Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

•	F 11	2022	dar year, or tax year beginning 7/01 , 2022, and	andin	g 6/	20		20 2023	
	-		dar year, or tax year beginning 7/01 , 2022, and	Chum	9 0/			cation number	
В		f applicable:	*			The state of the same			
	Ad	ldress change	GATEWAY CHAMBER ORCHESTRA			E Telephor	5920		
	Na	ame change	2250-F WILMA RUDOLPH BLVD, #222	BE	19	THE AUGUST AND THE PERSONS			
	Ini	itial return	CLARKSVILLE, TN 37040	1	1	931-	-801-	6160	
	Fin	al return/terminated			64				
	An	mended return				G Gross re			
	Ap	plication pending	F Name and address of principal officer: MICHAEL CHANDLER	- 1		a group return for subordinates? Yes X No			
			SAME AS C ABOVE		H(b) Are all	subordinates attach a list.	included?	Yes No	
ī	Tax-	exempt status:		527	11 110,	allach a noi.	See mist	octions.	
j		ALL CONTROL OF THE PARTY OF THE	W.GATEWAYCHAMBERORCHESTRA.COM		H(c) Group	exemption nu	mber		
K	INC. COLORS	of organization:			on: 2012 M State of legal domicile: TN				
5 2	art I		TELESCOPIES CONTRACTOR	n remedi	201	2 1	ibite or res	Jan 40/11/11	
F		Summar Briefly desert	be the organization's mission or most significant activities: TO ENF	ртсн	THE I	TVFS OF	THE	MIDDLE	
	1		E COMMUNITY THROUGH THE PERFORMANCE OF MAS						
Ce				TEKW	OKKS (CONCRI	2 MM		
Jan		EDUCATIO	NAL OUTREACH.						
/eri	2	Check this bo	ox if the organization discontinued its operations or disposed	of mo	re than 2	5% of its	net ass	ets	
Go	3		oting members of the governing body (Part VI, line 1a)				3	10	
∘ĕ	4		dependent voting members of the governing body (Part VI, line 1b).				4	0	
es	5		of individuals employed in calendar year 2022 (Part V, line 2a)			ALL CONTROL PROPERTY.	5	0	
Activities & Governance	6	Total number	of volunteers (estimate if necessary)				6	0	
Act	7a	Total unrelate	ed business revenue from Part VIII, column (C), line 12				7a	. 0.	
			business taxable income from Form 990-T, Part I, line 11				7b	` 0.	
Revenue					F	rior Year		Current Year	
	8	Contributions	and grants (Part VIII, line 1h)			145,3	37.	212,256.	
			rice revenue (Part VIII, line 2g)			26,3		47,456.	
	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)						
Be	11	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	12	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)		171,6	68.	259,712.	
	13	Grants and s	imilar amounts paid (Part IX, column (A), lines 1-3)						
	14	Benefits paid	to or for members (Part IX, column (A), line 4)						
	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10	0)				6,110.	
ses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)						
Expenses	L		sing expenses (Part IX column (D) line 25)						
Ĕ	1		70 2 70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		22 m 22	e et a constant a cons		220 005	
			ses (Part IX, column (A), lines 11a-11d, 11f-24e)				-+	239,095.	
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)			171 6		245,205.	
_	12.000	Revenue less	s expenses. Subtract line 18 from line 12	* * * * * *		171,6		14,507.	
6		502-7192-7				ng of Curren		End of Year	
sets	20		(Part X, line 16)			27,8		40,557.	
Net Asse	21		es (Part X, line 26)			75,0	2975.45	73,234.	
ž	22	Net assets or	fund balances. Subtract line 21 from line 20			-47,1	84.	-32,677.	
	art II	Signatur							
Und	er penal	ties of perjury, I d	eclare that I have examined this return, including accompanying schedules and statements, arer (other than officer) is based on all information of which preparer has any knowledge.	, and to t	the best of n	ny knowledge	and belie	f, it is true, correct, and	
com	plete. D	eclaration of prepare	arer (other than officer) is based on all information of which preparer has any knowledge.						
Si	gn	Signature of	officer E		Date				
He	ere		EL CHANDLER	P	RESIDE	ENT			
		Type or prin	t name and title						
		Print/Type (preparer's name Preparer's signature Date	le		Check	if F	PTIN	
Pa	id	STEPHI	EN R. SPRINGER 10)/10/	23	self-employe	d E	200216996	
	epare		amount punction a ununtil bid						
	e On		A STATE OF THE PROPERTY OF THE			Firm's EIN 62-0811623			
	and of the	, mins door	CLARKSVILLE, TN 37040	-		Phone no.	(931		
Ma	v the I	IRS discuss th	his return with the preparer shown above? See instructions			1	1201	X Yes No	
1410	1 1110	widewad ti	ne reservi mini bia brabarar amarin' again, pao mandata di ambiana		THE STREET, SHOWING	CAN THE WAS SERVICED.		1000	

