efile Public Visual Render

Signature Block

ObjectId: 202421369349309332 - Submission: 2024-05-15

TIN: 73-0643311

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public Inspection

A F	or th	ne 2022 c <u>a</u>	alendar year, or tax year beginning 07-01-2022 , and endi	ng 06-30	-2023			
B Che	ck if a	applicable:	C Name of organization TULSA OPERA INC			D Employe	er identif	fication number
O Ad	dress	change	TOLSA OPERA INC			73-0643	311	
		hange	Doing business as					
O Ini		eturn rn/terminated	Doing business us					
		ed return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	te	E Telephone	e number	
		ion pending	1610 S BOULDER AVE			(918) 58	32-3824	ļ
			City or town, state or province, country, and ZIP or foreign postal code					
			TULSA, OK 74119			G Gross red	ceipts \$ 2	.,009,836
		•	F Name and address of principal officer:		H(a) Is this	a group ret	urn for	
			Kelly Kirby 1610 S BOULDER AVE			linates?		☐Yes ☑No
			TULSA, OK 74119		H(b) Are all	subordinate	es	☐ Yes ☐No
I Tax	-exer	mpt status:	✓ 501(c)(3) □ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □	527	include		ct Soo	instructions.
1 \A/	obci	to. b	w.tulsaopera.com	5 527	H(c) Group			
J W	EDSI	te. P www	w.tuisaopera.com		() C. Gup	o,tope.o		-
K Forn	n of o	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other ►		L Year of forma	tion: 1948	M State	of legal domicile: OK
Ps	art I	Sumr	mary					
- 10			scribe the organization's mission or most significant activities:					
		TULSA OPE	ERA, INC. OPERATES IN THE STATE OF OKLAHOMA FOR THE PRIM					
G.		TULSA OPE	ARLY OPERA, FOR THE GENERAL PUBLIC, INCLUDING MAINSTAGE ERA CONDUCTS VARIOUS EDUCATIONAL PROGRAMS.	PRODUC	ITONS. IN ADI	OITION TO I	IHESE P	RODUCTIONS,
ā								
E E								
Governance	_	Charle this	s box ▶ □					
	3		of voting members of the governing body (Part VI, line 1a)				3	17
S	4		of independent voting members of the governing body (Part VI, line			•	4	17
Activities &	5		nber of individuals employed in calendar year 2022 (Part V, line 2a		5	178		
ct			nber of volunteers (estimate if necessary)	•		_	6	37
4			elated business revenue from Part VIII, column (C), line 12			-	7a	0
			ated business taxable income from Form 990-T, Part I, line 11 .				7b	
	_	14CC GIII CII	deca business taxable meante from Form 330 1, Fare 1, mile 11	•	Pric	r Year	1,5	Current Year
	Q	Contributi	ions and grants (Part VIII, line 1h)			671,8	Q./I	1,317,167
≗			service revenue (Part VIII, line 2g)			394,8	-	437,064
Revenue		•	nt income (Part VIII, column (A), lines 3, 4, and 7d)			394,0	41	437,004
æ				•		157,0	10	-
			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		128,302 1,882,533			
			enue—add lines 8 through 11 (must equal Part VIII, column (A), lin			1,223,7	33	
			nd similar amounts paid (Part IX, column (A), lines 1–3)					0
			paid to or for members (Part IX, column (A), line 4)					0
88			other compensation, employee benefits (Part IX, column (A), lines	68	833,848			
SUS			nal fundraising fees (Part IX, column (A), line 11e)					0
Expenses	b	Total fundra	aising expenses (Part IX, column (D), line 25)					
ш	17	Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	•		2,123,1	85	1,722,242
	18	Total expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			2,888,2	53	2,556,090
	19	Revenue l	less expenses. Subtract line 18 from line 12	<u> </u>		-1,664,5	18	-673,557
Ces					Beginning o	of Current Ye	ar	End of Year
Net Assets or Fund Balances	20	Total acce	ets (Part X, line 16)			1,342,7	09	1,317,392
AB			ilities (Part X, line 26)	•		2,546,8		3,095,134
Neg E			s or fund balances. Subtract line 21 from line 20			-1,204,1		-1,777,742
and the same	~~	יוכנ מסטפני	S OF TUTIO DATATICES, SUDITACL HITE ZI HUIH HITE ZU			-1,204,10	UJ	-1,///,/42

