| Form | <b>990-EZ</b> |  |
|------|---------------|--|

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<br>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<br>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 <b>not</b> |
| 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:<br>Gross income from gaming (attach Schedule G if greater than |                             |           |            |             |                    |                   |                   |
| Ð             | а   | \$15,000) .   |   |                             |           |            |             |                    |                   |                   |
| nué           | h   |   |   | · · · · · · · ·             | 6a        |            | 0           | -                  |                   |                   |
| Revenue       | b   | <ul> <li>Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the</li> </ul> |   |                             |           |            |             |                    |                   |                   |
| £             |   |   | 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 <b>990-E</b> | <b>Z</b> (2019)   |

| Form   | 990-EZ (2019)   |  |   |   |  | Page <b>2</b>                              |
|--------|---|--|---|---|--|--|
| 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  | <b>plishments</b> (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<br>(c)(3) and 501(c)(4) |
| as m   | ribe the organization's program service accomplis<br>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 |   | ·····   | <b>0</b> 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 .  | 🕨 🗌   | <b>29</b> 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<br>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<br>hours per week<br>devoted to position   | Compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-) | contributions to employe<br>benefit plans, and<br>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)  | -  |   |   |  |  |
|        |   |  |   |   |  |  |

| Form 99           | 90-EZ (2019)   |            | Р     | age 3   |
|-------------------|--|------------|-------|---------|
| 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<br>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<br>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<br>b          | Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0<br>Did the organization file <b>Form 1120-POL</b> for this year?   | 37b        |       | ~       |
| 38a               | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> 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<br>39<br>a<br>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:<br>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<br>d            | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed<br>on organization managers or disqualified persons during the year under sections 4912,<br>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 ►<br>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<br>V |
|                   | If "Yes," enter the name of the foreign country<br>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? .<br>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<br>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<br>d            | Did the organization receive any payments for indoor tanning services during the year?   | 44c<br>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        |       | ~       |

|      | 90-EZ (2019)  |                                       |   |  |                           | F      | Page     |
|------|---|---------------------------------------|---|--|---------------------------|--------|----------|
|      |   |                                       |   |  |                           | 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    | .∟<br>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?   | . <b>49</b> a             |        | V        |
| b    | If "Yes," was the related organization a  | section 527 organizatio               | on?   |  | . <b>49b</b>              |        |          |
| 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<br>devoted to position | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC) | (d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred<br>compensation | (e) Estimate<br>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<br>rrect, and complete. Declaration of preparer (other than officer) is based on all info |                     |                  |

| Sign<br>Here     | Signature of officer     Date       Blair Eig, Treasurer     Date |                                     |      |                           |            |  |  |  |
|------------------|---|-------------------------------------|------|---------------------------|------------|--|--|--|
|                  | Type or print name and title                                      |                                     |      |                           |            |  |  |  |
| Paid<br>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 33<sup>1</sup>/<sub>3</sub>% 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 33<sup>1</sup>/<sub>3</sub>% 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).