Form		ATEWAY CHAMBER		45-559207	9 Page 2
Par	t III Statem	ent of Program Se	rvice Accomplishments		П
			response or note to any line in this Part III		
1		the organization's miss		onen mus bebrookski	CE OF
			HE MIDDLE TENNESSEE COMMUNITY THR	OUGH THE PERFORMANI	CE_OF
	MASTERWOR	KS CONCERTS AND	EDUCATIONAL OUTREACH.		
	5:10	ii lat la	cant program services during the year which were not list	ad on the prior	
2			cant program services during the year which were not usu		Yes X No
		e these new services on S		[]	ies N No
•			or make significant changes in how it conducts, any	nrogram services?	Yes X No
3		e these changes on Scher		program services	ics K ito
			ervice accomplishments for each of its three largest p	rogram services, as measure	d hy expenses
4	Section 501(c)(3) and 501(c)(4) organizany, for each program	zations are required to report the amount of grants ar	nd allocations to others, the to	otal expenses,
4a	(Code:) (Expenses \$	190,328, including grants of \$) (Revenue \$)
	THE GCO P	ERFORMS FOUR SU	BSCRIPTION CONCERTS OF CLASSICAL	MUSIC ANNUALLY IN	
			S WELL AS A VARIETY OF ONE-TIME P		
			AY CONCERT EXPERIENCE, PERFORMERS		
	STUDENTS	IN THEIR PUBLIC	SCHOOL MUSIC CLASSROOMS (GENERAL	LY MIDDLE TENNESSE	E_AND
	WESTERN K	ENTUCKY SCHOOLS) TO FACILITATE HANDS-ON OUTREACH	PROGRAMS, REACHIN	G
	APPROXIMA	TELY 800 STUDEN	TS. PERFORMERS OF THE ENSEMBLE PL	AY EXCERPTS FROM U	PCOMING
	CONCERTS	BEFORE HAVING T	HE STUDENTS JOIN THEM IN MUSICAL	MATERIAL RELATED T	O UPCOMING
	WORKS. A	LIMITED NUMBER	OF SUBSIDIZED TICKETS ARE GIVEN T	O THESE STUDENTS,	THEIR
	DIRECTOR	AND PARENTAL CH	APERONS TO ATTEND SUBSCRIPTION PR	OGRAMS FOR FREE.	
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46	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	TE.	gross-state control of the control			
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			- 		
					
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	j
70	(0000.				
					
					
				- -	
	Other nessen	canding Magazina a- C	chadule ())		
4d	- 100 mm - 1	services (Describe on S		Revenue \$	``
	A COLOR OF STREET	\$		revenue 4	
		service expenses	190, 328.		Form 990 (2022)
BAA			TEEA0102L 09/01/22		()

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Pai	t IV Checklist of Required Schedules			
V arious o			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10	X-14-A-A	х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI.	11a		х
Ŀ	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
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.	11c		х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
ſ	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	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		х
Ŀ	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
t	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	·	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		х

	ALCONO CONTRACTOR OF THE PROPERTY OF THE PROPE		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	13.	х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a	. Z	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part L	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 1	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		5,189	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	oon	(0000)
	TEE A010MI 00/01/22	HOLD	- MARIE	

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

ran	Statements Regarding Other Into Fillings and Tax Compilative (Committee)		Yes	No
		osmori.	ingilar	NU
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ried Marke	Santage 22
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		3574541
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	100.00		_
48	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country		id.	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	2522	1991S.	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	_, ,
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			NIAGO.
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Form 1098-C?			HOUSE !
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	Marjud.		
	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
Chapter	Gross income from members or shareholders			NON Y
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	28394		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	********	1,200,000
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	100 v	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	See See	x
	If "Yes," see the instructions and file Form 4720, Schedule N.	16	3.21	Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		^
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
17	result in the imposition of an excise tax under section 4951, 4952, or 4953?	1 7	2-20-0	ujýu,jezi
BAA		C. E.	990	(2022)

45-5592079 Page 6 Form 990 (2022) GATEWAY CHAMBER ORCHESTRA Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... X Did the organization make any significant changes to its governing documents 4 X since the prior Form 990 was filed?..... Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 5 5 X 6 Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body?.... 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X stockholders, or persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by X 8a a The governing body?.... X b Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O...... X Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? X 11a 11a Has the croanization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12h to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, " describe on 12c Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy?..... X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. 15a X b Other officers or key employees of the organization. 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year?..... b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to

the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

SEE SCHEDULE O

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

A Check this box if fleetiles the organization for an		(C)							si, ei ilabioci	3370 50
(A) Name and litle	(B) Average hours per	15	both din	ector	thcer/trust	eck mo ss perso and a ee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any bours for related organiza- tions below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-27099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) GREGORY WOLYNEC	20								V-87145	
DIRECTOR		X						0.	0.	0.
(2) SOLIE FOTT	1.5								1300 3973 117700 118	
DIRECTOR	_0	X			2000			0.	0.	0.
(3) SUMMER FUCHS	20						-			
EXECUTIVE DIR.	0	X		X				0.	0.	0.
(4) ROB WAUGH	0.5									
DIRECTOR	0	X				Ш		0.	0.	0.
(5) MICHAEL CHANDLER	0.75				ĺ					
PRESIDENT	0	X		X				0.	0 <u>.</u>	0.
(6) KRIS FOUST	1_				l	1 1				
DIRECTOR	0	X			┖			0.	0.	0.
(7) LOUISA COOKE	3					1		2970) ectes	
VICE PRESIDENT	0	X		Х	<u> </u>			0.	0.	0.
(8) CHARLSIE HALLIBURTON	0.78			1	1			20000	9407	200
DIRECTOR	0	X		_	L.			0.	0.	. 0
(9) CHRISTOPH HRDINA	0.5_							120	-	_
DIRECTOR	0	Х	=8					0.	0.	0.
(10) CAROLYN RIGGINS									_	**
DIRECTOR	0	X			-		- 9	0.	0.	0.
(11)										
(12)								* * * * * * * * * * * * * * * * * * *	# J.#	
(13)					37				# * * * * * * * * * * * * * * * * * * *	10/2
(14)			8			-50,00	SOURCE SOURCE			

