Form 990

Department of the Treasury Internal Revenue Service

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. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016 Open to Public Inspection

A	For the 2016	calendar year, or tax year beginning , and endir	ng			
B	Check if applicable:	C Name of organization			D Employer	identification number
	Address change	THE ALL-AMERICAN BOYS CHO	RUS			
	Name change	Doing business as			23-7	376151
\equiv	nitial return	Number and street (or P.O. box if mail is not delivered to street address) 1801 E. EDINGER AVENUE STE 210	F	Room/suite	E Telephone	number
_	Final return/	City or town, state or province, country, and ZIP or foreign postal code			/14-	361-3920
	erminated			- 1		
	Amended return	SANTA ANA CA 92705 F Name and address of principal officer.			G Gross rea	epts 946,292
	Application pending			H(a) Is this a grow	up return for s	ubordinates? Yes X No
_	The second	MILIONI D. MARKING				H H
		1801 E. EDINGER AVE, STE 210 SANTA ANA CA 92705		H(b) Are all subs		(see instructions)
				II 140,	attach a list.	(see merucuons)
	Tax-exempt status	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or WWW.TAABC.ORG	527			
_				H(c) Group exert	nption numbe	
_	Form of organization		L Year	r of formation:		M State of legal domicile:
-		ummary				
		describe the organization's mission or most significant activities: Schedule 0				
8	266	Schedule 0				
E	*******					
Governance	a Charle					
	2 Check t		d of more than 25%	of its net ass	1 1	
e8		of voting members of the governing body (Part VI, line 1a)			3	15
tie		of independent voting members of the governing body (Part VI, line 1)	b)		4	14
Activities		imber of individuals employed in calendar year 2016 (Part V, line 2a)			5	25
¥		umber of volunteers (estimate if necessary)			6	0
		nelated business revenue from Part VIII, column (C), line 12 elated business taxable income from Form 990-T, line 34			7a	0
	D Net dill	sated dustriess taxable income from Form 990-1, line 34	-	Prior Year	7b	Current Year
.	8 Contribu	tions and grants (Part VIII) line 1b)	1 ./		,757	337,420
Revenue	9 Program service revenue (Part VIII, line 2g)				,445	398,939
946		ent income (Part VIII, column (A), lines 3, 4, and 7d)			7	. 0
Œ		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		113	,157	116,912
		venue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)		,359	853,271
\neg		and similar amounts paid (Part IX, column (A), lines 1-3)			,	0
	14 Benefits	paid to or for members (Part IX, column (A), line 4)				0
9		, other compensation, employee benefits (Part IX, column (A), lines 5-	-10)	275	,445	261,764
Expenses		onal fundraising fees (Part IX, column (A), line 11e)				0
8			,446	10,000		
0		xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)	*************	397	,977	447,228
	18 Total ex	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)			,422	708,992
	19 Revenu	e less expenses. Subtract line 18 from line 12		13	,937	144,279
000		A SECTION OF A SEC.	E	Beginning of Curr	rent Year	End of Year
Assets	20 Total as	sets (Part X, line 16)			,526	283,620
A Pu		bilities (Part X, line 26)	_		,007	334,822
프		ets or fund balances. Subtract line 21 from line 20		-195	,481	-51,202
_		ignature Block				
Un	der penalties of	perjury, I declare that I have examined rule return, including accompanying sch complete. Declaration of preparer than officer) is based on all information	redules and statements	s, and to the ber	st of my kn	owledge and belief, it is
-	C, CONTOCK BIND		of which preparer has	s any knowledge	D	
Ciar		Sgraupe of officer			191	25/2017
Sign		//	DDDGTD	-	Date.	
Hen	•	ANTHONY S. MANRIQUÉ Type or print name and title	PRESIDI	ENT		
_	Print/Tu	pe preparer's name Preparer's signature		T Parts	-	The latest
Paid				Date	Check	# PTIN
Prep	ares India	McGinty Vnudtson & Associa	+on 775		17 self-em	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 IS NOT THE
	Only Firm's r			Fir	m's EIN	27-1848365
	2000	20422 Beach Blvd. Suite 450 Huntington Beach, CA 92648				714 526 7777
Mass	the IDS dies	st this return with the preparer shown above? (see instructions)		Ph	none no	714-536-7777
		duction Act Notice, see the separate instructions.				Yes No
DAA	apointork 198	AND HOUSE, see the separate instructions.				Form 990 (2016)

om 990 (2016) THE ALL-AMERIC		23-7376151	Page 2
	Service Accomplishments		Tel
	ntains a response or note to any	line in this Part III	X
Briefly describe the organization's missis See Schedule 0	on:		
See Schedule O			*******
*************************************		******************************	
T31-1218111111111111111111111111111111111	(******************************	*************************************	
2 Did the organization undertake any signi	ficant program services during the year	which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on	Schedule O.	***************************************	
3 Did the organization cease conducting, of	r make significant changes in how it of	onducts, any program	
services?	***************************************		Yes X No
If "Yes," describe these changes on Sch			33.5583553555555
4 Describe the organization's program sen	rice accomplishments for each of its th	ree largest program services, as measured	by
		he amount of grants and allocations to other	rs,
the total expenses, and revenue, if any,	for each program service reported.		
4a (Code:) (Expenses \$	147 161		
AT THE END OF 2016, I	147,161 including grants of		
CONCERT DIVISIONS.	HERE WERE IIO MEMBE	AS IN THE AUDITION, I	RAINING, AND
	***************************************	***********************************	
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9.60 × 00.000,000,000,000 × 4.40,000,000,000,000,000,000,000			
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***************************************	IVNOMA	$^{\circ}$ ($^{\circ}$ $^{\circ}$ $^{\circ}$ $^{\circ}$	
4b (Code:) (Expenses \$	164,484 including grants of	\$ (Revenue \$	· · · · · · · · · · · · · · · · · · ·
IN 2016 THE CHORUS TO			
- CHINA, AND HONG KON	F. 4. 5. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.		and and and and and
	*************************************	***************************************	

*			
4c (Code:) (Expenses \$	8,355 including grants of)
	HORUS PROGRAM, 426	CHORAL RECORDINGS WERE	E SOLD DURING
THE YEAR.			
7.54.644.688.688.688.688.6888.6888.6888.6	***************************************		
P. * * * * * * * * * * * * * * * * * * *	***************************************		
***************************************	***************************		

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

***************************************	***************************************		***************************************
***************************************	*************		
4d Other program services (Describe in Scho			
(Expenses \$ 220,772	including grants of \$) (Revenue \$)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 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 X 3 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 x 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c 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 X 11c 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 X 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 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 X 15 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 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 17 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 X 18 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III

20a	Did the organization operate and assume that it is		Yes
	"Vac " complete Color of more pospital facilities? If "Vac " complete Color of the	20a	103
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
	of other assistance to any demonstration		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		
	employees? If "Yes," complete Schedule J		
24a		23	_
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		
	and complete scriedule K. If "No," go to line 25a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temperature and a	24a	2
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b	
	To develop dry tax-exchipt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	
25a	obtain 50 (C)(5), 50 (C)(4), and 501(C)(29) organizations. Did the organization	24d	
	mer a disqualified person during the year? If "Yes " complete School to 1 Part 1		
b	to organization aware that it engaged in an excess benefit transaction with a discussion	25a	_ X
	year, and that the danisaction has not been reported on any of the organization's prior Forms 000 000 Figure		
	Too, complete denotating E, Part I	50,000.5	Character 1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b	X
	officers, directors, trustees, key employees, highest componented and		
	oraquamed persons ril res, complete Schedule L. Part II		
27	Did the organization provide a grant or other assistance to an officer director trustee has a significant trustee to the control of the contr	26	X
	contributor of employee thereof, a grant selection committee member or to a 25%	1.1	
	of laring member of any of these persons? If "Yes " complete Schedule I Don't III		
	was the organization a party to a business transaction with one of the following parties (see Sahad to 1	27	X
	and averational to applicable filling infesholds, conditions, and averational		
a	A current or former officer, director, trustee, or key employee? // "You " complete Sabard to the	20-	v
	"Total of a current or former officer, director, trustee, or key employee? If "Vee " complete	28a	X
	Contract L, Part 14	28b	
C /	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	X
		28c	x
	one organization receive more than \$25,000 in non-cash contributions? If "Vos." assertit.	29	X
٠,	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23	- 1
	Anison door Contributions? If Yes, complete Schedule M	30	x
	2-4 / Tes, complete Schedule N.		- 1
2 0	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	x
	complete Schedule N, Part II		
	The second of th	32	x
S	old the organization own 100% of an entity disregarded as separate from the organization under Regulations	11000	1
ı v	ections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Vas the organization related to any tax-exempt or tayable entity? If "Yes," complete Schedule R, Part I	33	x
o	r IV and Part V line t	100000	
a D	id the organization have a controlled entity within the meaning of section 5130-1449	34	X
b If		35a	X
cc	"Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		
S	ontrolled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ection 501(c)(3) organizations. Did the organization make any transfers to an expense.	35b	
re	lated organization? If "Yes," complete Schedule R, Part V, line 2		
Di	d the organization conduct more than 5% of its activities through an activities through	36	x
an	id the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		
Pa			
Di	d the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	x
19	P. Note. All Form 990 filers are required to complete Schedule O.		
		38	x

