Form	990-EZ	

Department of the Treasury

Short Form

OMB No. 1545-0047

2019

Open to Public Inspection

Return of Organization Exempt From Income Tax

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

Depa Inter	ternal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.				nation.		inspect	lion		
AF	or the	2019 calenda	ar year, or tax year beginning	07/01	, 2019,	and ending	9	06/30	, 20	0 20
Bc	heck if ap	pplicable:	C Name of organization				D Empl	oyer ide	entification num	ıber
	Address c	change	VICTORIAN LYRIC OPERA COMPANY	,				20-1241410		
	Name cha	ange	Number and street (or P.O. box if mail is not d	elivered to street address)		Room/suite	e E Telep	E Telephone number		
	nitial retu		PO Box 10391					30	1-576-5672	
	-inal retur Amended	rn/terminated	City or town, state or province, country, and Z	IP or foreign postal code			F Grou	iex3 qu	mption	
		on pending	Rockville, MD, 20849-0391				Num	nber 🕨	►	
G A	Account	ting Method:	Cash Accrual Other (specif	y) 🕨			H Check	▶ 🗌 ií	f the organizati	ion is not
IV	Vebsite	e:► www	vloc.org				required	l to atta	ach Schedule I	3
JTa	ax-exen	npt status (che	ck only one) – 🖌 501(c)(3) 🗌 501(c) () < (insert no.) 🗌 4947	7(a)(1) o	r 🗌 527	(Form 9	90, 990	0-EZ, or 990-Pl	F).
ΚF	orm of	organization:	Corporation Trust	Association	Other					
			7b to line 9 to determine gross receipts. I				otal assets			
<u>.</u>			500,000 or more, file Form 990 instead o					► \$		122,134
Pa	art I		e, Expenses, and Changes in N							
			the organization used Schedule O					<u></u>	<u></u>	. 🗸
	1		ns, gifts, grants, and similar amounts					1		58,976
	2	-	ervice revenue including government					2		55,167
	3	Membersh	p dues and assessments					3		1,545
	4	Investment			·			4		0
	5a		unt from sale of assets other than inv	-	5a		0			
	b		or other basis and sales expenses .		5b		0			
	С		s) from sale of assets other than inve		5c		0			
	6	•	Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than							
Ð	а	\$15,000) .								
nué	h			· · · · · · · ·	6a		0	-		
Revenue	b	 Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the 								
£			h gross income and contributions ex		6b	I				
	с		t expenses from gaming and fundrais		6c		0			
	d		e or (loss) from gaming and fundrais			1 6b and	subtract			
	, a	line 6c)						6d		0
	7a	,	s of inventory, less returns and allow	ances	7a		0	u		0
	b		of goods sold		7b		0			
	c		•				0	7c		0
	8	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) Other revenue (describe in Schedule O) . See Schedule O, Statement 1						8		6,446
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a					9		122,134
	10		similar amounts paid (list in Schedu					10		0
	11		id to or for members					11		0
ŝ	12		her compensation, and employee be					12		0
Expenses	13	Profession	al fees and other payments to indepe	endent contractors				13		35,893
be	14	Occupancy	v, rent, utilities, and maintenance .					14		33,776
ŵ	15	Printing, p	Iblications, postage, and shipping .					15		7,234
	16	Other expe	nses (describe in Schedule O) .See	Schedule O, Statement 2	2		<u></u>	16		17,868
	17		nses. Add lines 10 through 16					17		94,771
Ŋ	18		deficit) for the year (subtract line 17 t					18		27,363
sei	19		or fund balances at beginning of y							
As		-	r figure reported on prior year's retur					19		155,447
Net Assets	20		ges in net assets or fund balances (e	-				20		0
	21		or fund balances at end of year. Cor		20.		🕨	21		182,810
For	Paper	work Reduct	on Act Notice, see the separate instru	ctions.	Cat.	No. 10642I			Form 990-E	Z (2019)