| <b>g</b>                           |          |   |     |                                      |   |   |
|------------------------------------|----------|---|-----|--------------------------------------|---|---|
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1–10<br>above (see instructions)) |     | rganization<br>ur governing<br>ment? | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>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<br/>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) 🕨   | <b>(a)</b> 2015                   | <b>(b)</b> 2016                 | (c) 2017                        | (d) 2018                          | (e) 2019                         | (f) Total                       |
| 1              | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>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<br>furnished by a governmental unit to the<br>organization without charge  |                                   |                                 |                                 |                                   |                                  |                                 |
| 4              | Total. Add lines 1 through 3   |                                   |                                 |                                 |                                   |                                  |                                 |
| 5              | The portion of total contributions by<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount<br>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) 🕨   | <b>(a)</b> 2015                   | <b>(b)</b> 2016                 | (c) 2017                        | ( <b>d)</b> 2018                  | (e) 2019                         | (f) Total                       |
| 7              | Amounts from line 4  |                                   |                                 |                                 |                                   |                                  |                                 |
| 8              | Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties, and income from<br>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<br>loss from the sale of capital assets<br>(Explain in Part VI.)  |                                   |                                 |                                 |                                   |                                  |                                 |
| 11<br>12<br>13 | <b>Total support.</b> Add lines 7 through 10<br>Gross receipts from related activities, etc.<br><b>First five years.</b> If the Form 990 is for the<br>organization, check this box and <b>stop he</b>             | ne organizatior                   | n's first, secon                | nd, third, fourth               | n, or fifth tax y                 | 12<br>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            | <b>33</b> <sup>1</sup> /3% <b>support test</b> — <b>2019.</b> If the organization qua  | lifies as a publ                  | licly supported                 | organization                    |                                   |                                  | 🕨 🗆                             |
| b              | <b>33</b> <sup>1</sup> /3% <b>support test—2018.</b> If the organi this box and <b>stop here.</b> The organization   |                                   |                                 |                                 |                                   |                                  |                                 |
| 17a            | <b>10%-facts-and-circumstances test</b> — <b>20</b><br>10% or more, and if the organization me<br>Part VI how the organization meets the "<br>organization   | eets the "facts<br>facts-and-circ | -and-circumst<br>cumstances" te | ances" test, cleat. The organ   | heck this box<br>ization qualifie | and <b>stop here</b>             | . Explain in                    |
| b              | <b>10%-facts-and-circumstances test</b> — <b>20</b><br>15 is 10% or more, and if the organizat<br>Explain in Part VI how the organization in<br>supported organization   | ntion meets the fac               | he "facts-and-<br>ts-and-circum | circumstances<br>stances" test. | " test, check<br>The organizat    | this box and<br>ion qualifies as | stop here.<br>s a publicly<br>► |
| 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) ►<br>10 GHs, garks, contributions, and membership fee<br>received. (Do not include any "unusual grants,")<br>Gross receipts from admissions, mechandles<br>torgistical of any activity bits include any "unusual grants,")<br>Gross receipts from admissions, mechandles<br>torgistical of any activity bits include to the<br>organization's bondit and elifter paid to the<br>organization without charge   | Secti | on A. Public Support                              |                  |                   | <i>,</i> <b>,</b> |                 | ,                |                  |
|---|-------|---|------------------|-------------------|-------------------|-----------------|------------------|------------------|
| 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>(b)</b> 2016   | (c) 2017          | (d) 2018        | <b>(e)</b> 2019  | <b>(f)</b> Total |
| 2         Cross receipts from admissions, mechandias<br>sold or services performed, or faillites<br>furnished in any activity that is related to the<br>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<br>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<br>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<br>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<br>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<br>or expended on its beheff and either paid to<br>or expended on its beheff and either paid to<br>organization without charge  |       |   | 0                | 0                 | 0                 | 0               |                  | 0                |
| or expended on its behalf          0  | 4     |   |                  |                   |                   |                 |                  |                  |
| 5       The value of services or facilities<br>furnished by a governmental unit to the<br>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<br>received from disqualified persons.       0       0       0       14,584       0       14,584         b       Amounts included on lines 2 and 3<br>received from disqualified<br>persons that exceed the greater of \$5,000<br>or 1% of the amount on line 13 for the year<br>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<br>received from other than disqualified<br>persons that exceed the greater of \$5,000<br>or 1% of the amount on line 13 for the year<br>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<br>received from other than disquilified<br>persons that exceed the greater of \$5,000<br>or 1% of the amount on line 13 for the year<br>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           |
| received from other than disqualified<br>persons that exceed the greater of \$5,000<br>or 1% of the amount on line 13 for the year       0       0       0       0       0       102,000       0       102,000         c       Add lines 7a and 7D       .       .       0       0       0       0       116,584       0       113,253       628,339       0 <t< th=""><th>h</th><td></td><td>0</td><td>0</td><td>0</td><td>14,304</td><td>U</td><td>14,304</td></t<>   | h     |   | 0                | 0                 | 0                 | 14,304          | U                | 14,304           |
| persons that exceed the greater of \$5,000         0         0         0         0         0         0         0         102,000         0         102,000         0         102,000         0         102,000         0         102,000         0         102,000         0         102,000         0         116,584         0         113,253         628,339         100         3         2         1         4,149         5,500         9,655         0         Unrelated business taxable income (less section 511 taxes) from businesses acquired after Jun 30, 1975         0         0         0         0         0         0         0         0         0         0         0         0         0         0   | b     |   |                  |                   |                   |                 |                  |                  |