S. Carlot	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	1a	1		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		100	U.S
c	Did the organization comply with backup withholding rules for reportable payments to vendors	*****				
1100	reportable gaming (gambling) winnings to prize winners?	3 6116		1c		x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	······	 -	10		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	25			
b	If at least one is reported on line 2a, did the organization file all required federal employment		20	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year			3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sc			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature of			30		
	over, a financial account in a foreign country (such as a bank account, securities account, or		Ŋ			
	account)?			4a		x
b	If "Yes," enter the name of the foreign country: ▶			- 4a	N I S	-
2000	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fir	nancial Accoun	do	Mr.		
	(FBAR).	idi idai Accour	na .			m.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	uppe?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	The control of the control of the		5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, an			30		
-	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such co		******	- Oa		A
-	gifts were not tax deductible?	niciodadina di		6b		
7	Organizations that may receive deductible contributions under section 170(c).			- 60	2 10	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and pa	ethy for acada				
u		muy for goods		7.		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	TO V	A.A	7a		_
C	Did the organization sell, exchange, or otherwise dispose of tang ble personal property for whi	23.74		7b		-
	required to file Form 8282?	ch it was	-)			
н	If "Yes," indicate the number of Forms 8282 filed during the year			7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	7d	2			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		·	7e		_
g	If the organization received a contribution of qualified intellectual property, did the organization		0 1 10	7f		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining donor advised funds.			7h		
0		aintained by th	е			
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		***************	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor donor advisor, or related personal distribution to a donor donor advisor, or related personal distribution to a donor donor advisor, or related personal distribution to a donor			9a	-	-
0	Section 501(c)(7) organizations. Enter:	one		9b	9.11	
a	Initiation fees and capital contributions included on Part VIII, line 12	1 40-1		11550		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		-		
1	- 발생한 경험 등로 가는 경험 등로 있는데 보고 있	10b		-	- 1	
	Section 501(c)(12) organizations. Enter:	11				
a	Gross income from members or shareholders	11a		100		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources	200				
2-	against amounts due or received from them.)		e//	-		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu			12a		-
-		12b		-		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					_
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	0.				
b	Enter the amount of reserves the organization is required to maintain by the states in which	15550			-	
92	the organization is licensed to issue qualified health plans	71727333 1 -1.755			- 7	
C	Enter the amount of reserves on hand	13c		1000		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	**********		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S	Schedule O		14b	8	

Form 990 (2016) THE ALL-AMERICAN BOYS CHORIS

22	-	2	70	4 1	- 4
23	- /	3	/ b	13	2.1

response to fine 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or If the governing body deepsted broad authority to an executive committee or similar committee, explain in Schedule C. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, furstee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 I but the organization make any significant changes to its governing documents since the prior Form 990 vas field? 4 L but the organization make any significant changes to its governing body. 5 Did the organization have members a stockholiders, or other persons who had the power to efect or appoint one or more members of the governing body? 5 Did the organization have members as stockholiders, or other persons who had the power to efect or appoint one or more members of the governing body? 5 Did the organization native members as stockholiders, or other persons who had the power to efect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 16 Each committee with authority to act on behalf of the governing body? 17 If Yes 'dit the organization have a written policies and pocadure's	-	art VI Governance, Management, and Disclosure For each "Ves" response to lines 2 through 7h helow, and	16	#A/-#	age (
Section A. Governing Body and Management 1a Enter the number of volting members of the poverning body at the end of the tax year if these are material differences in volting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, or similar committee, or plain in Schedule O. b Enter the number of volting members included in line 1a, above, who are independent committee, or plain in Schedule O. b Enter the number of volting members included in line 1a, above, who are independent committee, or plain in Schedule O. b Enter the number of volting members of the governing body are included in line 1a, above, who are independent committee, or line of the committee of the committ		and Dissipation for the Control of t	tor a	No	
Section A. Governing Body and Management 1			90 11150	rucuo	X
Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, fustee, or key employee have a family relationship or a business relationship with any other officer, director, tustee, or key employee? 3 Did the organization delegate control over management dudies customarily performed by or under the direct suspension of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members in stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Each committee with authority to act on behalf of the governing body? 7 B. Did the organization have local displays, branches, or efficiates? 8 Did the organization have local displays, branches, or efficiates? 9 Did the organization have local displays, branches, or efficiates? 10 Did the organization have local displays, br	Sec				T
1a Enter the number of voling members of the governing body, at the end of the tax year if there are marketal differences in voling rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, orpitain in Schedule O. b Enter the number of voling members included in line 1a, above, who are independent or the provide of the pro		a control of the cont		Yes	No
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Section 6104 requires an organization to make its Forms 1023 (or 1024 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.					-
available for public inspection. Indicate how you made these available. Check all that apply.		THE REPORT OF THE PROPERTY OF			
Own wouside Another's website An Opon request Other rexplain in Schedule ()					
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	19				
financial statements available to the public during the tax year.	100				
State the name, address, and telephone number of the person who possesses the organization's books and records:	20				
ALL AMERICAN BOYS CHORUS 1801 E. EDINGER AVE. STE 210	39	그는 아들은 그는			
SANTA ANA CA 92705 714-708-167		[MENNON NOTE NOTE NOTE NOTE NOTE NOTE NOTE	-70	8-16	670

Section A.

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 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 and/or Box 7 of Form 1099-MISC) 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

(A) Name and Title	(B) Average hours per week (list any	bo	o not che x, unless ficer and	perso	re than in is both	nan .	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Essimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Office of the Park	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) WENDY AHLERING	0.50	П	П	T					
MEMBER	0.50						-		
(2) RUSSELL BELL	0.00	X		-	1	70	0	0	0
(2) RUSSELLI BELLI	6.00	K		0	21 V	18)()\/	
PARENT REP	0.00	x		T	`\J			77	
(3) THOMAS COURTNEY		1		+	-	\vdash	0	- 0	0
(5) INCLUDE COOKINGS	6.00								
MEMBER	0.00	x		1			ا	0	0
(4) DIANA HOFFMAN	0.00	-	\vdash	+	+		9	-	
	0.50								
MEMBER	0.00	x					0	0	0
(5) BOB AMPE		1		†					
unitaria de la composició de la composic	0.50								
MEMBER	0.00	x					0	0	0
(6) RICHARD BURNS				Т					
	0.50			П					
MEMBER	0.00	X					0	0	0
(7) DEBBIE SANCHEZ	75.5 775.03								
C. ************************************	5.00							22.7	
MEMBER	0.00	X		1			0	0	0
(8) YURIKA DENNIS									
<u> </u>	0.50						502	1007	
MEMBER	0.00	X		+	_		0	0	0
(9) LOU DELMONICO									
	0.50								100
MEMBER	0.00	X	-	+	-		0	0	0
(10) ANTHONY S. MANR	45.00								
PRESIDENT	0.00	1					E7 670		
(11) WILLIAM SANDERSO			2	+	-		57,672	0	0
(II) HILLIAM SANDERS	2.00								
CHAIRMAN	0.00		2				o	0	
DAA	0.00			-			0	U U	Form 990 (2016)