lì					2024-05-15		
gn	Signature of officer				Date		
ere	Kelly Kirby Treasurer						
l)	Type or print name and title						
•	Print/Type preparer's name	Preparer's	signature	Date	Check if	PTIN P00049979	
aid	Finds on P. World or File 0	A			self-employed		
reparer	Firm's name	Associates PLLC			Firm's EIN 🕨 2	20-2739052	
se Only	Firm's address 321 S Boston Ste	200			Phone no. (918	3) 584-4800	
	Tulsa, OK 74103	3					
y the IRS	discuss this return with the preparer	shown above? S	See Instructions			. 🔽 Ye	es 🗆 No
r Paperwo	ork Reduction Act Notice, see the	e separate insti	ructions.	Cat.	No. 11282Y		Form 990 (202
			— Page 2 ———				
rm 990 (20	22)						Page
Part III	Statement of Program Servi	ce Accomplis	hments				. 490
	Check if Schedule O contains a resp	-					\square
•	describe the organization's mission:						
ILSA OPERA	A, INC. OPERATES IN THE STATE OF LY OPERA, FOR THE GENERAL PUBLI	OKLAHOMA FOR	THE PRIMARY PURPOSE	OF FURTHER	ING THE APPRE	CIATION O	F MUSIC,
	ARIOUS EDUCATIONAL PROGRAMS.		AINSTAGE FRODUCTION	is. IN ADDITIO	JN TO THESE F	RODUCTIO	NS, TOLSA OFERA
Did the	organization undertake any signific	ant program ser	vices during the year wh	ich were not li	sted on	_	_
						L	Yes 🛂 No
If "Yes,	" describe these new services on So	hedule O					
Did the	e organization cease conducting, or i		changes in how it condu	cts, any progra	am		
service	organization cease conducting, or i	make significant	changes in how it condu	cts, any progra	am 		☐ Yes ☑ No
service If "Yes,	organization cease conducting, or i	make significant	changes in how it condu	cts, any progra	am 		☐ Yes ☑ No
service If "Yes, Describ	e organization cease conducting, or its? " describe these changes on Schedule the organization's program service	make significant ule O. e accomplishmer	nts for each of its three l	argest prograr	· · · · · · · · · · · · · · · · · · ·		y expenses.
service If "Yes, Describ Section	e organization cease conducting, or research	make significant i	nts for each of its three l	argest prograr	· · · · · · · · · · · · · · · · · · ·		y expenses.
service If "Yes, Describ Section and rev	e organization cease conducting, or its? " describe these changes on Schedule the organization's program service to 501(c)(3) and 501(c)(4) organizativenue, if any, for each program service.	make significant	nts for each of its three l	argest prograr	 n services, as r locations to oth		y expenses. al expenses,
service If "Yes, Describ Section and rev a (Code:	e organization cease conducting, or is? " describe these changes on Schedule the organization's program service 501(c)(3) and 501(c)(4) organizativenue, if any, for each program service) (Expenses \$	make significant ule O. e accomplishmer ions are required rice reported. 2,051,931	nts for each of its three l	argest prograr	· · · · · · · · · · · · · · · · · · ·		y expenses.
service If "Yes, Describ Section and rev	e organization cease conducting, or its? " describe these changes on Schedule the organization's program service to 501(c)(3) and 501(c)(4) organizativenue, if any, for each program service.	make significant ule O. e accomplishmer ions are required rice reported. 2,051,931	nts for each of its three l	argest prograr	 n services, as r locations to oth		y expenses. al expenses,
service If "Yes, Descrit Section and rev (Code: OPERAS	e organization cease conducting, or is? " describe these changes on Schedule the organization's program service 501(c)(3) and 501(c)(4) organizativenue, if any, for each program service) (Expenses \$	make significant ule O. e accomplishmer ions are required rice reported. 2,051,931	nts for each of its three I I to report the amount of including grants of \$	argest prograr	 n services, as r locations to oth		y expenses. al expenses,
service If "Yes, Descrit Section and re (Code: OPERAS	e organization cease conducting, or is? " describe these changes on Scheduce the organization's program service 1501(c)(3) and 501(c)(4) organizativenue, if any, for each program servicenue, if a	make significant ule O. e accomplishmer ions are required ice reported. 2,051,931 INTO THE WOODS	nts for each of its three I I to report the amount of including grants of \$ including grants of \$	argest prograr	n services, as r locations to oth		y expenses. cal expenses,
service If "Yes, Descrit Section and re (Code: OPERAS	e organization cease conducting, or its? " describe these changes on Schedule the organization's program service 1501(c)(3) and 501(c)(4) organizativenue, if any, for each program service) (Expenses \$ INCLUDE THE ITALIAN GIRL, AIDA AND 10) (Expenses \$) (Expenses \$	make significant ule O. e accomplishmer ions are required ice reported. 2,051,931 INTO THE WOODS	nts for each of its three I I to report the amount of including grants of \$ including grants of \$	argest prograr	n services, as r locations to oth		y expenses. cal expenses,
service If "Yes, Describ Section and rev a (Code: OPERAS b (Code: EDUCAT	e organization cease conducting, or its? " describe these changes on Schedule the organization's program service 1501(c)(3) and 501(c)(4) organizativenue, if any, for each program service) (Expenses \$ INCLUDE THE ITALIAN GIRL, AIDA AND 10) (Expenses \$) (Expenses \$	make significant ule O. e accomplishmer ions are required ice reported. 2,051,931 INTO THE WOODS	nts for each of its three I I to report the amount of including grants of \$ including grants of \$	argest prograr	n services, as r locations to oth		y expenses. cal expenses,
service If "Yes, Describ Section and rev a (Code: OPERAS b (Code: EDUCAT	e organization cease conducting, or is? " describe these changes on Schedule the organization's program service 501(c)(3) and 501(c)(4) organizativenue, if any, for each program service (a. 501 c) (Expenses \$ 1 INCLUDE THE ITALIAN GIRL, AIDA AND 1 c) (Expenses THE ITALIAN GIRL) (EXPENSE TH	make significant ule O. e accomplishmer ions are required ice reported. 2,051,931 INTO THE WOODS	including grants of \$ AND RECITALS	argest prograr	n services, as r locations to oth) (Revenue \$		y expenses. cal expenses,
service If "Yes, Describ Section and rev a (Code: OPERAS b (Code: EDUCAT	e organization cease conducting, or is? " describe these changes on Schedule the organization's program service 501(c)(3) and 501(c)(4) organizativenue, if any, for each program service (a. 501 c) (Expenses \$ 1 INCLUDE THE ITALIAN GIRL, AIDA AND 1 c) (Expenses THE ITALIAN GIRL) (EXPENSE TH	make significant ule O. e accomplishmer ions are required ice reported. 2,051,931 INTO THE WOODS	including grants of \$ AND RECITALS	argest prograr	n services, as r locations to oth) (Revenue \$		y expenses. cal expenses,
service If "Yes, Describ Section and rev a (Code: OPERAS b (Code: EDUCAT	e organization cease conducting, or is? " describe these changes on Schedule the organization's program service 501(c)(3) and 501(c)(4) organizativenue, if any, for each program service (a. 501 c) (Expenses \$ 1 INCLUDE THE ITALIAN GIRL, AIDA AND 1 c) (Expenses THE ITALIAN GIRL) (EXPENSE TH	make significant ule O. e accomplishmer ions are required ice reported. 2,051,931 INTO THE WOODS	including grants of \$ AND RECITALS	argest prograr	n services, as r locations to oth) (Revenue \$		y expenses. cal expenses,