Form	990-EZ (2019)					Page 2
Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to an	ny question in this l	Part II....		🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[121,241	22	137,930
23	Land and buildings		[0	23	0
24	Other assets (describe in Schedule O) See.Sche	edule O, Statement 3	[38,279	24	44,880
25	Total assets			159,520	25	182,810
26	Total liabilities (describe in Schedule O)		[4,073	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	155,447	27	182,810
Par	Statement of Program Service Accom	plishments (see th	e instructions for F	art III)		
	Check if the organization used Schedule	O to respond to an	ny question in this l	Part III 🛛 . 🗌	(=	Expenses
Wha	t is the organization's primary exempt purpose?	See Schedule O, Sta	tement 4			quired for section (c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplis leasured by expenses. In a clear and concise m	anner, describe the				anizations; optional for
·	ons benefited, and other relevant information for ea					
28	Presented 6 performances of Gilbert & Sullivan'sPira			uding		
	performers, orchestra, production staff and front of l	house. Audience tota	l of 2,116.			
		in a book of the section of the sect		·····	0 0-	
		includes foreign gra			28a	35,599
29	Presented 3 performances Johann Strauss Jr's The	Queen's Lace Handke	erchief. 82 participan	is and		
	audience of 539					
				·····	00-	
20		includes foreign gra	ints, check here .	🕨 🗌	29 a	16,432
30	Presented our second opera for children - Little Red	Riding Hood				
	(Cronto ¢	includes foreign gra	nto chock horo		30a	4.005
21	(Grants \$ 0) If this amount Other program services (describe in Schedule O)	includes foreign gra			308	4,095
31		includes foreign gra			31a	10 401
32	Total program service expenses (add lines 28a t				32	1.1.2
Par						
T GI	Check if the organization used Schedule				ISUU	
		(b) Average	(c) Reportable	(d) Health benefits,	<u>. </u>	· · · · <u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe benefit plans, and deferred compensatior		Estimated amount of other compensation
Hele	n Aberger	5.00	0		0	0
Pres	ident					
Bill F	Rogers	3.00	0		0	0
Vice	President					
Blair	Eig	1.00	0		0	0
Trea	surer					
Jane	Maryott	1.00	0		0	0
Secr	etary					
Rish	abh Bajekal	1.00	0		0	0
Dire	ctor					
Bon	nie Barrows	1.00	0		0	0
Dire	ctor					
Mich	ael Beder	1.00	0		0	0
Dire	ctor				_	
Ama	nda Jones	2.00	0		0	0
Dire						
Josh	ua Milton	1.00	0		0	0
Dire	ctor					
Susa	ın Miller	1.00	0		0	0
Dire	ctor					
Rob	ert Gudauskas	1.00	0		0	0
Dire	ctor					
(Cor	tinued on Schedule O, Statement 6)	-				

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		ν.	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	_	~
b 39 a b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \triangleright			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
c d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
е	40c reimbursed by the organization	40e		~
41	List the states with which a copy of this return is filed	400		
42a	The organization's books are in care of ► Blair Eig Telephone no. ► 3	301-49	8-436	2
_	Located at ► PO Box 10391, Rockville, MD 20849-0391 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	20849		
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No V
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ►	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. 1	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		~

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						Yes	No
46	Did the organization engage, directly or						
	to candidates for public office? If "Yes,"	•	, Part I		· 46		V
Part	All section 501(c)(3) organizatio		estions 47–49b and	52, and complete the	e tables f	or lin	es
	50 and 51.			hia Daut V/I			_
	Check if the organization used S	chequie O to respond	a to any question in t	nis Part VI		Yes	.∟ No
47	Did the organization engage in lobbyin	a activities or have a	section 501(b) election	n in effect during the	tax	res	
47	year? If "Yes," complete Schedule C, Pa	-					~
48	Is the organization a school as described	in section 170(b)(1)(A)(i	ii)? If "Yes," complete	Schedule E	. 48		V
49a	Did the organization make any transfers	to an exempt non-cha	aritable related organiz	ation?	. 49 a		V
b	If "Yes," was the related organization a	section 527 organizatio	on?		. 49b		
50	Complete this table for the organization employees) who each received more that						nd ke
		(b) Average					,
	(a) Name and title of each employee	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		unt of
None		hours per week	compensation	contributions to employee benefit plans, and deferred			unt of
None		hours per week	compensation	contributions to employee benefit plans, and deferred			unt of
None		hours per week	compensation	contributions to employee benefit plans, and deferred			unt o
None		hours per week	compensation	contributions to employee benefit plans, and deferred			unt of

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		_	
		-	
		-	
		-	
		-	
d	Total number of other independent contractors each receiving	over \$100,000 ►	
52	Did the organization complete Schedule A? Note: All se completed Schedule A		
	venalties of perjury, I declare that I have examined this return, including accompan rrect, and complete. Declaration of preparer (other than officer) is based on all info		

Sign Here	Signature of officer Date Blair Eig, Treasurer Date							
	Type or print name and title							
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if if self-employed				
Use Only	Firm's name			Firm's EIN ►				
	Firm's address ► Phone no.							
May the IRS	discuss this return with the pre-	eparer shown above? See instruction	ons		🗌 Yes 🗌 No			

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.