(A) Name and title	Name and title Average hours per week box, unless person is officer and a director hours for				is both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimal amount other compens from the	ted t of r ation	
	related organizations below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated amployee	Former	(W-2/1099-MISC)			organiza and rela organizat	ation ated
(12) RITA M. PIPTA CHAIRMAN EMERITUS	18.00 0.00			x				0		0		0
VICE PRESIDENT	2.00 0.00			x				0		0		0
	C+ K++1,+1,1,1,+1,1,4++											
										_		
	************									_		
	Tax	<		10	2	1	10	er Co	Vac	-		
						1			-1-1			
1b Sub-total			.,,				•	57,672				
 Total from continuation shee Total (add lines 1b and 1c) 	ts to Part VII,	section	on A			996		57,672				
2 Total number of individuals (increportable compensation from the compensation from	duding but not li	mited	to t	those	e list	ed al	bove		\$100,000 of			
3 Did the organization list any for				niete	00 6	OV 0	mnlo	was or highest companse	lad.			Yes No
 employee on line 1a? If "Yes," For any individual listed on line organization and related organi 	complete Scheo 1a, is the sum izations greater	of re than	for porta \$15	such able 0,00	com	lividu pens "Yes	al ation	n and other compensation to complete Schedule J for suc	from the		3	X
individual 5 Did any person listed on line 1s	a receive or acc	rue (comp	ensi	ation	from	n any	v unrelated organization or	individual		4	Х
for services rendered to the ord Section B. Independent Contractor	ganization? If "Y	es,"	comp	olete	Sch	eduk	e J f	or such person			5	Х
Complete this table for your five compensation from the organization.	e highest comp	ensat	ed in	ndep	ende	ent c	ontra	actors that received more that year ending with or within	nan \$100,000 of	vear		
Name and b	(A) business address						-		(B) on of services	your.	Com	(C) opensation
3			_									
2 Total number of independent or received more than \$100,000 or	ontractors (inclu of compensation	ding from	but r	orga	mite aniza	d to	those	e listed above) who	0			
DAA				100							Form	990 (2016)

Part	VIII Statement of Rever Check if Schedule O	nue contains a response d	or note to any line i	n this Part VIII		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	a Federated campaigns	1a		1010100		312-314
Sra		1b				
Am A	c Fundraising events	1c				
la la	d Related organizations	1d				
S.E	e Government grants (contributions)	1e		MILL AND SHALL		
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	1f 337,420				
E G	g Noncash contributions included in lines 1a-1f:	\$	523	701		
ŭ k	h Total. Add lines 1a-1f	>	337,420			
Program Service Revenue		Busn. Code				
Ne 2	a TOUR INCOME		148,142			148,142
2	b TUITION		108,291			108,291
Š.	C CONCERT SALES		92,575			92,575
8	d MUSIC CAMP		46,419	46,419		
	e MISCELLANEOUS SALES	181-18111000.5.	3,512			3,512
g	f All other program service revenu	ie				
4	g Total. Add lines 2a-2f		398,939			
4 5	and other similar amounts) Income from investment of tax-e					
"	(i) Real	(ii) Personal				
6		(ii) Personal				
- 6	b Less: rental exps.	_				
	C Rental inc. or (loss)	DVDO	1/101	(OH	111	
- 1	d Net rental income or (loss)	CAUG	VCI		JV I	
	a Gross amount from (i) Securities	(ii) Other	1		7	
	sales of assets	(ii) Other	The state of			
	other than inventory					
1 2	Less: cost or other		The state of			
	basis & sales exps.			STATE OF THE STATE OF		
1 33	Gain or (loss)					
100	Net gain or (loss)					
Other Revenue	a Gross income from fundraising events (not including \$ of contributions reported on line 1c).	15				
Jer .	See Part IV, line 18	a 201,543	-	E-11, 87		
5	Less: direct expenses	ь 62,776	100 000	HEREIT ET TO		
	Net income or (loss) from fundrai	sing events	138,767			
9	Gross income from gaming activities.					
100	See Part IV, line 19	a	5 500		911111111	
	Less: direct expenses	b				
100000	Net income or (loss) from gaming	activities				
10	Gross sales of inventory, less	2007				
	returns and allowances	a 8,390				
100	Less: cost of goods sold	b 30,245				
	Net income or (loss) from sales of	of inventory	-21,855	-21,855		
	Miscellaneous Revenue	Busn. Code				
11	1					
1						
	7 ************************************					
	All other revenue	EXT. 000.000.000.00				
	Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·				
12	Total revenue. See instructions.	>	853,271	24,564	0	352,520

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, (C) Management and (D) Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 163,395 116,010 47,385 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 28,359 20,212 8,147 Payroll taxes 70,010 49,707 20,303 Fees for services (non-employees): Management Legal 5,948 Accounting C 5,948 Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 11,424 11,068 356 12 Advertising and promotion 2,059 2,059 Office expenses 33,350 9,418 18,201 5.731 Information technology 3,646 3,646 14 15 Royalties Occupancy 82,082 57,734 16 21,633 2,715 103,504 17 103,504 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 10,443 10,443 20 Interest Payments to affiliates 21 20,933 Depreciation, depletion, and amortization 18,924 2,009 28,424 23 Insurance 20,181 8,243 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PROGRAM AND REPERTOIRE 83,635 83,590 45 MISCELLANEOUS 35,525 29,411 6,114 8,973 SUPPLIES 8,973 TELEPHONE 8,549 6,763 1,786 e All other expenses 8,733 8,545 188 540,772 708,992 25 Total functional expenses. Add lines 1 through 24e 159,774 8,446 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)

	Check if Schedule O contains a response or r	note to any line is	n this Part X			
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	14.35%ACV04C*050AV35	arrester de la companya	35,703	1	8,079
2	Savings and temporary cash investments			328		328
3	Pledges and grants receivable, net			200420000000000000000000000000000000000	3	
4	Accounts receivable, net			10,233	4	15,023
5	Loans and other receivables from current and former	er officers, direct	ors,			
	trustees, key employees, and highest compensated	employees.	07			
	Complete Part II of Schedule L				5	
6	Loans and other receivables from other disqualified	persons (as defi	ned under section			
	4958(f)(1)), persons described in section 4958(c)(3)					
	sponsoring organizations of section 501(c)(9) volunt					
	organizations (see instructions). Complete Part II of		6			
7	Notes and loans receivable, net			7		
7 8	Inventories for sale or use			11,769	8	8,082
9	Prepaid expenses and deferred charges			9		
10a	Land, buildings, and equipment: cost or		500000 A0000			
	other basis. Complete Part VI of Schedule D	10a	766,014			
b	Less: accumulated depreciation	10b	513,906	98,493	10c	252,108
11	Investments—publicly traded securities				11	
12	Investments—other securities. See Part IV, line 11			12		
13	Investments—program-related. See Part IV, line 11			13		
14	Intangible assets			14		
15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal lin		156,526		283,620	
17	Accounts payable and accrued expenses		34,173	17	1,979	
18	Grants payable Deferred revenue Tax-exempt bond liabilities	mara	10000	18		
19	Deferred revenue			11,176	19	11,176
20	Tax-exempt bond liabilities	\sim 1 γ '	~	VVV	20	
21	Escrow or custodial account liability. Complete Part		····. 💄	1 1/	21	
22	Loans and other payables to current and former office					
1	trustees, key employees, highest compensated emp	The state of the s				
	disqualified persons. Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated				23	
24	Unsecured notes and loans payable to unrelated thin	3,0,0,0,0,0,0			24	
25	Other liabilities (including federal income tax, payable		102000			
	parties, and other liabilities not included on lines 17-			206 650		201 667
26	of Schedule D			306,658		321,667
20	Total liabilities. Add lines 17 through 25		X and	352,007	26	334,822
	Organizations that follow SFAS 117 (ASC 958), cl complete lines 27 through 29, and lines 33 and 3		A and		100	
27				-212 502	07	_60 222
28				-212,502 12,207	27	-68,223
29	Temporarily restricted net assets Permanently restricted net assets			4,814	28	12,207
23	Organizations that do not follow SFAS 117 (ASC	050) check her	e ▶ ☐ and	4,014	29	4,814
	complete lines 30 through 34.	950), Check her	e L and			
30	Capital stock or trust principal, or current funds			20		
31	Paid-in or capital surplus, or land, building, or equipm			30		
32	Retained earnings, endowment, accumulated income			31		
33	Total and according for distance		Carl and the state of the state	-195,481	32	-51,202
34	Total liabilities and net assets/fund balances			156,526	34	283,620
-	The state of the s		220000000000000000000000000000000000000	200,020	34	Form 990 (2016