Control to the Control of the Contro	(B)			((2)				(193)/3	(4.50)
(A) Name and title	Average hours per	box,	unle	heck ss p	erson	e than is bot or/trus	h an dee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2)1099- MISC/1099-NEC)	compensation from the organization and related organizations
(15)										
(16)				9 3						
(17)									2 2	20.0417
(18)				50 .				6.		
(19)								VA - 222 - 33		***
(20)									40.5	
(21)								- 0.50		
(22)					_	4.8				-
(23)										-
(24)		1	3	ė:—i;						1. 1. 1. 1.
(25)				- 5						
1b Subtotal	ion A		- ,					0.	0. 0. 0.	0.
Total number of individuals (including but not limited from the organization 0								more than \$100,00	00 of reportable comp	
3 Did the organization list any former officer, direct on line 1a? If "Yes,"complete Schedule J for such	ch individu	ıal	• • • •		• • •		• • •			Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	er than \$	150,00	90 !	17 "	Yes.	, coi	mpi	ner compensation lete Schedule J for	from	, 4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye	ie comner	satio	n fr	om	anv	unre	elate	ed organization or person	individual	
Section B. Independent Contractors	- TON MONOR OF									
 Complete this table for your five highest comper compensation from the organization. Report comper 	nsation for	the c	alen	dar	yea	rend	ing			
Name and business add	Iress	1 101						Description	of services	(C) Compensation
		27.								
					- 10					3
2 Total number of independent contractors (including		iited to	o tho	ose	liste	d abo	ove)	who received more	than	
\$100,000 of compensation from the organization		TEFA	11081	ng/	01/23)			100 A	Form 990 (2022

45-5592079 Page 9 Form 990 (2022) GATEWAY CHAMBER ORCHESTRA Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (D) (B) Related or Unrelated Revenue exempt excluded from tax business revenue under sections 512-514 function revenue 1a 1a Federated campaigns 1b b Membership dues..... c Fundraising events..... 1c 1d d Related organizations 1e e Government grants (contributions) 83,803 f All other contributions, gifts, grants, and **1f** similar amounts not included above . . . 128,453 Noncash contributions included in 1g lines 1a-1f......... h Total. Add lines 1a-1f 212,256 Program Service Revenue 46,756 711130 46,756 2a TICKET SALES 711130 700 700 ADVERTISING f All other program service revenue... g Total. Add lines 2a-2f 47,456. Investment income (including dividends, interest, and 3 Income from investment of tax-exempt bond proceeds Royalties..... (ii) Personal (i) Real 6a Gross rents b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets 7a other than inventory
b Less: cost or other basis 76 and sales expenses c Gain or (loss)..... d Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). b Less: direct expenses 86 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19...... 9a b Less: direct expenses 9Ь c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances. 1 Ca 1 Ob b Less: cost of goods sold.... c Net income or (loss) from sales of inventory...... **Business Code**

Miscellaneous Revenue All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 47,456 0 259.712

	990 (2022) GATEWAY CHAMBER ORCHE			45-5592	2079 Page 10
Par	t IX Statement of Functional Expens	es			Sec.
Sect	ion 501(c)(3) and 501(c)(4) organizations must com				[X]
	Check if Schedule O contains a re		line in this Part IX (B)	(C)	(D)
Do r 6b, 1	not include amounts reported on lines 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	3,093.		3,093.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				9.44
9	Other employee benefits				THE STATE OF THE S
10	Payroll taxes	3,017.		3,017.	County Miller
	Fees for services (nonemployees):				
	Management				
	Legal			- 278	
	Accounting	4,135.	4,135.		
	Lobbying	4,133.	7,133.		
	Professional fundraising services. See Part IV, line 17	1		Mess, 0	
				[14] 0803. at 10 17 (***********************************	-11-00-2
	Investment management fees				
630-031 630-031	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	11,780.	11,780.		50 × 5
13	Office expenses	54.	11,700.	54.	V.0.14.5
1040120	Information technology			J4.	
14					
15	Royalties	*************************************	<u> </u>	- 2000	
16	Occupancy	0.005		2 205	
17	Travel	2,305.		2,305.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings		13/15/		., 4
20	Interest	150.	***************************************	150.	
21	Payments to affiliates	× × ×			
22	Depreciation, depletion, and amortization	a 1			505
23	Insurance	575.		57 <u>5.</u>	745 AMERICA
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses				
	on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)			The state of the s	
а	MUSICIAN FEES	71,335.	71,335.	A A A A A A A A A A A A A A A A A A A	
	PERFORMANCE LABOR FEES	31,700.	31,700.		-160
	PAYROLL WAGES & EXPENSES	26,430.	<u> </u>	26,430.	
	GUEST ARTIST FEES	25,500.	25,500.	20,1501	
	All other expenses. SEE SCH. O	65,131.	45,878.	19,253.	- 83 /
	Total functional expenses. Add lines 1 through 24e	245,205.	190,328.	54,877.	0.
-	The second of th	243,203.	130,320.	34,077.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	į			