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

Name of the organization

VICTORIAN LYRIC OPERA COMPANY

Employer identification number

20-1241410

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).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a 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.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e 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.
 - f $\;$ Enter the number of supported organizations $\;$. $\;$. $\;$. $\;$.
 - **g** Provide the following information about the supported organization(s).

g						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part IISupport 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	on B. Total Support		•		1		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop he	ne organizatior	n's first, secon	nd, third, fourth	n, or fifth tax y	12 ear as a sectio	
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2019 (line 6	3, column (f) di	ivided by line 1	11, column (f))		14	%
15	Public support percentage from 2018 Sch					15	%
16a	33 ¹ /3% support test — 2019. If the organization qua	lifies as a publ	licly supported	organization			🕨 🗆
b	33 ¹ /3% support test—2018. If the organi this box and stop here. The organization						
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumst cumstances" te	ances" test, cleat. The organ	heck this box ization qualifie	and stop here	. Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizat Explain in Part VI how the organization in supported organization	ntion meets the fac	he "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and ion qualifies as	stop here. s a publicly ►
18	Private foundation. If the organization di instructions						

Schedule A (Form 990 or 990-EZ) 2019

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.)

Calendar year (or fiscal year beginning in) ► 10 GHs, garks, contributions, and membership fee received. (Do not include any "unusual grants,") Gross receipts from admissions, mechandles torgistical of any activity bits include any "unusual grants,") Gross receipts from admissions, mechandles torgistical of any activity bits include to the organization's bondit and elifter paid to the organization without charge	Secti	on A. Public Support			<i>,</i> ,		,	
excelved. (Do not include any 'unusal graits') 45,542 45,002 44,977 58,086 30,039 2 Gross recipts from advises tabled to the construction of received in any activity that is related to the construction of received in any activity that is related to the construction of received in a scheduly that is related to the construction of received in a scheduly that is related to the construction of received in a scheduly that is related to the construction of received in a scheduly that is related to the construction of received in a scheduly that is related to the construction of received in a schedule that is related to the construction of received in a schedule that is related to the construction of received in a mount of a schedule related to the construction of received in a mount of a schedule represense. 0	Calen	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
2 Cross receipts from admissions, mechandias sold or services performed, or faillites furnished in any activity that is related to the organization's banek many perform. 0	1							
solid or services performed, or facilities furnished in any activity flats related to the organization's tarkwamp papea	-		45,542	45,062	46,702	144,917	58,086	340,309
tunished in any activity that is related to the organization star-exempt propes 46,476 59,464 53,331 73,592 55,167 288,030 3 Gross receipts from activities that are not an unrelated two or business and enter pation 13 0 <t< th=""><th>2</th><td>Gross receipts from admissions, merchandise</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	2	Gross receipts from admissions, merchandise						
a Gross receipts for activities that are not an unrelated trade or business under section 513 0								
unrelited trade or business under section 513 0 0 0 0 0 0 0 4 Tax revenues levide of the or expended on its behalf 0		organization's tax-exempt purpose	46,476	59,464	53,331	73,592	55,167	288,030
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3	•						
organization's benefit and either paid to or expended on its beheff and either paid to or expended on its beheff and either paid to organization without charge			0	0	0	0		0
or expended on its behalf 0	4							
5 The value of services or facilities furnished by a governmental unit to the organization without charge								
furnished by a governmental unit to the organization without charge 0 14,584 0 14,584 0 14,584 0 14,584 0 14,584 0 14,584 0 16,584 0 102,000 0 102,000 0 102,000 0 102,000 0 102,000 0 102,000 0 102,000 0 102,000 102,000 102,000 102,000 102,000 102,000 102,000 102,000 102,000 102,000 102,000 103,253 6,28,339 103,253 6,28,339 103,254	_		0	0	0	0		0
organization without charge	5							
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and 3 received from disqualified persons. 0 0 0 14,584 0 14,584 b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year o 0 0 0 0 102,000 0 102,000 c Add lines 7a and 7b . . 0 0 0 0 116,584 0 116,584 8 Public support. Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9 Amounts from lineses. . <t< th=""><th>6</th><td></td><td></td><td>-</td><td></td><td>-</td><td>112.052</td><td></td></t<>	6			-		-	112.052	
received from disqualified presons . 0 0 14,584 0 14,584 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 0 0 102,000 0 102,000 c Add lines 7 and 7b . 0 0 0 102,000 0 116,584 0 116,584 0 116,584 0 116,584 0 116,584 0 116,584 0 116,584 0 116,584 0 116,584 0 116,584 0 116,584 0 116,584 0 116,584 <t< th=""><th></th><td>-</td><td>92,018</td><td>104,526</td><td>100,033</td><td>218,509</td><td>113,253</td><td>628,339</td></t<>		-	92,018	104,526	100,033	218,509	113,253	628,339
b Amounts included on lines 2 and 3 received from other than disquilified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c 0 </th <th>74</th> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>14 504</td> <td>0</td> <td>14 504</td>	74		0	0	0	14 504	0	14 504
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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