Form	1 990 (2016) THE ALL-AMERICAN BOYS CHORUS 23-7376151			Page '	12
Pa	rt XI Reconciliation of Net Assets				75
	Check if Schedule O contains a response or note to any line in this Part XI				L
1	Total revenue (must equal Part VIII, column (A), line 12)	1		53,27	
2	Total expenses (must equal Part IX, column (A), line 25)	2		08,99	$\overline{}$
3	Revenue less expenses. Subtract line 2 from line 1	3		44,27	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-19	95,48	1
5	Net unrealized gains (losses) on investments	5			_
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				_
	33, column (B))	10	-!	51,20	2
Pa	rt XII Financial Statements and Reporting			430	7
	Check if Schedule O contains a response or note to any line in this Part XII				
			92	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 in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	Ž.
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	********			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	P
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				4
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
100	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		20		-
	Schedule O.		111110		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
-	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ja		-
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

Farm 990 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE ALL-AMERICAN BOYS CHORUS

Employer identification number

23-7376151 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). g (i) Name of supported (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) (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2016 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
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.			TOBO BIT				
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
7	Amounts from line 4				25.5	0-250		-9900
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	xna	ave	r C	on	/		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	· · · ·	190		9			
11	Total support. Add lines 7 through 10	1 411			DIET SON IN			
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yes	ar as a section 501	I(c)(3)		
	organization, check this box and stop her	0						▶
Sec	tion C. Computation of Public St							
14	Public support percentage for 2016 (line 6.	column (f) divided	by line 11, colum	n (f))			14	%
15	Public support percentage from 2015 Sche	edule A, Part II, lin	e 14				15	%
16a	33 1/3% support test-2016. If the organ				33 1/3% or more, o	check this		
	box and stop here. The organization quali	fies as a publicly	supported organiza	ation				▶ [
b	33 1/3% support test-2015. If the organi							9
	this box and stop here. The organization	qualifies as a publ	icly supported orga	anization				▶ [
17a	10%-facts-and-circumstances test—201	If the organizati	on did not check a	box on line 13, 16	Sa, or 16b, and line	14 is		
	10% or more, and if the organization meet Part VI how the organization meets the "fa							
b	organization 10%-facts-and-circumstances test—201	5 If the omenization	on did not shock a	hov on line 12 14	Sa 18h or 17a an	d line	+++++	
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization me supported organization	eets the "facts-and	l-circumstances" te	st. The organization	on qualifies as a po	ublicly		►F
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	b. 17a. or 17b. chr	eck this box and se		(0 K (K (A)	
3001	instructions							▶[

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

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

Sec	ction A. Public Support	quality arrass	10 10010 110100 1	oloni, plodoo c	ompieto i dit il	,	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 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						
8 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
	line 6.)				1-16		
	etion B. Total Support						
9 10a	Amounts from line 6	(a) 2012	(b) 2013 A y C	(c) 2014	(d) 2015	(e) 2016	(f) Total
b	. A						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the organization, check this box and stop here		t, second, third, fou	rth, or fifth tax yea	ar as a section 501	(c)(3)	
Sec	tion C. Computation of Public Su		tage	***********	**************************************	******	
15	Public support percentage for 2016 (line 8,			(6)		15	0/
							%
Sec.	Public support percentage from 2015 Scher tion D. Computation of Investmen			***************************************	*******	16	%
				(D)		47	9/
17	Investment income percentage for 2016 (lin			column (t))			%
8	Investment income percentage from 2015					18	%
19a	33 1/3% support tests—2016. If the organ						▶ □
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2015. If the organ		그러움이 얼마 없었다면 하는 사람이 없었다.		유럽은 여러 없어요 어린 바람은 사용하였다.		> L
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did		기업이 가는 하면 경험 경기를 가게 나왔습니다.	사회에 경기가 되었다면 없어요?	[시시] [[시] [[] [[] [[] [[] [[] [[] [[] [[

Part IV Supporting Organizations

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

Section A.	All	Supporting	Organizations
occion in		oubbourned	O garnzations

000	ion A. All Supporting Organizations	-	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		105	140
	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		1000	
	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	- BUICH (1987) 1987 (1987) 1987 (1987) 1987 (1987) 1987 (1987) 1987 (1987) 1988 (1987) 1988 (1987) 1988 (1987)			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	-	1	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	100		
	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)		32 (11)	UE I
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		0.00	100
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1000	TEL DR	
b	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		
C	Did the organization support any foreign supported organization that does not have an IRS determination			10
	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,"			la di
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	100	200	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	0.00		
	(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	1.000		
	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	200		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	1 1	100	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	100		
	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			4
	(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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	14411		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		- 5	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		2014	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			EGG I
	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	7		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		1 = 1	
	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

determine whether the organization had excess business holdings.)

Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion	1 2 3 4	(A) Prior Year	(B) Current Year (optional)
Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion	3		110.00.00.00
Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion	3		
Add lines 1 through 3. Depreciation and depletion	_		
Depreciation and depletion	4		
Destinated as a second control of the second	5		
Portion of operating expenses paid or incurred for production or			
ollection of gross income or for management, conservation, or			
aintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		š – – – – – – – – – – – – – – – – – – –
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
structions for short tax year or assets held for part of year):			La literative
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	111 74		
factors (explain in detail in Part VI):	0		
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
ee instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5	11111	
Multiply line 5 by .035.	6	NY	
Recoveries of prior-year distributions	7	1 10	
Minimum Asset Amount (add line 7 to line 6)	8		
tion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3	And Employed	
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
nergency temporary reduction (see instructions).	6		

and 4c.

a

Breakdown of line 7:

b Excess from 2013
c Excess from 2014
d Excess from 2015
e Excess from 2016

Excess distributions carryover to 2017. Add lines 3j

Schedule A (For	m 990 or 990-EZ) 2016	THE A	LL-AMERICA	N BOYS	CHORUS	23-7376151	Page 8
Part VI	Supplemental In III, line 12; Part IV B, lines 1 and 2; F 3a and 3b; Part V	, Section A, Part IV, Sect , line 1; Part	lines 1, 2, 3b, 3c tion C, line 1; Par t V, Section B, line	t IV, Section 1 1e; Part	a, 6, 9a, 9b, n D, lines 2 a V, Section D,	t II, line 10; Part II, line 17a or 9c, 11a, 11b, and 11c; Part IV, and 3; Part IV, Section E, lines lines 5, 6, and 8; and Part V, S. (See instructions.)	17b; Part Section 1c, 2a, 2b,
() < (.							
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Employer identification number