| or 1% of the amount on line 13 for the year       o   |       |   |                  |                   |                   |                 |                  |                  |
| c       Add lines 7a and 7b       0       0       0       0       0       116,584       116,584       116,584       116,584       116,584       116,584       116,584       116,581,59       112,55       112,55       113,55       113,55       116,55       116,55 <t< th=""><th></th><td><b>3</b></td><td>n</td><td>n</td><td>n</td><td>102.000</td><td>0</td><td>102.000</td></t<>  |       | <b>3</b>  | n                | n                 | n                 | 102.000         | 0                | 102.000          |
| 8       Public support. (Subtract line 7c from line 6)  | С     | Add lines 7a and 7b                               |                  | -                 |                   |                 |                  |                  |
| Section B. Total Support       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         9       Amounts from line 6   | -     |   |                  | -                 |                   |                 | -                |                  |
| Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         9       Amounts from line 6       .       .       92,018       104,526       100,033       218,509       113,253       628,339         10a       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .       3       2       1       4,149       5,500       9,655         b       Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975       .       0  |       |   |                  |                   |                   |                 |                  | 511,755          |
| 9       Amounts from line 6   | Secti |   |                  |                   |                   |                 |                  |                  |
| 10a       Gross income from interest, dividends, payments received on securities leans, rents, royalties, and income from similar sources .       3       2       1       4,149       5,500       9,655         b       Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975       0   | Calen | dar year (or fiscal year beginning in) ►          | <b>(a)</b> 2015  | <b>(b)</b> 2016   | (c) 2017          | (d) 2018        | <b>(e)</b> 2019  | (f) Total        |
| payments received on securities loans, rents, royatiles, and income from similar sources.       3       2       1       4,149       5,500       9,655         b       Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975       0       0       0       0       0         c       Add lines 10a and 10b        3       2       1       4,149       5,500       9,655         11       Net income from unrelated business acquired after June 30, 1975       0       0       0       0       0       0         12       Other income from unrelated business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)       0       0       0       0       0       0       0         13       Total support. (Add lines 9, 10c, 11, and 12.)       0       0       250       479       746       1,475         14       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here   | 9     | Amounts from line 6                               | 92,018           | 104,526           | 100,033           | 218,509         | 113,253          | 628,339          |
| royatties, and income from similar sources .       3       2       1       4,149       5,500       9,655         b       Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0       0 <th>10a</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>   | 10a   |   |                  |                   |                   |                 |                  |                  |
| b       Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975       1       1       1       1       1       1       1       1       1       1       1       1       1       0   |       |   |                  |                   |                   |                 |                  |                  |
| section 511 taxes) from businesses<br>acquired after June 30, 1975       0 <th></th> <td></td> <td>3</td> <td>2</td> <td>1</td> <td>4,149</td> <td>5,500</td> <td>9,655</td>  |       |   | 3                | 2                 | 1                 | 4,149           | 5,500            | 9,655            |
| acquired after June 30, 1975       0 <td< th=""><th>b</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>   | b     |   |                  |                   |                   |                 |                  |                  |
| c       Add lines 10a and 10b       3       2       1       4,149       5,500       9,655         11       Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on       0       0       0       0       0       0       0         12       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       0       0       0       0       0       0       0       0       0         13       Total support. (Add lines 9, 10c, 11, and 12.)       0   |       |   |                  |                   |                   |                 |                  | _                |
| 11       Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.).       0       0       0       0       0       0         12       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).       0       0       0       0       0       0       0         13       Total support. (Add lines 9, 10c, 11, and 12.)       0<   | -     | •   |                  |                   |                   |                 | 5 500            |                  |
| activities not included in line 10b, whether<br>or not the business is regularly carried on<br>loss from the sale of capital assets<br>(Explain in Part VI.)       0       0       0       0       0         12       Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)       0       0       250       479       746       1,475         13       Total support. (Add lines 9, 10c, 11,<br>and 12.)       0       0       250       479       746       1,475         14       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)<br>organization, check this box and stop here             5       Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))        15       80.03 %         16       Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))        17       1.51 %         18       Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))        18       0.71 %         19a       33'a% support tests-2019. If the organization did not check the box on line 14, and line 15 is more than 33'a%, and line 17 is not more than 33'a%, check this box and stop here. The organization qualifies as a publicly supported organization       Image: 20         33'a% support tests-2018. If the organization did not   |       |   | 3                | 2                 | 1                 | 4,149           | 5,500            | 9,655            |
| or not the business is regularly carried on<br>loss from the sale of capital assets<br>(Explain in Part VI.)  |       |   |                  |                   |                   |                 |                  |                  |
| 12       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       0       0       0       250       479       746       1,475         13       Total support. (Add lines 9, 10c, 11, and 12.)       92,021       104,528       100,284       223,137       119,499       639,469         14       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  |       |   | 0                | 0                 | 0                 | 0               |                  | 0                |
| loss from the sale of capital assets<br>(Explain in Part VI.)       0       0       250       479       746       1,475         13       Total support. (Add lines 9, 10c, 11,<br>and 12.)       9,00c, 11,<br>92,021       104,528       100,284       223,137       119,499       639,469         14       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)<br>organization, check this box and stop here   | 12    |   |                  | 0                 | 0                 |                 |                  | 0                |
| (Explain in Part VI.)       0       0       250       479       746       1,475         13       Total support. (Add lines 9, 10c, 11,<br>and 12.)       92,021       104,528       100,284       223,137       119,499       639,469         14       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)<br>organization, check this box and stop here       .   | 12    |   |                  |                   |                   |                 |                  |                  |