service If "Yes, Describ Section and rev a (Code: OPERAS b (Code: EDUCAT	e organization cease conducting, or is? " describe these changes on Schedule the organization's program service 501(c)(3) and 501(c)(4) organizativenue, if any, for each program service (a. 501 c) (Expenses \$ 1 INCLUDE THE ITALIAN GIRL, AIDA AND 1 c) (Expenses THE ITALIAN GIRL) (EXPENSE TH	make significant ule O. e accomplishmer ions are required ice reported. 2,051,931 INTO THE WOODS	including grants of \$ AND RECITALS	argest prograr	n services, as r locations to oth) (Revenue \$		y expenses. cal expenses,
service If "Yes, Describ Section and rev a (Code: OPERAS b (Code: EDUCAT	e organization cease conducting, or is? " describe these changes on Schedule the organization's program service 501(c)(3) and 501(c)(4) organizativenue, if any, for each program service (a. 501 c) (Expenses \$ 1 INCLUDE THE ITALIAN GIRL, AIDA AND 1 c) (Expenses THE ITALIAN GIRL, AIDA AND 1 c) (Expenses THE ITALIAN GIRL) (EXPENSE THE ITALIAN GI	make significant ule O. e accomplishmer ions are required ice reported. 2,051,931 INTO THE WOODS	including grants of \$ AND RECITALS	argest prograr	n services, as r locations to oth) (Revenue \$		y expenses. cal expenses,
service If "Yes, Describ Section and rev (Code: OPERAS b (Code: EDUCAT	e organization cease conducting, or is? " describe these changes on Schedule the organization's program service 501(c)(3) and 501(c)(4) organizativenue, if any, for each program service (a. 501 c) (Expenses \$ 1 INCLUDE THE ITALIAN GIRL, AIDA AND 1 c) (Expenses THE ITALIAN GIRL, AIDA AND 1 c) (Expenses THE ITALIAN GIRL) (EXPENSE THE ITALIAN GI	make significant ule O. e accomplishmer ions are required ice reported. 2,051,931 INTO THE WOODS	including grants of \$ AND RECITALS	argest prograr	n services, as r locations to oth) (Revenue \$		y expenses. cal expenses,
service If "Yes, Describ Section and rev (Code: OPERAS b (Code: EDUCAT	e organization cease conducting, or is? " describe these changes on Schedule the organization's program service 501(c)(3) and 501(c)(4) organizativenue, if any, for each program service (a. 501 c) (Expenses \$ 1 INCLUDE THE ITALIAN GIRL, AIDA AND 1 c) (Expenses THE ITALIAN GIRL, AIDA AND 1 c) (Expenses THE ITALIAN GIRL) (EXPENSE THE ITALIAN GI	make significant ule O. e accomplishmer ions are required ice reported. 2,051,931 INTO THE WOODS	including grants of \$ AND RECITALS	argest prograr	n services, as r locations to oth) (Revenue \$		y expenses. cal expenses,
service If "Yes, Describ Section and rev (Code: OPERAS EDUCAT	e organization cease conducting, or is? " describe these changes on Schedule the organization's program service 501(c)(3) and 501(c)(4) organizativenue, if any, for each program service (a. 501 c) (Expenses \$ 1 INCLUDE THE ITALIAN GIRL, AIDA AND 1 c) (Expenses THE ITALIAN GIRL, AIDA AND 1 c) (Expenses THE ITALIAN GIRL) (EXPENSE THE ITALIAN GI	make significant ule O. e accomplishmer ions are required ice reported. 2,051,931 INTO THE WOODS	including grants of \$ AND RECITALS	argest prograr	n services, as r locations to oth) (Revenue \$		y expenses. cal expenses,
service If "Yes, Descrit Section and rev OPERAS C (Code: EDUCAT	e organization cease conducting, or res?	make significant ule O. e accomplishmer ions are required rice reported. 2,051,931 INTO THE WOODS 150,311 H PERFORMANCES,	including grants of \$ AND RECITALS	argest prograr	n services, as r locations to oth) (Revenue \$		y expenses. cal expenses,
service If "Yes, Descrit Section and rev OPERAS b (Code: EDUCAT c (Code:	e organization cease conducting, or res?	make significant ule O. e accomplishmer ions are required rice reported. 2,051,931 INTO THE WOODS 150,311 H PERFORMANCES,	including grants of \$ AND RECITALS including grants of \$	argest prograr	n services, as r locations to oth) (Revenue \$) (Revenue \$		y expenses. cal expenses,
service If "Yes, Descrit Section and rev Ia (Code: OPERAS IC (Code: EDUCAT	e organization cease conducting, or response to the conducting of the second conducting of the conducting of the organization's program service (501(c)(3) and 501(c)(4) organizativenue, if any, for each program service (Expenses \$ INCLUDE THE ITALIAN GIRL, AIDA AND INCLUDE THE ITALIAN GIRL, AIDA AND INCLUDE THE ITALIAN OPERA, OUTREACHING (Expenses \$ INCLUDE THE ITALIAN OPERA, OUTREACHING (EXPENSES THE ITALIAN OPERA, OPE	make significant ule O. e accomplishmer ions are required ice reported. 2,051,931 INTO THE WOODS 150,311 H PERFORMANCES, dule O.) cluding grants of	including grants of \$ including grants of \$ including grants of \$ AND RECITALS including grants of \$	argest prograr	n services, as r locations to oth) (Revenue \$) (Revenue \$		y expenses. cal expenses,
service If "Yes, Descrit Section and rev OPERAS COde: EDUCAT Code: (Code: EDUCAT Code: (Code: (C	e organization cease conducting, or res?	make significant ule O. e accomplishmer ions are required rice reported. 2,051,931 INTO THE WOODS 150,311 H PERFORMANCES,	including grants of \$ including grants of \$ including grants of \$ AND RECITALS including grants of \$	argest prograr	n services, as r locations to oth) (Revenue \$) (Revenue \$		y expenses. cal expenses,
service If "Yes, Descrit Section and rev a (Code: OPERAS b (Code: EDUCAT	e organization cease conducting, or response to the conducting of the second conducting of the conducting of the organization's program service (501(c)(3) and 501(c)(4) organizativenue, if any, for each program service (Expenses \$ INCLUDE THE ITALIAN GIRL, AIDA AND INCLUDE THE ITALIAN GIRL, AIDA AND INCLUDE THE ITALIAN OPERA, OUTREACHING (Expenses \$ INCLUDE THE ITALIAN OPERA, OUTREACHING (EXPENSES THE ITALIAN OPERA, OPE	make significant ule O. e accomplishmer ions are required ice reported. 2,051,931 INTO THE WOODS 150,311 H PERFORMANCES, dule O.) cluding grants of	including grants of \$ including grants of \$ including grants of \$ AND RECITALS including grants of \$	argest prograr	n services, as r locations to oth) (Revenue \$) (Revenue \$		y expenses. cal expenses,
service If "Yes, Descrit Section and rev (Code: OPERAS b (Code: EDUCAT c (Code: (Code: (C	e organization cease conducting, or response to the conducting of the second conducting of the conducting of the organization's program service (501(c)(3) and 501(c)(4) organizativenue, if any, for each program service (Expenses \$ INCLUDE THE ITALIAN GIRL, AIDA AND INCLUDE THE ITALIAN GIRL, AIDA AND INCLUDE THE ITALIAN OPERA, OUTREACHING (Expenses \$ INCLUDE THE ITALIAN OPERA, OUTREACHING (EXPENSES THE ITALIAN OPERA, OPE	make significant ule O. e accomplishmer ions are required ice reported. 2,051,931 INTO THE WOODS 150,311 H PERFORMANCES, dule O.) cluding grants of	including grants of \$ including grants of \$ including grants of \$ AND RECITALS including grants of \$	argest prograr	n services, as r locations to oth) (Revenue \$) (Revenue \$		y expenses. cal expenses,
service If "Yes, Descrit Section and rev (Code: OPERAS (Code: EDUCAT (Code:	e organization cease conducting, or res?	make significant ule O. e accomplishmer ions are required ice reported. 2,051,931 INTO THE WOODS 150,311 H PERFORMANCES, dule O.) cluding grants of	including grants of \$ AND RECITALS including grants of \$	argest prograr	n services, as r locations to oth) (Revenue \$) (Revenue \$		y expenses. cal expenses,