Organization type (check	RICAN BOYS CHORUS	23-7376151
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 priv	vate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
Check if your organization Note: Only a section 501(c	is covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General R	
nstructions.	7,7 1, 10,7 or (10) organization can check boxes for both the General R	Rule and a Special Rule, See
General Rule		
ਓ .		
X For an organization or more (in money	n filing Form 990, 990-EZ, or 990-PF that received, during the year, or property) from any one contributor, Complete Parts I and II. See in	contributions totaling \$5,000
contributor's total of	contributions.	instructions for determining a
pecial Rules	5.00.00.000.000	
For an organization	described in continu E01/aV23 EU - F - 202	-2.2
regulations under s	described in section 501(c)(3) filing Form 990 or 990-EZ that met the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form	e 331/3 % support test of the
13, 16a, or 16b, an	that received from any one contributor, during the year, total contributor.	m 990 or 990-EZ), Part II, line
\$5,000 or (2) 2% of	the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, lin	ne 1. Complete Parts I and II.
	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ	
contributor, during t	he year, total contributions of more than \$1,000 exclusively for religio	ous charitable scientific
literary, or education	nal purposes, or for the prevention of cruelty to children or animals. C	Complete Parts I, II, and III.
For an organization	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ	that received from any one
contributor, during ti	he year, contributions exclusively for religious, charitable, etc., purpos	ses, but no such
contributions totaled	more than \$1,000. If this box is checked, enter here the total contrib	outions that were received
during the year for a	in exclusively religious, charitable, etc., purpose. Don't complete any	of the parts unless the
General Rule applie	es to this organization because it received nonexclusively religious, ct	haritable etc. contributions
totaling \$5,000 or m	ore during the year	> \$
aution: An organization th	at isn't covered by the General Rule and/or the Special Rules doesn't	t file Schedule P (Form 000
o-EZ, or 990-PF), but it m	lust answer "No" on Part IV, line 2, of its Form 990; or check the hove	on line H of its Form 000 E7 as as its
rm 990-PF, Part I, line 2,	to certify that it doesn't meet the filing requirements of Schedule B (Fo	orm 990, 990-EZ, or 990-PF).

Name of organization
THE ALL-AMERICAN BOYS CHORUS

Employer identification number 23-7376151

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GEORGE HOAG FAMILY FOUNDATION 2665 MAIN STREET SUITE 220 SANTA MONICA CA 90405	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
2	WILLIAM SANDERSON 33 CLIMBING VINE IRVINE CA 92603	s 26,900	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	CREAN FOUNDATION 2300 MESA DRIVE NEWPORT BEACH CA 92660	s 5,000 Copy	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
I	SUN TRUST FOUNDATION P.O. BOX 4418 ATLANTA GA 30302	Total contributions \$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) lo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
S	DR. LAWRENCE BROWNE 114 PIAZZA GENOA Newport Beach CA 92663	s10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GOLDEN STATE FOODS 18301 VON KARMAN STE 1100 IRVINE CA 92612	s 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE ALL-AMERICAN BOYS CHORUS

Employer identification number 23-7376151

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHON KANTIKOVIT P.O. BOX 1527 COSTA MESA CA 92628	s15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	WELLS FARGO FOUNDATION 90 SOUTH 7TH STREET MINNEAPOLIS MN 55479	s 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	GREG MAY 5 DAYBREAK IRVINE CA 92614	s 15,710 CODV	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	RICHARD BURNS 215 POINSETTIA AVENUE CORONA DEL MAR CA 92625	s 15,044	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	JOHN PAGE 19 WEDGEWOOD LANE LADERA RANCH CA 92694	\$ 12,449	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

THE	ALL-AMERICAN BOYS CHORUS		23-7376151
Part I	Organizations Maintaining Donor Advised Complete if the organization answered "Yes" of Complete if Complete if Com		Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
Total	number at end of year		
Aggre	egate value of contributions to (during year)	0.00	
Aggre	egate value of grants from (during year)	222	
	egate value at end of year		
Did ti	he organization inform all donors and donor advisors in writing	that the assets held in donor advised	***
funds	s are the organization's property, subject to the organization's	exclusive legal control?	Yes
Did ti	he organization inform all grantees, donors, and donor advisor	s 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	10.277 1000
confe	erring impermissible private benefit?		Yes
art II	Conservation Easements. Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
Purpo	ose(s) of conservation easements held by the organization (ch		
	Preservation of land for public use (e.g., recreation or education		portant land area
	Protection of natural habitat	Preservation of a certified histor	
_	Preservation of open space		
	plete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of a con-	servation
	ment on the last day of the tax year.	The second of th	Held at the End of the Tax
Total	number of conservation easements		
	acreage restricted by conservation easements		2b
Numb	ber of conservation easements on a certified historic structure	included in (a)	2c
1 Numb	ber of conservation easements included in (c) acquired after 8	/17/06, and not on a	1/
	ric structure listed in the National Register		V 2d
	ber of conservation easements modified, transferred, released	extinguished or terminated by the organization	//
	ear >	, overgoustor, or terminated by the organiz	abort during the
	ber of states where property subject to conservation easemen	t is located >	
	the organization have a written policy regarding the periodic		
	ions, and enforcement of the conservation easements it holds		☐ Yes ☐
	and volunteer hours devoted to monitoring, inspecting, handlin		
>	and resemble mounts devoted to mornioning, mapeloning, manufacture	ng or violations, and entorcing conservation	easements during the year
Amou	unt of expenses incurred in monitoring, inspecting, handling of	Litelations and enforcing concention conce	ments during the year
► S	one or expenses incurred in monitoring, inspecting, nationing or	violations, and emorting conservation ease	ments during the year
	each conservation easement reported on line 2(d) above sat	infu the requirements of section 170/hV4VD)	427
	4700 W WEND		
	art XIII, describe how the organization reports conservation eas	amounts in its enumers and average statement	
	nce sheet, and include, if applicable, the text of the footnote to		
	nization's accounting for conservation easements.	the organizations interior statements that	describes the
art III			Similar Assets.
If the	organization elected, as permitted under SFAS 116 (ASC 958		halance sheet
	s of art, historical treasures, or other similar assets held for pu		
	c service, provide, in Part XIII, the text of the footnote to its fin		
	organization elected, as permitted under SFAS 116 (ASC 958		
	s of art, historical treasures, or other similar assets held for pu	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	
	c service, provide the following amounts relating to these item		Total Total
200	[17] [17] [18] [18] [18] [18] [18] [18] [18] [18		2
(ii) A	Revenue included on Form 990, Part VIII, line 1		
If the	assets included in Form 990, Part X organization received or held works of art, historical treasures	or other similar assets for financial sain a	▶ \$
		: () [[[[[[[[[[[[[[[[[[TOVICE THE
	ring amounts required to be reported under SFAS 116 (ASC 9		. .
	nue included on Form 990, Part VIII, line 1 ts included in Form 990, Part X		
w maadi	or managed but could and Fall A		