Pa	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			П
		Check it Schedule O contains a response of note to any line in this section	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing.	27,145.	1	33,465.
96	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net.		3	
	4	Accounts receivable, net	672.	4	5,000.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	_	Loans and other receivables from other disqualified persons (as defined under			\$2,146.60
	6	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	D2000000000000000000000000000000000000	6	
			**	7	
	7	Notes and loans receivable, net.	***	8	
e s	8	Inventories for sale or use		9	10-7/10-
Assets	9	Prepaid expenses and deferred charges.	elemante de la la la Succellantia de la S	manda.	and a second of the second of
•		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	11	Investments — publicly traded securities	**************************************	11	
	12	Investments - other securities. See Part IV, line 11	20000	12	
	13	Investments program-related. See Part IV, line 11		13	241017
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.		15	2,092.
	16	Total assets, Add lines 1 through 15 (must equal line 33)	27,817.	16	40,557.
-	17	Accounts payable and accrued expenses	31/7-1	17	19 /2 (2.13.13.13.13.13.13.13.13.13.13.13.13.13.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	0.000000000	20	No. Wast
60	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	EUROS EDVINORES DATO DO 1
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ë	-	Secured mortgages and notes payable to unrelated third parties		23	
	23		75 000	24	72 074
	24	Unsecured notes and loans payable to unrelated third parties	75,000.	24	73,074.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	1.	25 26	160.
	26	Total liabilities. Add lines 17 through 25.	75,001.	20	73,234.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>e</u>	27	Net assets without donor restrictions	-47,184.	27	-32,677.
ă	28	Net assets with donor restrictions		28	
Net Assets or Fund Balanc		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ò	29	Capital stock or trust principal, or current funds		29	
15	30	Paid-in or capital surplus, or land, building, or equipment fund	Viet (S	30	00X
586	31	Retained earnings, endowment, accumulated income, or other funds	10/298_33	31	
Z	32	Total net assets or fund balances	-47,184.	32	-32,677.
S	33	Total liabilities and net assets/fund balances	27,817.	33	40,557.
BA	11900000000	TEEA0111L 09/01/22			Form 990 (2022)

Form	1 990 (2022) GATEWAY CHAMBER ORCHESTRA 45-	5592079	Pa	age 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	259,	712.
2	Total expenses (must equal Part IX, column (A), line 25)	2	245,	
3	Revenue less expenses, Subtract line 2 from line 1	3	14,	507.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-47,3	184.
5	Net unrealized gains (losses) on investments	5	excess:	
6	Donated services and use of facilities	6		10-15-0
7	Investment expenses	7		1
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1000 (009)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-32,	677.
	Check if Schedule O contains a response or note to any line in this Part XII	************	Yes	No
	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	It "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a		6.7
b	Were the organization's financial statements audited by an independent accountant?		2b	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ate		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t, 	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why on Schedule O and describe any steps taken to undergo such audits	dit	3b	
BAA	TEEA0112L 09/01/22		Form 990	(2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

		AY CHAMBER ORCHESTI		2.000			45-559207	
Part	I	Reason for Public Cha	rity Status. (All o	rganizations must	comple	ete this	part.) See instruc	tions.
The o		nization is not a private found						
1		A church, convention of church				b)(1)(A)().	
2		A school described in section						
3		A hospital or a cooperative h						
4		A medical research organiza	tion operated in conju	inction with a hospital i	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's
	_	name, city, and state:						
5	Ш	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle- implete Part II.)	ge or university owned	or opera	ated by	a governmental unit de	scribed in
6		A federal, state, or local gov						P 7
	N N	An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II.)			ental uni	t or from the general pub	olic described
8	Ц	A community trust described	CLARCE INCASES CONCUES SERVICE CONTRACTOR CONTRACTOR	commence and responsible to the Carlo Carl				
9		An agricultural research organ or university or a non-land-gra university:	ization described in sec nt college of agriculture	tion 170(b)(1)(A)(ix) oper (see instructions). Enter	ated in c the nam	onjunctione, city, a	on with a land-grant colle and state of the college o	ge or
10		An organization that normall from activities related to its investment income and unrelating 30, 1975. See section	exempt functions, sub lated business taxable 509(a)(2). (Complete F	ject to certain exception income (less section Part III.)	ns; and 511 tax)	(2) no n from bu	nore than 33-1/3% of it usinesses acquired by t	s support from gross
11		An organization organized a	nd operated exclusive	ly to test for public safe	ety. See	section	509(a)(4).	
12		An organization organized a or more publicly supported of lines 12a through 12d that de	roanizations describe	d in section 509(aV1)	er section	n 509/a'	(2) See section 509(a)	at the purposes of one (3). Check the box on
а		Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervised	d, or controlled by its sur a majority of the directo	ported o	rganizati tees of t	on(s), typically by giving he supporting organization	the supported on, You must
b		Type II. A supporting organize management of the supporting must complete Part IV, Section 11.	zation supervised or c organization vested in ions A and C.	the same persons that c	ontrol or	manage	the supported organizati	on(s). You
c		Type III functionally integrated organization(s) (see instruct	. A supporting organizations). You must comp	ion operated in connection lete Part IV, Sections	n with, ar A, D, and	nd function d E.	nally integrated with, its	supported
d	Ц	Type III non-functionally integ functionally integrated. The instructions). You must com	rated. A supporting orgo organization generally plete Part IV, Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nection tion requ	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see
е		Check this box if the organize integrated, or Type III non-fu	ation received a writte	en determination from	the IRS			
f	En	ter the number of supported	organizations					
g	Pro	ovide the following information	n about the supported	d organization(s).				
) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	g .	
92	- 35			200 200 20	143	110		
(A)				20-20	5 Sylva 42		5	
(B)								
(C)		<u>-</u>						A service of
(D)						0	- 2 4 -31	
(E)							elecci.	20 St. 10 St.
Total						GLECONO.		