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🐕	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		No
18 19	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Yes	
	complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	20b 21		No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		orm 99	0 (2022)

——— Page 4 ——

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• ;		
1~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	-	No
		F	orm 99	0 (2022)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No				
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No				
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b						
13	parachute payment(s) during the year?	15		No				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No				

11 110 1 11

•	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	zi tady admipiate termi deesi	F	orm 99	0 (2022
	Page 6			
Form	000 (2022)			
	990 (2022) † VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" rocr	nanca ta	Page (
ı aı	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17		163	140
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent			
_	1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		
_	officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

Ok

16b

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Own website Another's website	Upon re	quest	Other (e	xpla	in ir	Sche	edule	e O)		
19 Describe in Schedule O whether (and if so policy, and financial statements available				veri	ning	docui	men	ts, conflict of int	erest	
20 State the name, address, and telephone r	•	_	•	s the	e orc	aniza	tion	's books and rec	ords:	
►KEN MCCONNELL 1610 S BOULDER AVE						,				222 (2222)
									F	orm 990 (2022)
			Page 7 —							
Form 990 (2022)										Page 7
Part VII Compensation of Officers, I and Independent Contractor		ustee	s, Key Emp	loye	ees	, Hig	hes	st Compensat	ted Employee	s,
Check if Schedule O contains a res		to any	line in this Par	t VII						\square
Section A. Officers, Directors, Truste										
1a Complete this table for all persons required t	o be listed. Rep	ort co	mpensation fo	r the	e cal	endar	yea	er ending with or	within the orga	nization's tax
year. List all of the organization's current officer					als o	r orga	niza	ations), regardle	ss of amount	
of compensation. Enter -0- in columns (D), (E),	. ,		•		dof	nition	of!	"Ivov omnlovoo "		
 List all of the organization's current key en List the organization's five current highest 									v emplovee)	
who received reportable compensation (box 5 of the organization and any related organizations.										\$100,000 from
 List all of the organization's former officers 	. kev emplovee	s. or h	niahest comper	ısate	ed ei	volam	ees	who received m	ore than \$100.0	00
of reportable compensation from the organization						,				
 List all of the organization's former directorganization, more than \$10,000 of reportable organization. 									trustee of the	
See the instructions for the order in which to list	•		· g=- · · ·		,			. 30		
Check this box if neither the organization no	or any related o	organiz	zation compens	sate	d an	y curr	ent	officer, director,	or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average hours per		ition (do not ch box, unless pe					Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours		ficer and a dire	_				from the organization	from related organizations	other compensation
	for related	Individual or director		Officer	Key employee	Highest compensated employee	Former	(W-2/1099-	(W-2/1099-	from the
	organizations below dotted	director	Institutional Trustee;	8	em	nest	mer	MISC/1099- NEC)	MISC/1099- NEC)	organization and related
	line)	ğ E			plo	99		-		organizations
		trustee			yee	npe				
		99				ansa				
						ted				
(1) Ken McConnell	40.00									
CEO		Х						130,000	0	0
(2) Steve Walton	0.00 1.00									
		Х		Х				0	0	0
President	0.00 1.00									
(3) Leonard Pataki		х		Х				0	0	0
Vice President	0.00									
(4) Tara O'Mahony	1.00	х		Х				0	0	0
Secretary	0.00									
(5) Kelly Kirby	1.00	X		Х				0	0	0
Treasurer	0.00							0	U	Ü
(6) Kate Davis	1.00									
Develop. Chair	0.00	Х						0	0	0
(7) Scott Filstrup	1.00									
Endowment Chair		Х						0	0	0
(8) Georgenia Van Tuyl	0.00 1.00									
		Х						0	0	0
Personnel Chair	0.00 1.00			_			_			
(9) Roy Skip Teel		Х						0	0	0
Member at Large	0.00									
(10) Amanda Lovelace	1.00	Х						0	0	0
Legal Counsel	0.00									
AAA BULA	1 00	I	I	ı	I	I	ı			