| 13       Total support. (Add lines 9, 10c, 11, and 12.)       92,021       104,528       100,284       223,137       119,499       639,469         14       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here   |       | •   | 0                | 0                 | 250               | 479             | 746              | 1,475            |
| and 12.)       92,021       104,528       100,284       223,137       119,499       639,469         14       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       Image: Computation of Public Support Percentage         5       Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))       15       80.03 %         16       Public support percentage from 2018 Schedule A, Part III, line 15       16       75.81 %         Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))       17       1.51 %         18       Investment income percentage from 2018 Schedule A, Part III, line 17       18       0.71 %         19a       33 <sup>1</sup> /3% support tests – 2019. If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> /3%, and line       Image: Private foundation. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> /3%, and line 18 is not more than 33 <sup>1</sup> /3%, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       Image: | 13    |   |                  | Ŭ                 |                   | ,               |                  | .,               |
| organization, check this box and stop here         Section C. Computation of Public Support Percentage         15       Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))       15       80.03 %         16       Public support percentage from 2018 Schedule A, Part III, line 15       16       75.81 %         Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))       17       1.51 %         18       Investment income percentage from 2018 Schedule A, Part III, line 17       18       0.71 %         19a       33 <sup>1</sup> / <sub>3</sub> % support tests – 2019. If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         b       33 <sup>1</sup> / <sub>3</sub> % support tests – 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       ▶   |       | and 12.)  | 92,021           | 104,528           | 100,284           | 223,137         | 119,499          | 639,469          |
| Section C. Computation of Public Support Percentage         15       Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))       15       80.03 %         16       Public support percentage from 2018 Schedule A, Part III, line 15       16       75.81 %         Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))       17       1.51 %         18       Investment income percentage from 2018 Schedule A, Part III, line 17       18       0.71 %         19a       33 <sup>1</sup> / <sub>3</sub> % support tests – 2019. If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         b       33 <sup>1</sup> / <sub>3</sub> % support tests – 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       ▶  | 14    | First five years. If the Form 990 is for the      | ne organization  | 's first, secon   | d, third, fourth, | or fifth tax ye | ear as a section | n 501(c)(3)      |
| 15       Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))       15       80.03 %         16       Public support percentage from 2018 Schedule A, Part III, line 15       16       75.81 %         Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))       17       1.51 %         18       Investment income percentage from 2018 Schedule A, Part III, line 17       18       0.71 %         19a       33 <sup>1</sup> / <sub>3</sub> % support tests-2019. If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         b       33 <sup>1</sup> / <sub>3</sub> % support tests-2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       ▶  |       | organization, check this box and <b>stop here</b> |                  |                   |                   |                 |                  |                  |
| 16       Public support percentage from 2018 Schedule A, Part III, line 15       16       75.81 %         Section D. Computation of Investment Income Percentage       17       Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))       17       1.51 %         18       Investment income percentage from 2018 Schedule A, Part III, line 17       18       0.71 %         19a       33 <sup>1</sup> / <sub>3</sub> % support tests-2019. If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         b       33 <sup>1</sup> / <sub>3</sub> % support tests-2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       ▶  | Secti |   |                  |                   |                   |                 |                  |                  |
| Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))       17       1.51 %         18       Investment income percentage from 2018 Schedule A, Part III, line 17       17       1.51 %         19a       33 <sup>1</sup> / <sub>3</sub> % support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and stop here. The organization qualifies as a publicly supported organization       ▶          b       33 <sup>1</sup> / <sub>3</sub> % support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and stop here. The organization qualifies as a publicly supported organization       ▶          20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       ▶  |       |   |                  |                   |                   |                 |                  |                  |
| <ul> <li>17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 1.51 %</li> <li>18 Investment income percentage from 2018 Schedule A, Part III, line 17</li></ul>   |       | Public support percentage from 2018 Sch           | nedule A, Part I | II, line 15 .     |                   |                 | 16               | 75.81 %          |
| <ul> <li>18 Investment income percentage from 2018 Schedule A, Part III, line 17</li></ul>  |       |   |                  |                   |                   |                 |                  |                  |
| <ul> <li>19a 33<sup>1</sup>/<sub>3</sub>% support tests – 2019. If the organization did not check the box on line 14, and line 15 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 17 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and stop here. The organization qualifies as a publicly supported organization . ►</li> <li>b 33<sup>1</sup>/<sub>3</sub>% support tests – 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 18 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and stop here. The organization qualifies as a publicly supported organization .</li> <li>C Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.</li> </ul>   |       |   |                  |                   | -                 |                 |                  |                  |
| <ul> <li>17 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>33<sup>1</sup>/<sub>3</sub>% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 18 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</li> </ul>   |       |   |                  |                   |                   |                 |                  |                  |
| <ul> <li>b 33¹/₃% support tests – 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/₃%, and line 18 is not more than 33¹/₃%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</li> </ul>  | 19a   |   |                  |                   |                   |                 |                  | · · · · ·        |
| <ul> <li>line 18 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</li> </ul>  | Ŀ     |   | -                | -                 | -                 |                 | -                |                  |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions   | a     |   |                  |                   |                   |                 |                  |                  |
|   | 20    |   |                  |                   |                   |                 |                  |                  |
|   | 20    | The organization in the organization of           | a not unduk a l  | 55X 011 III C 14, | 100,01100,0       |                 |                  |                  |