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

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

Sec	tion A. Public Support		5 5 5 5 5 T		***		
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	139,047.	116,622.	117,669.	144,318.	212,256.	729,912.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	32.00					0.
4	Total. Add lines 1 through 3	139,047.	116,622.	117,669.	144,318.	212,256.	729,912.
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)						0.
\$10000 T	Public support. Subtract line 5 from line 4						729,912.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	139,047.	116,622.	117,669.	144,318.	212,256.	729,912.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						729,912.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	organization, check this box and	stop here					
Sec	tion C. Computation of Pu	blic Support P	ercentage		and the second		
	Public support percentage for 20						100.00%
	Public support percentage from						100.00%
16a	33-1/3% support test-2022. If t and stop here. The organization	he organization di qualifies as a pub	d not check the boolicly supported or	ox on line 13, and ganization	1 line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2021. If the and stop here. The organization	ne organization did i qualifies as a pul	l not check a box blicly supported or	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts.a	nd-circumstances	test check this h	nox and ston here	Explain in Part V	l how
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organizati	test, check this b ion qualifies as a	ox and stop here publicly supporte	d organization	how the
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 1/b, check thi		
BAA			100			Schedule A	4 (Form 990) 2022

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	tion A. Public Support			0.557.2.5			
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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.					27.00	
30.11	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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.		*				
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			2 600 00 25 2 5 1 5 2 3 4 5 1			
Sec	tion B. Total Support	8	4 (44-4)		(0-5	2	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
88 W 25	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or f	ifth tax year as a :	section 501(c)(3)	
	tion C. Computation of Pul			10			. 44. 10
	Public support percentage for 20	용하면 경투로 없는 전하다 HT (X) 2 보였다. 보였다.	하게 하는 아무리 아이는 아니는 아이를 하게 되었다.				
100000	Public support percentage from 2	CHARLES TO A CONTROL OF THE PARTY OF THE PAR				16	- 8
	tion D. Computation of Inv		The second secon			1 1	6
	Investment income percentage for						940
	Investment income percentage for						
	33-1/3% support tests-2022. If t is not more than 33-1/3%, check	this box and sto	op here. The organ	nization qualifies :	as a publicly supp	orted organization.	
	33-1/3% support tests—2021. If t line 18 is not more than 33-1/3%	, check this box	and stop here. The	ne organization qu	ialifies as a public	ly supported organi	zation
20	Private foundation. If the organic	zation did not ch	eck a box on line	14, 19a, or 19b, o	heck this box and		(Farm 000) 2022

Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations		Yes	No
		-3.9cc	res	no matrice
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		(7)
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
Ç	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	2001	
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part V I 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		
58	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ı	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ.,
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	2000 2000 2000 2000 2000 2000 2000 200	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9:	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
1	b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
4	c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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	instructions. All other Type III non-functionally integrated supporting organization	ns mu	st complete Sections A Ir	Mile de Miles
Sec	tion A — Adjusted Net Income		(A) Prior Year	(8) Current Yea (optional)
1	Net short-term capital gain	1	Secre-	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4	2	
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		10.700.00
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ı	Average monthly value of securities	1a		
1	Average monthly cash balances	16		
(: Fair market value of other non-exempt-use assets	1c		100
	f Total (add lines 1a, 1b, and 1c)	1d		
3	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		207 137-04-038-040-
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
2	Enter 0.85 of line 1.	2		11 - 22
3	Minimum asset amount for prior year (from Section B, line B, column A)	3		
4	Enter greater of line 2 or line 3.	4		(3)
5	Income tax imposed in prior year	5		constitution at
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	d Type III supporting orga	nization

Part V Type III Non-Functionally Integrated 509(a)(3) S Section D — Distributions		- (A. A. A		Current Year		
1 Amounts paid to supported organizations to accomplish exempt p	urposes		1			
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity		ıs,	2			
3 Administrative expenses paid to accomplish exempt purposes of	supported organizations		3	20000		
4 Amounts paid to acquire exempt-use assets		2002	4			
5 Qualified set-aside amounts (prior IRS approval required - provided)	5					
6 Other distributions (describe in Part VI). See instructions.	6					
7 Total annual distributions. Add lines 1 through 6.						
8 Distributions to attentive supported organizations to which the organization Part VI). See instructions.	8					
9 Distributable amount for 2022 from Section C, line 6		1000 E 200	9			
10 Line 8 amount divided by line 9 amount	7993		10			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ins	(iii) Distributable Amount for 2022		
1 Distributable amount for 2022 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.						
3 Excess distributions carryover, if any, to 2022						
a From 2017						
b From 2018						
€ From 2019						
d From 2020						
e From 2021						
f Total of lines 3a through 3e						
g Applied to underdistributions of prior years						
h Applied to 2022 distributable amount						
i Carryover from 2017 not applied (see instructions)						
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4 Distributions for 2022 from Section D, line 7: \$		Control of Section 24 April 2 Section 1				
a Applied to underdistributions of prior years		5				
b Applied to 2022 distributable amount						
c Remainder, Subtract lines 4a and 4b from line 4.				Espaining		
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.						
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				- Anna Anna Anna Anna Anna Anna Anna Ann		
7 Excess distributions carryover to 2023. Add lines 3j and 4c.						
8 Breakdown of line 7:						
a Excess from 2018						
b Excess from 2019		[a. 4]				
c Excess from 2020			Sr. Sr.			
d Excess from 2021						

