations and explain how these activities directly furthered their exempt purposes,			
		was responsive to those supported organizations, and how the organization determined	_		
L		constituted substantially all of its activities.	2a		
b		cribed on line 2a, above, constitute activities that, but for the organization's			
		more of the organization's supported organization(s) would have been engaged in? If			
	-	t VI the reasons for the organization's position that its supported organization(s) would	OI-		
0		se activities but for the organization's involvement.	2b		
3		Organizations. Answer lines 3a and 3b below.			
а		have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L		ne supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b		ercise a substantial degree of direction over the policies, programs, and activities of each attornance attornance.	3b		
	UI IIS SUPPULLEU ULUMIIZ	auono : n- 165, lugochug in <b>fait vi</b> the fule piayeu uv the utaanization in this fedatu.	เงม	1	1

Part	, , , , , , , , ,	_		
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying	ı trus	st on Nov. 20, 1970 <i>(expla</i>	ain in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Section	ons A through E.
Secti	on 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	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functiona	lly ir	ntegrated Type III support	ing organization
	(see instructions).			

EEA Schedule A (Form 990) 2022

**b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Part	V Type III Non-Functionally Integrated 509(a)(3)	2) Cupporting Organ			<b>6936</b> Fage <i>I</i>
Part	Type iii Non-Functionally integrated 509(a)(3	b) Supporting Organi	izations (continue	eu)	
Sect	on D - Distributions				<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer		ed		
	organizations, in excess of income from activity	F - F - F		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets	J		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	<u></u>	/	6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.	J ,		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	<i>(</i> )	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$	<b>Y</b>			
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				

Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .... 47,001 63,473 24,279 19,928 51,878 206,559 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..... The value of services or facilities furnished by a governmental unit to the organization without charge .... Total. Add lines 1 through 3 .... 47,001 63,473 24,279 19,928 51,878 206,559 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .... Public support. Subtract line 5 from line 4. 206,559 Section B. Total Support **(b)** 2019 (c) 2020 (f) Total Calendar year (or fiscal year beginning in) (a) 2018 (d) 2021 **(e)** 2022 47,001 7 63,473 24,279 19,928 51,878 206,559 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ....... 9 Net income from unrelated business activities, whether or not the business is regularly carried on ..... 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . 11 **Total support.** Add lines 7 through 10 206,559 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) **Section C. Computation of Public Support Percentage** 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) ..... 14 100.00 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 ......... 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 b 10%-facts-and-circumstances test - 2021. If the organization did not check a box 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

# 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

WORLD HOUSE CHOIR INC

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

**Employer identification number** 

61-1758958

01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT SUPPLIES 7,699 BANK FEES 490 ADVERTISING 630 310 OFFICE EXPENSES 855 WEB SITE INSURANCE 1,666 **MEMBERSHIPS** 55 ACCOUNTING 1,000 PERMITS AND FEES 50 OTHER PROGRAM SERVICE CONTRACTORS 7,769 line 24) 02. Description of other assets (Part II, CATEGORY BEGINNING OF YEAR END OF YEAR TSHIRT INVENTORY 625 625 03. Part III, response or note to any other line in Part III THE WORLD HOUSE CHOIR PERFORMED IN 15 PROGRAMS IN CALENDAR YEAR 2022. THESE APPEARANCES INCLUDED TWO SELF-PRODUCED CONCERTS IN MAY AND OCTOBER, MEMORIAL SERVICES FOR MEMBERS OF THE CHOIR AND MEMBERS OF OUR COMMUNITY AT LARGE, COLLABORATIVE PROGRAMS IN CINCINNATI AND DAYTON WITH OTHER CHORUSES, AND SANG AT VIGILS INCLUDING THREE CONCERNING GUN SAFETY. AS THE PANDEMIC HAS SUBSIDED WE CAN SEE AN INCREASE IN AUDIENCE SIZE THROUGH THE PASSAGE OF TIME THIS YEAR. WE ALSO LIVE STREAMED THE MAY CONCERT WIDENING OUR AUDIENCE TO OVER

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** WORLD HOUSE CHOIR INC 61-1758958 2,000. BOTH OCTOBER PROGRAMS WERE STANDING ROOM ONLY WITH NO LIVE STREAM. BOTH THE MAY PROGRAM (SOLIDARITY DIVIDEND: ART IN ACTION) AND THE OCTOBER (RISE UP, SING OUT, MARCH ON) SAW THE PARTICIPATION OF FORMERLY INCARCERATED INDIVIDUALS WHO HAD SUNG INSIDE PRISON CHOIRS WITH THE CHORAL DIRECTOR OF THE WORLD HOUSE CHOIR, DR. CATHERINE ROMA. THE COLLABORATIVE CONCERT IN CINCINNATI (CELEBRATING THE CHORAL LEGACY OF DR. YSAYE MARIA BARNWELL) INCLUDED 300 IN THE AUDIENCE AND THE CONCERT IN DAYTON WITH THE JEREMY WINSTON CHORALE (BLACK BONES, BLACK BODIES: MUSICAL PORTRAITS) INCLUDED 200 ATTENDEES. OVER THIS PAST YEAR, THE CHOIR NUMBERS STARTED TO INCREASE. BEFORE THE PANDEMIC WE HAD 110 SINGERS. FOR OUR SELF-PRODUCED CONCERTS IN MAY AND OCTOBER WE HAD APPROXIMATELY 75-80 SINGERS. JANUARY 6: VIGIL: ASSAULT ON DEMOCRACY, JANUARY 6 (COURTHOUSE SQUARE, DAYTON) FEBRUARY 26: CELEBRATING THE CHORAL LEGACY OF YSAYE MARIA BARNWELL (CINCINNATI) (CONTINUED) MAR 5: SERVICE WITH SISTERS OF THE PRECIOUS BLOOD- GUN VIOLENCE IN DAYTON MAY 14/15: SOLIDARITY DIVIDEND: ART IN ACTION (YELLOW SPRINGS) PROGRAM CENTERING RETURNING CITIZENS IN CONCERT WITH THE WORLD HOUSE CHOIR MAY 29: BLACK BONES, BLACK BODIES: MUSICAL PORTRAITS (DAYTON) COLLABORATION WITH THE JEREMY WINSTON CHORALE IN PERFORMANCE "SEVEN LAST WORDS OF THE UNARMED" JUNE 18: SERVICE FOR EDITH MARARRO (CINCINNATI) MEMORIAL SERVICE JUNE 19: JUNETEENTH CELEBRATION (YELLOW SPRINGS) JUNE 25: ANTIOCH COLLEGE GRADUATION (YELLOW SPRINGS) AUG 4: 3RD ANNIVERSARY OF MASS MURDER IN DAYTON'S OREGON DISTRICT, DAYTON

EEA Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Employer identification number Name of the organization WORLD HOUSE CHOIR INC 61-1758958 OCT 13: NAPOLEON MADDOX PROGRAM AT THE FOUNDRY YSO OCT 27-28 RISE UP SING OUT MARCH ON, 9TH ANNUAL FALL CONCERT, FOUNDRY, YSO DEC 3: TREE LIGHTING YSO DEC 10: DAYTON CEMETETARY

	Federal Supporting Statements	2022 PG01
Name(s) as shown on return		Tax ID Number
WORLD HOUSE CHOIR INC		61-1758958

FORM 990EZ - PART IV COMPENSATION EXPLANATION

STATEMENT #A01

NAME CATHERINE ROMA

EXPLANATION DIRECTOR OF CHOIR