(11) Phil Armstrong Director	0.00	х			0	0	0
(12) Austin Birnie	1.00	Х			0	0	0
Director	0.00				U	U	U
(13) Tim Cargile	1.00	Х			0	0	0
Director	0.00				U	U	U
(14) Lori Decter Wright Director	1.00	Х			0	0	0
(15) Phena Hacket	1.00				0	0	0
Director	0.00				,	7	
(16) Peggy Helmerich	1.00	Х			0	0	0
Director	0.00				U	U	U
(17) Janet Levit	1.00	Х			0	0	0
Director	0.00				U	U	0

Form **990** (2022)

— Page 8 —

Form 990 (2022) Page **8**

Director 0 (19) Christine McQueen 1	00x 00x 00x 00x	ustee	Institutional Frustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	0	compensation from the organization and related organizations
Director 0 0 (19) Christine McQueen 1 1 1 1 1 1 1 1 1	00	(C	0	
Director 0 (19) Christine McQueen 1 Director 0 (20) Anna Norberg 1 Director 0 (21) Ceretha Terrell-Causey 1 Director 0 (22) Martin Wing 1 Director 0 (23) Susan Young 1	00 00 00 00 00 X 00 00 X	(
Director 0 20) Anna Norberg 1 Director 0 21) Ceretha Terrell-Causey 1 Director 0 22) Martin Wing 1 Director 0 23) Susan Young 1	00 00 00 X 00 00 X	[(
Director 0 (20) Anna Norberg 1 Director 0 (21) Ceretha Terrell-Causey 1 Director 0 (22) Martin Wing 1 Director 0 (23) Susan Young 1	00 00 X 00 00 X	[
Director	00 00 X	+						C	0	
Director 0 (21) Ceretha Terrell-Causey 1 Director 0 (22) Martin Wing 1 Director 0 (23) Susan Young 1	00 00 X	+						C	0	1
Director	x 00					1				
Director 0 (22) Martin Wing 1 Director 0 (23) Susan Young 1	00									
Director 0 (23) Susan Young 1		_						0	0	'
Director 0 [23] Susan Young 1	00									
,	X							0	0	1
	00									
	X 00							C	0	(
	\bot									
	_									
	+	-								
	+	+								
	\bot	4								
1b Sub-Total					•					

 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	4 5		No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			No
services rendered to the organization?If "Yes," complete Schedule J for such person	5		
			No
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of c	ompensa	ation	
from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	· _		
(A) Name and business address (B) Description of services	;	(C Comper	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 contractors (including but not limited to those listed above) who received more than \$100,000 contractors (including but not limited to those listed above) who received more than \$100,000 contractors (including but not limited to those listed above) who received more than \$100,000 contractors (including but not limited to those listed above) who received more than \$100,000 contractors (including but not limited to those listed above) who received more than \$100,000 contractors (including but not limited to those listed above) who received more than \$100,000 contractors (including but not limited to those listed above) who received more than \$100,000 contractors (including but not limited to those listed above) who received more than \$100,000 contractors (including but not limited to those listed above) who received more than \$100,000 contractors (including but not limited to those listed above) who received more than \$100,000 contractors (including but not limited to those listed above) who received more than \$100,000 contractors (including but not limited to those listed above) who received more than \$100,000 contractors (including but not limited to those listed above).	000 of		
compensation from the organization ▶ 0		Form 99	0 (202
Page 9			
Form 990 (2022)			Page
Part VIII Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII	<u> </u>		
(A) (B) (C) Total revenue Related or Unrelated		(D) Rever	nue
exempt business function revenue		excluded x under	
revenue		512 -	
Federated campaigns 1a			
Contributions, Sifts, Grants,			
Sifts, Grants, and Membership dues 1b OtherAmt			
Similar Anno Emperaising events . 1c			
AMOUNTS relating events			
d Related organizations 1d			
e Government grants (contributions)			
90,930			
f All other contributions, gifts, grants, and similar amounts not included above			
1,226,237			
g Noncash contributions included in lines 1a - 1f:\$			
11 11.5 13 11.5 15 15 15 15 15 15 15 15 15 15 15 15 15			
h Total. Add lines 1a-1f			
Business Code			
2a EDUCATIONAL OUTREACH 611600 240,033 240,033			
TICKET SALES 197,031 197,031			
711190			
Φ.			
ž			
TICKET SALES 711190 197,031 197,031			
ğ',			
f All other program service revenue.			