e Excess from 2022 BAA

Schedule A (Form 990) 2022

Part VI

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2022

Open to Public Inspection Employer identification number

GAT	EWAY CHAMBER ORCHESTRA			45-5592079	
Par	Organizations Maintaining Don	or Advised Funds or Ot	her Similar Funds	s or Accounts.	
(3027555A)	Complete if the organization answered "Y	'es" on Form 990, Part IV, line	6.	1000	
		(a) Donor advised fu	unds	(b) Funds and other acco	unts
1	Total number at end of year	S. Charles Transfer			-
2	Aggregate value of contributions to (during year)		200	***	
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor are the organization's property, subject to the o	r advisors in writing that the a	assets held in donor a	dvised funds	No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit of impermissible private benefit?	i, and donor advisors in writing of the donor or donor advisor,	g that grant funds car or for any other purpo	be used only ose conferring	No
Par	Conservation Easements.		-1-100		
,	Complete if the organization answered "Y	es" on Form 990, Part IV, line	7.		
1	Purpose(s) of conservation easements held by	the organization (check all the	at apply).	-	
	Preservation of land for public use (for example			a historically important land	d area
	Protection of natural habitat		Preservation of	a certified historic structure	1
	Preservation of open space				
2	Complete lines 2a through 2d if the organization he last day of the tax year.	ld a qualified conservation contr	ribution in the form of a		
				Held at the End of the	e Tax Year
	Total number of conservation easements			2a	
	Total acreage restricted by conservation easem			2b	
(Number of conservation easements on a certific	ed historic structure included i	n (a)	2 c	
(Number of conservation easements included in historic structure listed in the National Register			2 d	
3	Number of conservation easements modified, trans tax year	ferred, released, extinguished, o	or terminated by the org	anization during the	
4	Number of states where property subject to cor	iservation easement is located	d		
5	Does the organization have a written policy reg	arding the periodic monitoring	, inspection, handling	of violations,	
	and enforcement of the conservation easement	s it holds?		Yes	∐ No
6	Staff and volunteer hours devoted to monitoring, in				ear
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and	enforcing conservation	easements during the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?			res	No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	the organization's financial s	tatements that descri	bes the organization's accor	e sheet, and unting for
Pa	Organizations Maintaining Coll Complete if the organization answered "	ections of Art, Historica Yes" on Form 990, Part IV, line	l Treasures, or O 8.	ther Similar Assets.	
1.	If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	tor public exhibition, educati	on, or research in furt	ent and balance sheet work therance of public service, p	s of art, provide in
1	of the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r public exhibition, education, or	research in furtherance	e of public service, provide the	art,
	(i) Revenue included on Form 990, Part VIII, I	ine 1		\$	regions :
	(ii) Assets included in Form 990, Part X			,,\$	
	If the organization received or held works of art, hi amounts required to be reported under FASB A	storical treasures, or other simila ASC 958 relating to these item	ar assets for financial g is:	ain, provide the following	
19	Revenue included on Form 990, Part VIII, line	1		\$	
9	Assets included in Form 990, Part X			\$	

, .				
Schedule D (Form 990) 2022 GATEWAY CHAMI	BER ORCHESTRA		45-559	
Part III Organizations Maintaining Co	llections of Art, His	torical Treasures,	or Other Similar A	ssets (continued)
Using the organization's acquisition, accession, a items (check all that apply):				
a Public exhibition	the state of the s	or exchange program		
b Scholarly research	e Other			
c Preservation for future generations		2	ntana ang atau kana atau atau kana atau kana atau kana atau atau kana atau atau kana atau kana atau atau kana a	
Provide a description of the organization's collect Part XIII.				
5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma	r receive donations of ar hintained as part of the o	t, historical treasures, c rganization's collection	?	Yes No
Part IV Escrow and Custodial Arrang reported an amount on Form 990, Part	ements. Complete if th	e organization answered	i "Yes" on Form 990, Pa	rt IV, line 9, or
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or oth	er assets not included	☐ Yes ☐ No
b If "Yes," explain the arrangement in Part XIII and	complete the following ta	ble:	.,,	
5.11 (5.17 				Amount
c Beginning balance			1c	
d Additions during the year			1d	
e Distributions during the year.			1e	
f Ending balance		,	1f	
2a Did the organization include an amount on Fo	orm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes No
b If "Yes," explain the arrangement in Part XIII	. Check here if the expla	nation has been provid	ed on Part XIII	
	the eventuation annuars	d "Voo" on Form 000 Do	et IV line 10	
Part V Endowment Funds. Complete if				(e) Four years back
1 a Beginning of year balance	t year (b) Prior yea	(c) Iwo years back	(u) Tillee years back	(E) Tuul years back
b Contributions				
c Net investment earnings, gains,			33.8	
and losses				
d Grants or scholarships		****		
e Other expenditures for facilities and programs	949			
f Administrative expenses				
g End of year balance		2 A A A A A A A A A A A A A A A A A A A		
2 Provide the estimated percentage of the curr	ent year end balance (lir	ne 1g, column (a)) held	as:	
a Board designated or quasi-endowment				
	o to			
c Term endowment %	1			
The percentages on lines 2a, 2b, and 2c should	equal 100%.			
3 a Are there endowment funds not in the possessio organization by:				Yes No
(i) Unrelated organizations				3a(i)
(ii) Related organizations				
b If "Yes" on line 3a(ii), are the related organiz				3b
4 Describe in Part XIII the intended uses of the		ent funds.		- 1941-y 1
Part VI Land, Buildings, and Equipm Complete if the organization answered		IV, line 11a. See Form 9	990, Part X, line 10.	
Description of property	(a) Cost or other basis (investment)		(c) Accumulated depreciation	(d) Book value
1 a Land		CONTRACTOR SECTION AND CONTRACTOR AN		Assens
b Buildings				100 mg 1 m
c Leasehold improvements				