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Page 5

2

1

Yes No

Yes No

Part	V Supporting Organizations (continued)		Yes	No
11 а	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		103	
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		

Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	0		
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. *Answer (a) and (b) below.*
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
		· · · - · · · · ·	

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

Schedule A (Form 990 or 990-EZ) 2019

1 2	on D-Distributions Amounts paid to supported organizations to accomplish e			Current Year
2	Amounts paid to supported organizations to accomplish e			Current rear
		exempt purposes		
	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	nizations		
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to whicl (provide details in Part VI). See instructions.	h the organization is res	ponsive	
	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
-	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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 A, Part III, Line 12 - Reimbursement for printed vocal scores ------

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.

► Attach to Form 990 or 990-EZ.

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



Employer identification number

20-1241410

Department of the Treasury Internal Revenue Service Name of the organization

VICTORIAN LYRIC OPERA COMPANY

Cat. No. 51056K

Schedule O, Statement 1	VICTORIAN LYRIC OPERA COMPANY
Form: Form 990-EZ (2019)	EIN: 20-1241410
Page: 1	Part I, Line 8
Other Revenu	e Structured Explanation
Description	Amount
Costume Rental	1,500
Set Rental	4,000
Vocal Score Reimbursement	565
Miscellaneous	181
Advertising	200
Total:	6,446

Schedule O, Statement 2

Form: Form 990-EZ (2019)

Page: 1

EIN: 20-1241410

Part I, Line 16

Other Expenses Structure	d Explanation
--------------------------	---------------

Description	Amount
Accounting System	2,148
Production Expenses	5,146
Membership Donor system	2,310
Office Expenses	3,304
Insurance	1,741
Fundraising Fees	744
Meals Entertainment Travel	1,637
Supplies	838
Total:	17,868

Schedule O, Statement 3	VICTORIAN LYRIC OPERA COMPANY
Form: Form 990-EZ (2019)	EIN: 20-1241410
Page: 2	Part II, Line 24
Other Assets	Structured Explanation
Description	EOY Amount
Props	2,687
Orchestra Scores	6,964
Equipment	5,790
Costumes	29,439
Total:	44,880

Schedule O, Statement 4

Form: Form 990-EZ (2019)

Page: 2

VICTORIAN LYRIC OPERA COMPANY

EIN: 20-1241410

Part III

Primary Exempt Purpose

Primary Exempt Purpose

The mission of the company has been and continues to be to provide high quality performances of light operatic works, providing educational and performance opportunities to our community.

Schedule O, Statement 5	VICTORIAN LYRIC OPERA COMPANY			
Form: Form 990-EZ (2019)	EIN: 20-1241410			
Page: 2	Part III, Line 31			
Other Program Service Accomplishments				
Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses	
Two performances of a pair of one acts including the world premier of Brides & Mothers by Sean Pflueger & Laura Wehrmeyer Fuentes.	0		10,499	
Preliminary expenses for Sousa's El Capitan . The show was cancelled due to COVID-19	0		1,932	
Total:			12,431	

Schedule O, Statement 6

EIN: 20-1241410

Part IV

Form: Form 990-EZ (2019)

Page: 2

Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense	
Name	Deborah Peetz	1.00	0	0	0	
Title	Director					
Name	Kent Woods	1.00	0	0	0	
Title	Director					
Name	Denise Young	3.00	0	0	0	
Title	Director					
Name	Ross Capon	1.00	0	0	0	
Title	Director					