Schedule D (Form 990) 2016

1a Land

b Buildings c Leasehold improvements d Equipment

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

DAA

Schedule D (Form 990) 2016

	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	- 12 A T C C C C C C C C C C C C C C C C C C	Cost or end-of-year market value
Financial de	erivatives		
) Closely-held	equity interests	2550015	
) Other		2012216	
(A)			
(B)		2010101	
(C)			
(D)	**************	CONTROL OF THE PARTY OF THE PAR	
(E)			
(F)			
(G)			
(H)			
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		
	Investments—Program Related.		
	Complete if the organization answered "Ye		
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
1000	Accepted to the control of the contr		
(9)	(h) must agual Form 000 Rad V and (R) For 42	War Co	WW.
(9) otal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.).▶	iver Co	ypy
otal. (Column Part IX	Other Assets.	1701 00	See Form 990 Part Y line 15
(9) otal. (Column Part IX	Other Assets. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 110	
otal. (Column Part IX	Other Assets.	es" on Form 990, Part IV, line 110	d. See Form 990, Part X, line 15.
otal. (Column Part IX	Other Assets. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 110	
(9) otal. (Column Part IX (1) (2)	Other Assets. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 110	
(9) otal. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 110	
(9) otal. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 110	
(9) otal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 110	
(9) otal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 110	
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 110	
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 110	
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Ye (a) Description (a) Description (b) Description (c) D	es" on Form 990, Part IV, line 110	
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answered "Ye (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	es" on Form 990, Part IV, line 110	(b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "Ye (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	es" on Form 990, Part IV, line 110	(b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answered "Ye (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	es" on Form 990, Part IV, line 110	(b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "Ye (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes	es" on Form 990, Part IV, line 110	(b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "Ye (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25.	es" on Form 990, Part IV, line 110	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column of Part X	Other Assets. Complete if the organization answered "Ye (a) Description of Nability (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of Nability	es" on Form 990, Part IV, line 110	(b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal in (2) RELATE	Other Assets. Complete if the organization answered "Ye (a) Description of liability come taxes Complete if the organization answered "Ye (a) Description of liability come taxes	es" on Form 990, Part IV, line 110 (b) Book value 316,530	(b) Book value
(1) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column) Part X (1) Federal in (2) RELATE (3) LINE C	Other Assets. Complete if the organization answered "Ye (a) Description of liability come taxes D PARTY PAYABLE	es" on Form 990, Part IV, line 110 es" on Form 990, Part IV, line 110 (b) Book value	(b) Book value
(1) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column) Part X (1) Federal in (2) RELATE (3) LINE C (4) LEASE	Other Assets. Complete if the organization answered "Ye (a) Description of Bability Complete if the organization answered "Ye line 25. (a) Description of Bability Come taxes D PARTY PAYABLE OF CREDIT	es" on Form 990, Part IV, line 110 (b) Book value 316,530 4,478	(b) Book value
(1) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (Part X)) (1) Federal in (2) RELATE (3) LINE C (4) LEASE (5)	Other Assets. Complete if the organization answered "Ye (a) Description of Bability Complete if the organization answered "Ye line 25. (a) Description of Bability Come taxes D PARTY PAYABLE OF CREDIT	es" on Form 990, Part IV, line 110 (b) Book value 316,530 4,478	(b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal in (2) RELATE (3) LINE C (4) LEASE (5) (6)	Other Assets. Complete if the organization answered "Ye (a) Description of Bability Complete if the organization answered "Ye line 25. (a) Description of Bability Come taxes D PARTY PAYABLE OF CREDIT	es" on Form 990, Part IV, line 110 (b) Book value 316,530 4,478	(b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X . (1) Federal in (2) RELATE (3) LINE C (4) LEASE (5) (6) (7)	Other Assets. Complete if the organization answered "Ye (a) Description of Bability Complete if the organization answered "Ye line 25. (a) Description of Bability Come taxes D PARTY PAYABLE OF CREDIT	es" on Form 990, Part IV, line 110 (b) Book value 316,530 4,478	(b) Book value
(9) otal. (Column) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column) Part X (1) Federal in (2) RELATE (3) LINE C (4) LEASE (5) (6)	Other Assets. Complete if the organization answered "Ye (a) Description of Bability Complete if the organization answered "Ye line 25. (a) Description of Bability Come taxes D PARTY PAYABLE OF CREDIT	es" on Form 990, Part IV, line 110 (b) Book value 316,530 4,478	(b) Book value

Schedule D (Form 990) 2016 THE ALL-AMERICAN BOYS CHOR	RUS 23-7	376151	Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta		per Return.	
Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a.	1.1	
		1	
전 :	2a		
a Net unrealized gains (losses) on investments b Donated services and use of facilities	2b		
	2c		
Recoveries of prior year grants Other (Describe in Part XIII.)	2d	1000	
		2e	
e Add lines 2a through 2d 3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		MUNICIPAL STREET	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b Other (Describe in Part XIII.)	4b		
a Add lines de and de		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Part XII Reconciliation of Expenses per Audited Financial St			
Complete if the organization answered "Yes" on Form 99			
1 Total account of house and house and for a first formation of		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	MARIA	2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1000	
b Other (Describe in Part XIII.)	4b	100	
c Add lines 4a and 4b		4c	
 c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 		5	
Part XIII Supplemental Information.	UUV	y y	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 1b and 2b; Part V	, line 4; Part X, line	
; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	ovide any additional informatio	n.	

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Schedule D (F	orm 990) 2016	THE	ALL-AME	ERICAN	BOYS	CHORUS	23-7376151	Page 5
Part XIII	Supplement	tal Info	ormation (co	ontinued)				

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	************					************		
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				0.1200.210.11				

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

	Schedule G (Form 990 or	990-EZ) and its	instructions is at www.irs.g	T	Inspection
Name of the organization THE ALL-AMERICAN				Employer identifica 23-73761	.51
Part I Fundraising Activities. Complete Form 990-EZ filers are not require	if the organizati d to complete the	on answere is part.	ed "Yes" on Form	990, Part IV, line	17.
1 Indicate whether the organization raised funds through	th any of the following	ng activities. C	Check all that apply.		
a Mail solicitations	e Solicitation	of non-gove	ernment grants		
b Internet and email solicitations		of governme	-		
			전한 항국 전상이 40 TA		
c Phone solicitations	g Special fu	ndraising eve	ents		
d In-person solicitations					
2a Did the organization have a written or oral agreement	nt with any individual	(including off	ficers, directors, truste	es,	
or key employees listed in Form 990, Part VII) or en	그런데 그는 이번에 가장하는 것이다. 그런데 그 때문에 되었다.		A CONTRACTOR OF THE PROPERTY O		Yes No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraisers) pursua	int to agreem	ents under which the	fundraiser is to be	
compensated at least \$5,000 by the organization.		(iii) Did fund-		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual	7350236000000	raiser have custody or	(iv) Gross receipts	(or retained by)	(or retained by)
or entity (fundraiser)	(ii) Activity	control of	from activity	fundraiser listed in	organization
		contributions?		col. (i)	
		Yes No			
1					
2		+			
	92				
3					
Torr			0 -		
4 2X	121/6	-37	1 . () (11/	
IUN	JUY	1/1		JY	
1	2			9	
5					
6					
7					
		\square			
8					
9		+++			
0					
otal		<u>P</u> L		0870-0000000000000000000000000000000000	
3 List all states in which the organization is registered or registration or licensing.	or licensed to solicit	contributions (or has been notified it	t is exempt from	

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

(a) Event #1 (b) Event #2 (c) Other events

_	gross receipts	greater than \$5,000.			
9		(a) Event #1 FALL FUNDRAISER (event type)	JOG-A-THON (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	106,029	95,514		201,543
	2 Less: Contributions 3 Gross income (line 1 minus				-
_	line 2)	106,029	95,514		201,543
	4 Cash prizes		15,114		15,114
	5 Noncash prizes				
uses	6 Rent/facility costs	18,019	1,324		19,343
Direct Expenses	7 Food and beverages				
Dire	8 Entertainment				
	9 Other direct expenses	25,615	2,704		28,319
		Add lines 4 through 9 in column (d	5. ************************************		62,776
P		btract line 10 from line 3, column (or plete if the organization answ		art IV line 10 or report	138,767
	than \$15,000 c	on Form 990-EZ, line 6a.	vered tes on rollingso, r	art IV, life 19, or report	led more
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other garning	(d) Total gaming (add col. (a) through col. (c))
	1 Gross revenue				
sesued	2 Cash prizes				
Direct Expenses	Noncash prizes Rent/facility costs				
ā	200200				7.
	5 Other direct expenses 6 Volunteer labor	Yes %	Yes %	Yes %	
	7 Direct expense summary.	Add lines 2 through 5 in column (d)	>	
	8 Net gaming income sumn	nary. Subtract line 7 from line 1, col	lumn (d)	>	
9	Enter the state(s) in which the	e organization conducts gaming act	ivities:		
	Is the organization licensed to If "No," explain:	conduct gaming activities in each	of these states?		Yes No

	Were any of the organization' If "Yes," explain:	s gaming licenses revoked, suspen-	ded, or terminated during the tax y	/ear?	Yes No
		*************	****************************		