	g Total. Add lines 2	a-2f.		•	437,06	54		•	
	3 Investment income similar amounts) .	(inclu	uding divider	nds, in •	terest, and other				
	4 Income from invest	ment	of tax-exem	pt bor	nd proceeds	0)		
	5 Royalties				▶	0)		
			(i) Rea	l	(ii) Personal				
	6a Gross rents	6a							
	b Less: rental expenses	6b							
	c Rental income or (loss)	6с							
	d Net rental income	or (I	oss)			0			
Other Revenue			(i) Securi	ties	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a							
	Less: cost or other basis and sales expenses	7b							
G, re	Gain or (loss)	7c							
ŧ	d Net gain or (loss)	•		 ——.		0)		
)	a Gross income from fu (not including \$ contributions reported See Part IV, line 18 b Less: direct expense c Net income or (los	d on lii • ses	of ne 1c).	8a 8b	255,605 127,303				
	• Net income or (103	3) 110	iii iuliululuisii	lg evel	iits	7	•		
	9a Gross income from g See Part IV, line 19 b Less: direct expens	•		9a 9b					
	c Net income or (los	s) fro	m gaming a	ctivitie	es 🕨	0)		
	10aGross sales of invereturns and allowa b Less: cost of goods	nces s solc		10a 10b					
	c Net income or (los	s) fro	m sales of i	nvento		0)		
	11a			<u> </u> 	Business Code	-			
	b								
Oth	er R evenueMiscAmt								
	d All other revenue	_							
	e Total. Add lines 1:			 		0			
	12 Total revenue. Se	ee ins	structions .			1,882,533	437,064		
						1,002,000	.5.7001	1	Form 990 (2022)
						Page 10			
	n 990 (2022)								Page 10
P	Statement Section 501(of F	and 501(c)	Exp (4) org	enses anizations must co	omplete all columns.	All other organization	ns must complete co	lumn (A).

Do not include amounts reported on lines 6b,
7b, 8b, 9b, and 10b of Part VIII.

(A) Program service expenses

(B) (C) Management and general expenses

(D) Fundraising expenses

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

	ı	ı	1	
domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	130,000	109,500	14,000	6,500
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	561,236	477,051	56,123	28,062
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	74,222	63,089	7,422	3,711
10 Payroll taxes	68,390	58,132	6,839	3,419
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	18,376	15,620	1,837	919
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	110,886	110,886		
13 Office expenses	139,633	118,688	13,963	6,982
14 Information technology	7,642	6,496	764	382
15 Royalties	20,031	20,031		
16 Occupancy	23,645	20,098	2,365	1,182
17 Travel	72,843	72,843		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			_
19 Conferences, conventions, and meetings	0			
20 Interest	122,366	104,011	12,237	6,118
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	42,081	35,769	4,208	2,104
23 Insurance	31,599	26,859	3,160	1,580
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Production Expenses	950,711	808,104	95,071	47,536
b Educational Expenses	150,311	127,764	15,031	7,516
c Administrative Expenses	30,403	25,843	3,040	1,520
d Sales Tax	1,715	1,458	171	86
e All other expenses	0	<u> </u>		
25 Total functional expenses. Add lines 1 through 24e	2,556,090	2,202,242	236,231	117,617
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
			Fo	rm 990 (2022)

				(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing			48,609	1	58,09
2	Savings and temporary cash investments .				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			73,666	4	70,0
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5			
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
7	Notes and loans receivable, net		7			
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges		13,751	9	24,1	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,055,270			
b	Less: accumulated depreciation	10b	890,179	1,206,683	10c	1,165,0
11	Investments—publicly traded securities .				11	
12	Investments—other securities. See Part IV, line	11 .			12	
13	Investments—program-related. See Part IV, line			13		
14	Intangible assets		14			
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	1,342,709	16	1,317,3
17	Accounts payable and accrued expenses			111,316	17	196,0
18	Grants payable		18			
19	Deferred revenue	84,271	19	104,8		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F		21			
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons					
					22	
23	Secured mortgages and notes payable to unrela		· · ·	0.404.507	23	0.007
24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24	ayables	_	2,184,507	25	2,627,
26	Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .		-	2,546,894	26	3,095,
	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	heck he	ere 🕨 🗹 and			
27	Net assets without donor restrictions			-1,204,185	27	-1,777,7
28	Net assets with donor restrictions				28	
	Organizations that do not follow FASB ASC complete lines 29 through 33.	958, c	neck here and			
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building or ed				30	
31	Retained earnings, endowment, accumulated in	come, o	r other funds		31	
32	Total net assets or fund balances			-1,204,185	32	-1,777,7
33	Total liabilities and net assets/fund balances .			1,342,709	33	1,317,
			— Page 12 ————		•	Form 990 (2
า 990	(2022)		- J			Page
art XI	Reconcilliation of Net Assets Check if Schedule O contains a response or n	ote to a	ny line in this Part XI			
Tot	al revenue (must equal Part VIII, column (A), line				1	1,882,
	al expenses (must equal Part IX, column (A), line	,			2	2,556,
	venue less expenses. Subtract line 2 from line 1	-			3	-673,
						1 204

4	inet assets of fulfu balances at beginning of year (must equal Fart A, line 32, column (A))			-1	,204,103
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule 0)				100,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	7		-1	,777,742
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
_	Schedule O.		_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	F	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	1			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basiconsolidated basis, or both:	is,			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	∌ O.			
_					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	m	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	-			
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			F	orm 99	0 (2022)
_	990 (2022)				
Ac	lditional Data	R	eturr	to Fo	rm