# 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<br>а | Has the organization accepted a gift or contribution from any of the following persons?<br>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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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<br>(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<br>(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>b</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 <b>Part VI</b> ): |    |                          |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                           | 2  |                          |                                |
| 3 Subtract line 2 from line 1d.  | 3  |                          |                                |
| 4 Cash deemed held for exempt use. Enter 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  |                          |                                |
| <b>3</b> 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  |                          |                                |
|  |    | · · · <b>-</b> · · · · · |                                |

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<br>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<br>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 <b>Part VI</b> ). 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)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1   | Distributable amount for 2019 from Section C, line 6   |                             |  |   |
|     | Underdistributions, if any, for years prior to 2019<br>(reasonable cause required—explain in <b>Part VI</b> ). See<br>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<br>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<br>any. Subtract lines 3g and 4a from line 2. For result<br>greater than zero, explain in <b>Part VI.</b> See instructions. |                             |  |   |
| -   | Remaining underdistributions for 2019. Subtract lines 3h<br>and 4b from line 1. For result greater than zero, explain in<br><b>Part VI.</b> 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: <b>20-1241410</b>        |
| 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)

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# 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<br>Allocations     | Includes<br>Foreign<br>Grants | Program<br>Service<br>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)

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# 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      |       |              |          |         |  |
|       |               |       |              |          |         |  |