Sche	edule G (Form 990 or 990-EZ) 2016	THE	ALL-AMERICAN	BOYS	CHORUS	23-737615	1	Page 3
11.	Does the organization conduct gaming	activities	with nonmembers?					Yes No
12	Is the organization a grantor, beneficiar	y or truste	ee of a trust, or a member	of a partne	ership or other entity			
	formed to administer charitable gaming	?					. \Box	Yes No
13	Indicate the percentage of gaming acti	vity condu	ucted in:				_	
a	The organization's facility					13a		%
b	An outside facility					13b		%
14	Enter the name and address of the pe	rson who	prepares the organization's	gaming/s	pecial events books ar	nd		
	records:							
	Name >						2+++++	
	Address ►							
15a	Does the organization have a contract						П.	
	revenue?							res No
D	If "Yes," enter the amount of gaming re	venue re	ceived by the organization	> 5		and the		
	amount of gaming revenue retained by	the third	party > \$		erer.			
С	If "Yes," enter name and address of the	third par	ty:					
	Name ▶						.,	
	Address ►		Historian de la company					
16	Gaming manager information:							
	Name ►				.)(((()))(())(())(())(())(()())	*******		
	Description of services provided		Pave Independent	contractor	Cop)У		
17	Mondoton, distributions							
17	Mandatory distributions: Is the organization required under state	law to m	ales absoliable distributions	from the c				
a	retain the state gaming license?				2000 100 100 100 100 100 100 100 100 100		\Box	V W-
h	Enter the amount of distributions requir		etate law to be dietabuted				□,	ies No
	spent in the organization's own exempt			to other ex	terript organizations or			
Par	t IV Supplemental Informa			require	d by Part I, line 2b	, columns (iii) and (v)	; and	
	Part III, lines 9, 9b, 10b, See instructions	15b, 15	5c, 16, and 17b, as ap	plicable.	Also provide any	additional information		
	oco mondonomo							
10000							755555	Management .

					(C.V. resultable post-portrett)	Activities and the second	1000	

500								
			((****((***))))))))))))))))))))			***************************************		

						Schedule G (Form 990) or 99	0-EZ) 2016

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

THE ALL-AMERICAN BOYS CHORUS 23-7376151 Form 990 - Organization's Mission THE ALL-AMERICAN BOYS CHORUS PROVIDES A WORLD-ACCLAIMED MUSIC AND PERFORMING ARTS CURRICULUM THAT EDUCATES, MOTIVATES AND BUILDS CHARACTER IN BOYS THROUGH UNPARALLELED OPPORTUNITIES FOR PERFORMANCE, LEADERSHIP, AND COMMUNITY SERVICE. Form 990, Part III, Line 4d - All Other Accomplishment CHORUS MEMBERS ARE SCHOOLED IN A HAPPY, MOTIVATED, AND SELF-DISCIPLINED ENVIRONMENT, WHERE THEY ACQUIRE LEADERSHIP TRAITS AND THE SKILLS NEEDED TO SUCCESSFUL. BE Organization's Process Review Form 990 BOARD REVIEWS A DRAFT COPY OF THE TAX RETURNS BEFORE FILING WITH THE TAXING AUTHORITIES. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

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

(99)

THE ALL-AMERICAN BOYS CHORUS

Identifying number 23-7376151

	ess or activity to which this form relates ndirect Deprecia	ation						
	art I Election To Exp	ense Certain Prop	erty Under Section		omolete Part	1		
1	Maximum amount (see instruct		y, complete rait v be	noro you o	ompiete i art		1	500,000
2	Total cost of section 179 prope		e instructions)				2	000/000
3	Threshold cost of section 179			tions)			3	2,010,000
4	Reduction in limitation. Subtract			-1+++1+		********	4	
5	Dollar limitation for tax year. Subtract		[T. 1970] [T. 19	ng separately.	see instructions		5	
6		ption of property		st (business use		Elected cost	-	
7	Listed property. Enter the amou	unt from line 29			7			In the second
8	Total elected cost of section 17	9 property. Add amount	s in column (c), lines 6 an	d 7			8	
9	Tentative deduction. Enter the		0			200000000000000000000000000000000000000	9	88
10	Carryover of disallowed deducti	ion from line 13 of your					10	
11	Business income limitation. Ent	er the smaller of busine	ss income (not less than :	zero) or line	5 (see instructio	ns)	11	
12	Section 179 expense deduction	. Add lines 9 and 10, bu	ut don't enter more than lin	ne 11			12	
13	Carryover of disallowed deducti				13	•		
Note	: Don't use Part II or Part III beld	ow for listed property. In:	stead, use Part V.					
Pa	rt II Special Deprecia	ation Allowance a	nd Other Depreciati	on (Don't	include listed	d property	/.) (S	ee instructions.)
14	Special depreciation allowance	for qualified property (o	ther than listed property) p	placed in ser	vice			
	during the tax year (see instruc	ctions)					14	
15	Property subject to section 168	B(f)(1) election		. /	1		15	
16	Other depreciation (including A	CRS)			1771	11/	16	Ø 3
Pa	rt III MACRS Depreci	iation (Don't includ	le listed property.) (Se	ee instruct	tions.)	/ V		
17 18	MACRS deductions for assets plant of you are electing to group any assets plant of Section Benefit of Sec	aced in service during the tax ye		accounts, check		▶ □	17	0
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Metho		(g) Depreciation deduction
19a	3-year property	N PERMIT						
b	5-year property							
c	7-year property	ESPOID NO						
d	10-year property	130 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real	10/20/16	174,549	39 yrs.	MM	S/L		932
	property				MM	S/L		
	Section C-	Assets Placed in Servi	ice During 2016 Tax Yea	r Using the	Alternative Deg	preciation S	Syster	m
20a	Class life					S/L		
b	12-year	TIST LEE		12 yrs.		S/L		
С	40-year			40 yrs.	MM	S/L		
Pa	rt IV Summary (See	instructions.)			1 - 1 - 1 - 1			
21	Listed property. Enter amount for		000000000000000000000000000000000000000				21	
22	Total. Add amounts from line 1							200
616	here and on the appropriate lin		# 15 M M MM	s—see instru	ctions		22	932
23	For assets shown above and pl		he current year, enter the		200			
	portion of the basis attributable	to section 263A costs			23			

23-7376151

Federal Asset Report

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FYE: 12/31/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bon	Basis us for Depr	PerConv Meth	Prior	Current
	tial Real Property: EHOLD IMPROVEMENTS	10/20/16 _	174,549 174,549		174,549 174,549	39 MM S/L	0	932 932
	Grand Totals Less: Dispositions and Tran Less: Start-up/Org Expense Net Grand Totals	sfers –	174,549 0 0 174,549		174,549 0 0 174,549		0 0 0	932 0 0 932

23-7376151

CA Asset Report

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FYE: 12/31/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
	ntial Real Property; SEHOLD IMPROVEMENTS	10/20/16	174,549	174,549	0	932	932	0
		-	174,549	174,549	0	932	932	0
	Grand Totals Less: Dispositions Less: Start-up/Org Expense		174,549 0 0	174,549 0 0	0 0 0	932 0 0	932 0 0	0 0 0
	Net Grand Totals		174,549	174,549	0	932	932	0

23-7376151

AMT Asset Report

FYE: 12/31/2016

Form 990, Page 1

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Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	tial Real Property; EHOLD IMPROVEMENTS	10/20/16	174,549		174,549	39 MM S/L	0	932
		_	174,549		174,549	9	0	932
	Grand Totals Less: Dispositions and Tran	nsfers	174,549 0		174,549 0		0	932 0
	Net Grand Totals	2000 1000	174,549		174,549		0	932

23-7376151

Depreciation Adjustment Report

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All Business Activities

FYE: 12/31/2016

Form	<u>Unit</u>	Asset		Description	Tax	AMT	AMT Adjustments/ Preferences
MACR	S Adjı	ustments:					
Page 1	1	1	LEASEHOLD	IMPROVEMENTS	932	932	0
					932	932	0

09/22/2017 4:29 PM Future Depreciation Report FYE: 12/31/17

FYE: 12/31/2016

23-7376151

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior !	MACRS;				
1	LEASEHOLD IMPROVEMENTS	10/20/16	174,549	4,476	4,476
			174,549	4,476	4,476
	Grand Totals		174,549	4,476	4,476