Software ID: 22015553

ObjectId: 202421369349309332 - Submission: 2024-05-15

TIN: 73-0643311

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

ormation. Open to Public Inspection Employer identification number

TULSA	OPERA	A INC					73-0643311	
	rt I	Reason for Public					See instructions.	
_	rganiz	ration is not a private fou		•	,	,	(A) (!)	
1		A church, convention of	,				(A)(ı).	
2		A school described in se			•			
3		A hospital or a cooperat	•	J			-	
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital desc	ribed in section 1	L70(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	operated by a gov	ernmental unit descril	oed in section
6		A federal, state, or loca	l government or	governmental unit de	scribed in sect	ion 170(b)(1)(A	a)(v).	
7	\checkmark	An organization that no section 170(b)(1)(A)			s support from	a governmental u	nit or from the genera	al public described in
8		A community trust desc	ribed in sectio	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college of						ege or university or a
10		An organization that no from activities related to investment income and 30, 1975. See section	o its exempt fur unrelated busin	ictions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz	ed and operated	d exclusively to test for	r public safety.	See section 509	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	d organizations (described in section 5	09(a)(1) or se	ection 509(a)(2)). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I	porting organiz	ation vested in the sar				
С		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You mus	The organizatio	n generally must satis	fy a distribution	requirement and		
е		Check this box if the or	ganization recei	ved a written determir	ation from the		pe I, Type II, Type III	functionally
f	Enter	integrated, or Type III r the number of supporte	•		-			
g		de the following informat	-					-
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota	ı							
For F	aperv	work Reduction Act No or 990-EZ.	tice, see the I		Cat. No. 1128	35F	Schedule	A (Form 990) 2022
				T d	J~ -			
Sche	dule A	(Form 990) 2022						Page 2

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

If the organization failed to qualify under the tests listed below, please complete Part III.)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

Part II

	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	2,000,605	2,141,197	1,294,010	1,223,735	1,809,836	8,469,383
2	Tax revenues levied for the organization's benefit and either paid						0
3	to or expended on its behalf The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3 The portion of total contributions by	2,000,605	2,141,197	1,294,010	1,223,735	1,809,836	8,469,383
5	each person (other than a						
	governmental unit or publicly supported organization) included on						3,059,424
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						5,409,959
	Section B. Total Support	ı	1	1	ī	ī	
	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest,	2,000,605	2,141,197	1,294,010	1,223,735	1,809,836	8,469,383
	dividends, payments received on	311					311
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the						0
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						0
11	• • • • • • • • • • • • • • • • • • • •						8,469,694
12	10 Gross receipts from related activities,	etc. (see instructi	l ons)			12	0,103,031
13	First 5 years. If the Form 990 is for t	he organization's	first, second, third	l, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check
_	this box and stop here					▶□	
	Section C. Computation of Public Public support percentage for 2022 (lin			column (f))		14	62.070.0/
14 15						15	63.870 % 75.520 %
	a 33 1/3% support test—2022. If the						
ı	and stop here. The organization quali 33 1/3% support test—2021. If the	ifies as a publicly e organization did	supported organiz not check a box o	ation n line 13 or 16a, a	and line 15 is 33 1/		.. ▶ ☑ k this
	box and stop here. The organization		, ,,	•			
178	a 10%-facts-and-circumstances test and if the organization meets the "fact						nization
_	meets the "facts-and-circumstances" t						
t	10%-facts-and-circumstances tes more, and if the organization meets t	the "facts-and-circ	cumstances" test, (check this box and	l stop here. Expla	or 17a, and line 13 iin in Part VI how t	the organization
18	meets the "facts-and-circumstances" Private foundation. If the organizati	test. The organize	ation qualifies as a	publicly supporte	d organization		▶□
10	instructions						▶□
						Schedule A (I	orm 990) 2022
			Page 3				
Sch	nedule A (Form 990) 2022						Page 3
	Part III Support Schedule for						
	(Complete only if you the organization fails						er Part II. If
9	Section A. Public Support		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	llendar year r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
_	include any "unusual grants.`") .						
2	merchandise sold or services				1		
	performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose	<u> </u>	1		1		<u> </u>
3	not an unrelated trade or business				1		
4	under section 513			†			