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

BAA

Schedule D (Form 990) 2022

Company of the Compan	on of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-o	f-year market value
1\ Einspeigl	derivatives	(-)	(7)	
	eld equity interests.		****	
2) Olosely in 3) Other				
			(C. 100)	
A) B)			United:	-0
C)		****		
D)		<u> </u>	26-26.3	
E)	- -		1.000	
F) C)		-		***
G) H)			3.50-2	
(l)		10.0		5 3.5%
	b) must equal Form 990, Part X, column (B) line 12.)	10.00		
	Investments — Program Related.		N/A	
rari vin	Complete if the organization answered "Yes" or	Form 990, Part IV, lin	ne 11c. See Form 990, Part X, line 13.	
	a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			30 E98274	
(2)		± 10,000,000	200 P	- 95-40-
(3)			22000	
(4)	*		1	
(5)			2/10/2010/00/20	3000 and 200
(6)			2 CC W = 1000	
(7)				
(8)				2000
(9)				
(10)		- V-A		W 33
	b) must equal Form 990, Part X, column (B) line 13.)	S		
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
	(a) De	n Form 990, Part IV, line escription	ne 11d. See Form 990, Part X, line 15.	(b) Book value
(1) PREPA	TD EXPENSES (a) De	n Form 990, Part IV, linescription	e 11d. See Form 990, Part X, line 15.	672
(1) PREPA (2) PREPA	(a) De	n Form 990, Part IV, lin escription	ne 11d. See Form 990, Part X, line 15.	672
(1) PREPA (2) PREPA (3)	TD EXPENSES (a) De	n Form 990, Part IV, linescription	ne 11d. See Form 990, Part X, line 15.	672
(1) PREPA (2) PREPA (3) (4)	TD EXPENSES (a) De	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.	672
(1) PREPA (2) PREPA (3) (4) (5)	TD EXPENSES (a) De	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.	672
(1) PREPA (2) PREPA (3) (4) (5) (6)	TD EXPENSES (a) De	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.	672
(1) PREPA (2) PREPA (3) (4) (5) (6) (7)	TD EXPENSES (a) De	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.	672
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8)	TD EXPENSES (a) De	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.	672
(1) PREPA (2) PREPA (3) (4) (5) (6) (7)	TD EXPENSES (a) De	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.	672
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8) (9) (10)	(a) De ID EXPENSES ID PAYROLL TAX	escription		1,420
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colum	(a) De ID EXPENSES ID PAYROLL TAX on (b) must equal Form 990, Part X, column (Other Liabilities	(B) line 15.)		2,092
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colum	(a) De IID EXPENSES IID PAYROLL TAX on (b) must equal Form 990, Part X, column (Other Liabilities. Complete if the organization answered "Yes" of	(B) line 15.)		2,092
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8) (9) (10) Yotal. (Colum Part X	(a) De ID EXPENSES ID PAYROLL TAX on (b) must equal Form 990, Part X, column (Other Liabilities. Complete if the organization answered "Yes" of (a) Description (a) Description (b) Description (c) (c) (c)	(B) line 15.)		2,092
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colum Part X	(a) De ID EXPENSES ID PAYROLL TAX on (b) must equal Form 990, Part X, column (Other Liabilities. Complete if the organization answered "Yes" of (a) Description (a) Description (b) Description (c) (c)	(B) line 15.)		2, 092 25. (b) Book value
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colum Part X	(a) De ID EXPENSES ID PAYROLL TAX on (b) must equal Form 990, Part X, column (Other Liabilities. Complete if the organization answered "Yes" of (a) Description (a) Description (b) Description (c)	(B) line 15.)		2, 092 25. (b) Book value
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column Part X	(a) De ID EXPENSES ID PAYROLL TAX on (b) must equal Form 990, Part X, column (Other Liabilities. Complete if the organization answered "Yes" of (a) Description (a) Description (b) Description (c) Des	(B) line 15.)		2,092 25. (b) Book value
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column Part X	(a) De ID EXPENSES ID PAYROLL TAX on (b) must equal Form 990, Part X, column (Other Liabilities. Complete if the organization answered "Yes" of (a) Description (a) Description (b) Description (c)	(B) line 15.)		2,092 25. (b) Book value
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Colum Part X	(a) De ID EXPENSES ID PAYROLL TAX on (b) must equal Form 990, Part X, column (Other Liabilities. Complete if the organization answered "Yes" of (a) Description (a) Description (b) Description (c) Des	(B) line 15.)		2,092 25. (b) Book value
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Colum Part X	(a) De ID EXPENSES ID PAYROLL TAX on (b) must equal Form 990, Part X, column (Other Liabilities. Complete if the organization answered "Yes" of (a) Description (a) Description (b) Description (c) Des	(B) line 15.)		2,092 25. (b) Book value
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Colum Part X I. (1) Federal (2) FED U (3) TN QI (4) UNEAR (5) (6) (7)	(a) De ID EXPENSES ID PAYROLL TAX on (b) must equal Form 990, Part X, column (Other Liabilities. Complete if the organization answered "Yes" of (a) Description (a) Description (b) Description (c) Des	(B) line 15.)		2,092 25. (b) Book value
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Colum Part X (1) Federal (2) FED U (3) TN Q1 (4) UNEAR (5) (6) (7) (8)	(a) De ID EXPENSES ID PAYROLL TAX on (b) must equal Form 990, Part X, column (Other Liabilities. Complete if the organization answered "Yes" of (a) Description (a) Description (b) Description (c) Des	(B) line 15.)		2,092 25. (b) Book value
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Colum Part X (1) Federal (2) FED U (3) TN QI (4) UNEAR (5) (6) (7) (8) (9)	(a) De ID EXPENSES ID PAYROLL TAX on (b) must equal Form 990, Part X, column (Other Liabilities. Complete if the organization answered "Yes" of (a) Description (a) Description (b) Description (c) Des	(B) line 15.)		2,092 25. (b) Book value
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Colum Part X (1) Federal (2) FED U (3) TN QT (4) UNEAR (5) (6) (7) (8) (9) (10)	(a) De ID EXPENSES ID PAYROLL TAX on (b) must equal Form 990, Part X, column (Other Liabilities. Complete if the organization answered "Yes" of (a) Description (a) Description (b) Description (c) Des	(B) line 15.)		2,092 25. (b) Book value
(1) PREPA (2) PREPA (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) FED U (3) TN QT (4) UNEAR (5) (6) (7) (8) (9) (10)	(a) De ID EXPENSES ID PAYROLL TAX on (b) must equal Form 990, Part X, column (Other Liabilities. Complete if the organization answered "Yes" of (a) Description (a) Description (b) Description (c) Des	(B) line 15.)	ne 11e or 11f. See Form 990, Part X, line :	2,092 25. (b) Book value