23-7376151

CA Future Depreciation Report

FYE: 12/31/2016

Form 990, Page 1

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FYE: 12/31/17

Asset	Description	Date In Service	Cost	CA
Prior !	MACRS:			
1	LEASEHOLD IMPROVEMENTS	10/20/16	174,549	4,476
			174,549	4,476
	Grand Totals		174,549	4,476

33. Number of volunteers

Two Year Comparison Report Form 990 2015 & 2016 For calendar year 2016, or tax year beginning Name Taxpayer Identification Number THE ALL-AMERICAN BOYS CHORUS 23-7376151 2015 Differences 1. Contributions, gifts, grants 118,757 337,420 218,663 1. 2. Membership dues and assessments 2. 3. Government contributions and grants 3. 4. Program service revenue 4. 455,445 398,939 -56,506 5. Investment income 5. 6. Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 135,729 138,767 3,038 8. 8. Net income or (loss) from fundraising events 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory -22,572 -21,855 717 10. 11. Other revenue 11. 12. Total revenue. Add lines 1 through 11 12. 687,359 853,271 165,912 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. 15. Compensation of officers, directors, trustees, etc. 15. 275,445 261,764 -13,681 16. Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees 17. 25,054 17,372 -7,68218. Other professional fees 18. 61,329 82,082 20,753 19. Occupancy, rent, utilities, and maintenance 19. 20. Depreciation and Depletion 20,247 20. 20,933 686 35,494 21. Other expenses 291,347 326,841 21. 22. Total expenses. Add lines 13 through 21 22. 673,422 708,992 35,570 13,937 130,342 23. Excess or (Deficit). Subtract line 22 from line 12 23. 144,279 687,359 24. Total exempt revenue 24. 853,271 165,912 25. Total unrelated revenue 25. 432,873 -55,789 26. Total excludable revenue 377,084 26. 27. Total assets 156,526 283,620 127,094 27. 352,007 334,822 -17,185 28. Total liabilities 28. -195,481 -51,202 144,279 29. Retained earnings 30. Number of voting members of governing body 15 15 30. 14 14 31. Number of independent voting members of governing body 31. 32. Number of employees 30 25

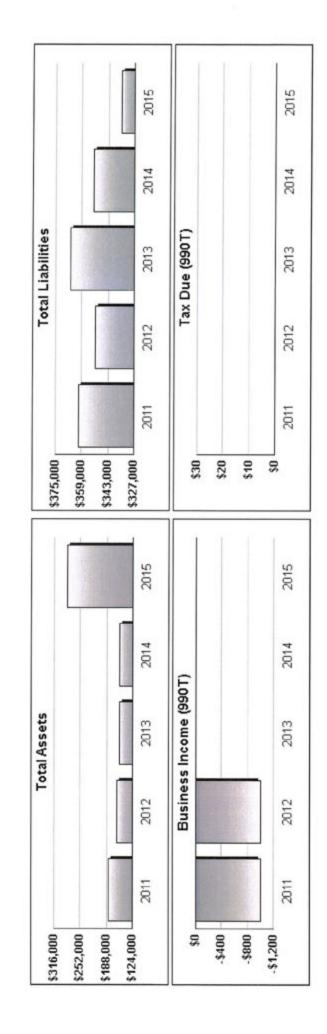
Form 990		Tax R	Tax Return History			2016
Name THE ALL-	ALL-AMERICAN BOYS C	CHORUS			Employer 23-7	Employer Identification Number 23-7376151
	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants	147,631	157,981	136,860	118,757	337,420	
membersnip dues Program service revenue	354,392	299,988	343,284	455,445	398,939	
Capital gain or loss Investment income	2					
Fundraising revenue (income/loss)	82,309	153,741	116,830	135,729	138,767	
Gaming revenue (income/loss)		2				
Other revenue	1,662	-	8,277		-21,855	
Total revenue	585,996	609,765	605,251	687,359	853,271	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	0	- 1	- 1	- 1		
Other compensation	750, 751	~	300,124	275,445	261,764	
Professional fees		3,952		25,054	17,372	
Occupancy costs	12,720	10,540	11,280	61,329	82,082	
Depreciation and depletion	25,559	19,514	20,289	20,247	20,933	
Other expenses	287,946	303,980	287,862	291,347	326,841	
Total expenses	576,976	612,109	626,133	673,422	708,992	
Excess or (Deficit)	9,020	-2,344	-20,882	13,937	144,279	
Total exempt revenue	585,996	92,769	605,251	687,359	853,271	
Total excludable revenue	585,996	298,043	351,561	432,873	377.084	
Total Assets	183,275	161,966	156,521	156,526	283,620	
Total Liabilities	360,877	350,501	365,938	352,007	334,822	
Net Fund Balances	-177,602	-188,535	-209,417	-195,481	-51,202	

Name								The second second
THE ALL-AM	ALL-AMERICAN BOYS	CHORUS					Employer 23-73	Employer Identification Number 23-7376151
1	2012	2013	2014		2015	2016	91	2017
Business activity profit/loss				_				
Partner and S Corp gain/loss								
Rental income*				+				
Controlled organizations income/interest*								
Investment income, specific organizations*								
Exploited exempt activity income*								
Other income								
Total trade or business income.								
Compensation of officers, ect.								
Other salaries and wages								
Repairs and maintenance								
Bad debts								
Interest	-			(
Taxes and licenses								
Charitable contributions	_	ことと	5		> 2			
Depreciation and Depletion			10)			
Deterred compensation plans Employee benefit programs								
\$394,000	COLICIDATION		\$921,000		Exemptiv	Exempt Revenue (Loss)	25)	
000			000 2024					
\$284,000			\$787,000					
\$174,000			\$653,000				Charles and the	
\$64.000	The state of the s		\$519,000				The state of the s	
2011 2012	2013	2014 2015		2011	2012	2013	2014	2015
Exper	Expenses_Deductions		\$444 000		Net Exer	Net Exempt Revenue	a	
2025,000			\$72,000					
000'609\$			05					
			-\$72,000					
2017	2012	2007		2044	2040	2040	3	2000

Form 990T		Tax Re	Tax Return History			2016
Name THE ALL-A	THE ALL-AMERICAN BOYS CHORUS	HORUS			Ē	Employer Identification Number 23-7376151
	2012	2013	2014	2015	2016	2017
Other deductions						
Net operating loss deduction						
Specific deduction	1,000	1,000				
Income after expense and deductions	-1,000	-1,000				
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Ralance dissiDuernaument						

Taxpayer Copy

* Income shown net of expenses



Federal Statements 114 - Other Fees for Service (Non-employee) Full total Service (Non-employee) Total Service (Non-employee) Service (Non-employee) Service (Non-employee) Total Service (Non-employee) Service (Non-employee) Service (Non-employee) Service (Non-employee) Service (Non-employee) Service (Service (Non-e	S S S S S S S S S S		T		
Federal Statements Service (Non-employee) Total	Federal Statements Federal Statements		Fund Raising	Fund	
	Form 990, Part IX, Line Form 990, Part IX, Line Form 990, Part IX, Line Ex		eme leral	Manageme	
	Form 990, Part IX, Line Form 990, Part IX, Line Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex Ex	atements	Fees for Service (Non Service (Non Service \$ 7,294 3,774 \$ 11,068	e - All Other Expense Program Service \$ 4,036 2,877 1,444 1,444 \$ 8,545	
	Form 990,		Total Expenses \$ 7,294 4,130 \$ 11,424	## 100 Part IX. Line 24 Total Expenses \$ 4,036 2,877 1,444 376 3,18,733 \$ 8,733	

23-7376151

Federal Statements

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FYE: 12/31/2016

JOG-A-THON

Other Direct Fundraising or Gaming Expenses

Description	 Amount
SUPPLIES MISCELLANEOUS PRINTING	\$ 422 947 1,335
Total	\$ 2,704

Federal Statements

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FYE: 12/31/2016

23-7376151

FALL FUNDRAISER

Other Direct Fundraising or Gaming Expenses

Description	_	Amount
MISCELLANEOUS PRINTING SUPPLIES	\$	23,514 1,541 560
Total	\$	25,615