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities..... 2 b b Prior year adjustments..... c Other losses.... 2c d Other (Describe in Part XIII.).... 2e e Add lines 2a through 2d..... 3 Subtract line 2e from line 1..... 3 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 40 c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)..... 5

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

Part XIII Supplemental Information.

Schedule D (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

GATEWAY CHAMBER ORCHESTRA

Employer identification number

45-5592079

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B)	(C)	(D)
_	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ADMIN EXPENSE	101.		101.	
ADMINISTRATIVE LABOR	2,355.		2,355.	
BUSINESS FEES AND DUES	278.		278.	
BUSINESS REGISTRATION FEES	10.		10.	
CC FEES & BANK CHARGES	80.		80.	
CHOIR FEES	1,425.	1,425.		
COMPUTER/SOFTWARE	7,484.		7,484.	
CONDUCTOR FEES	4,830.	4,830.		
EVENT EXPENSES	3,199.	3,199.		
FOOD AND BEVERAGES AT EVENTS	504.	504.		
GENERAL AND ADMIN LABOR	450.		450.	
GRANT WRITING FEES	5,375.	120 <u>000</u>	5,375.	
MINOR CONTRACT LABOR FOR EVENT	873.	873.		
MUSIC COSTS	57.	57.		
MUSIC LIBRARIAN	2,400.	2,400.		
MUSIC LICENSING FEES	276.	276.		
MUSIC RENTAL COST	2,325.	2,325.		
MUSICIAN CONTRACTING	3,061.	3,061.		
ORGANIZATIONAL DUES	474.		474.	
POSTAGE AND SHIPPING	740.	4 477	740.	
PRINTING AND PUBLICATIONS	4,177.	4,177.		
RENTAL EQUIPMENT/INSTRUMENTS	18.	18.		
STAGE MANAGER	1,852.	1,852.		
SUPPLIES COUNTY	195.	195.		
TECHNICAL, LIGHTING, SOUND	19,500.	19,500.		
TICKET ISSUING FEES	1,186.	1,186.	1 000	
WEBSITE SERVICES TOTAL \$	1,906. 65,131.	45,878.	1,906.	ė o
101AL <u>\$</u>	03,131.	43,010.	\$ 19,253.	\$ 0.

2022	FEDERAL WORKSHEETS	PAGE 1
	GATEWAY CHAMBER ORCHESTRA	45-5592079
10/10/23		09:11AM

PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	190,328.		PART IX, LINE 25, COL. B
GRANTS REVENUE	0. 0.		PART IX, LINES 1-3, COL. B PART VIII, LINE 2, COL. A