	organizacion s penent and etcher paid			1		Ī	1		
5	to or expended on its behalf The value of services or facilities						+		
	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5						+		
	Amounts included on lines 1, 2, and								
L	3 received from disqualified persons Amounts included on lines 2 and 3								
D	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Se	ection B. Total Support		1	1	1	ı	ļ		
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
-	fiscal year beginning in)	(a) 2010	(b) 2019	(C) 2020	(u) 2021	(e) 2022	(1)	iotai	
9 10a	Amounts from line 6 Gross income from interest,					<u> </u>	-		
10a	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
-	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is					1			
	regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
14	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	first second thir	d fourth or fifth	tax vear as a secti	on 501(c)(3) ord	anizat	tion ch	eck
14	this box and stop here	=							_
Se	ection C. Computation of Public						• • •		
15	Public support percentage for 2022 (lin	ne 8, column (f) d	livided by line 13,	column (f))		15			
16	Public support percentage from 2021 S	Schedule A, Part I	II, line 15			16			
Se	ction D. Computation of Invest	ment Income	Percentage			•			
					(£\\)				
17	Investment income percentage for 20	22 (line 10c, colu	mn (f) divided by	line 13, column	(1))	17			
17 18	Investment income percentage from 2	021 Schedule A,	mn (f) divided by Part III, line 17 .			18			
17 18	Investment income percentage from 2 33 1/3% support tests-2022. If the	021 Schedule A, organization did r	mn (f) divided by Part III, line 17 . not check the box	on line 14, and l	 ine 15 is more than	18 n 33 1/3%, and li		_	
17 18	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and	.021 Schedule A, organization did r	mn (f) divided by Part III, line 17 . not check the box organization qual	on line 14, and lifies as a publicly	ine 15 is more than supported organiz	18 ation	1	ightharpoons	10:-
17 18	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	021 Schedule A, organization did r stop here. The e organization did	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box	on line 14, and lifies as a publicly on line 14 or line	ine 15 is more than supported organiz 19a, and line 16 is	18 ation	l ⁄3% ar	► □ nd line	18 is
17 18 19a b	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	021 Schedule A, organization did r stop here. The organization did and stop here.	mn (f) divided by Part III, line 17. not check the box organization qual not check a box of the organization o	on line 14, and lifies as a publicly on line 14 or line qualifies as a pub	ine 15 is more than supported organiz 19a, and line 16 is licly supported org	18 ation more than 33 1 anization	l ⁄3% ar l	► □ nd line ► □	18 is
17 18	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	021 Schedule A, organization did r stop here. The organization did and stop here.	mn (f) divided by Part III, line 17. not check the box organization qual not check a box of the organization o	on line 14, and lifies as a publicly on line 14 or line qualifies as a pub	ine 15 is more than supported organiz 19a, and line 16 is licly supported org	18 at 33 1/3%, and li ation more than 33 1 anization instructions	l ⁄3% ar l	nd line	
17 18 19a b	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	021 Schedule A, organization did r stop here. The organization did and stop here.	mn (f) divided by Part III, line 17. not check the box organization qual not check a box of the organization o	on line 14, and lifies as a publicly on line 14 or line qualifies as a pub	ine 15 is more than supported organiz 19a, and line 16 is licly supported org	18 ation more than 33 1 anization	l ⁄3% ar l	nd line	
17 18 19a b	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	021 Schedule A, organization did r stop here. The organization did and stop here.	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of the organization a box on line 14,	on line 14, and lifies as a publicly on line 14 or line qualifies as a pub	ine 15 is more than supported organiz 19a, and line 16 is licly supported org	18 at 33 1/3%, and li ation more than 33 1 anization instructions	l ⁄3% ar l	nd line	
17 18 19a b	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	021 Schedule A, organization did r stop here. The organization did and stop here.	mn (f) divided by Part III, line 17. not check the box organization qual not check a box of the organization o	on line 14, and lifies as a publicly on line 14 or line qualifies as a pub	ine 15 is more than supported organiz 19a, and line 16 is licly supported org	18 at 33 1/3%, and li ation more than 33 1 anization instructions	l ⁄3% ar l	nd line	
17 18 19a b	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization	021 Schedule A, organization did r stop here. The organization did and stop here.	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of the organization a box on line 14,	on line 14, and lifies as a publicly on line 14 or line qualifies as a pub	ine 15 is more than supported organiz 19a, and line 16 is licly supported org	18 at 33 1/3%, and li ation more than 33 1 anization instructions	l ⁄3% ar l	nd line	2022
17 18 19a b 20	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization of the organization of the companization of the	021 Schedule A, organization did rd stop here. The eorganization did and stop here. on did not check a	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of the organization a box on line 14,	on line 14, and lifies as a publicly on line 14 or line qualifies as a pub	ine 15 is more than supported organiz 19a, and line 16 is licly supported org	18 at 33 1/3%, and li ation more than 33 1 anization instructions	l ⁄3% ar l	nd line	
17 18 19a b 20	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2022 TIV Supporting Organization	021 Schedule A, organization did rd stop here. The eorganization did rd and stop here. on did not check a	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization of a box on line 14,	on line 14, and I ifies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec	ine 15 is more than supported organiz 19a, and line 16 is licly supported orgok this box and see	18 ation more than 33 1 anization instructions Schedule A	l	nd line	2022 age 4
17 18 19a b 20	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2022 TV Supporting Organization (Complete only if you checked	O21 Schedule A, organization did r stop here. The e organization did and stop here. on did not check a	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of The organization of a box on line 14, Page 4	on line 14, and I ifies as a publicly on line 14 or line qualifies as a publicly on 19a, or 19b, checo	ine 15 is more than supported organiz 19a, and line 16 is licly supported orgonized this box and see	18 n 33 1/3%, and li more than 33 1 anization instructions Schedule A		pu chec	2022 age 4 ked
17 18 19a b 20	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2022 TIV Supporting Organization	o21 Schedule A, organization did r stop here. The e organization did and stop here. on did not check a stop here. See a box on line 12 octions A and C. If	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization of a box on line 14, Page 4	on line 14, and I ifies as a publicly on line 14 or line qualifies as a publicly on 19a, or 19b, checo	ine 15 is more than supported organiz 19a, and line 16 is licly supported orgonized this box and see	18 n 33 1/3%, and li more than 33 1 anization instructions Schedule A		pu chec	2022 age 4 ked
17 18 19a b 20	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2022 TV Supporting Organization (Complete only if you checked of box 12b, of Part I, complete Se	o21 Schedule A, organization did r i stop here. The e organization did and stop here. on did not check a stop here a box on line 12 octions A and C. If its A and D, and co	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization of a box on line 14, Page 4	on line 14, and I ifies as a publicly on line 14 or line qualifies as a publicly on 19a, or 19b, checo	ine 15 is more than supported organiz 19a, and line 16 is licly supported orgonized this box and see	18 n 33 1/3%, and li more than 33 1 anization instructions Schedule A		pd line	2022 age 4 ked
17 18 19a b 20	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization of the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization of the	s a box on line 12 or cations A and C. If is A and D, and coations	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization of a box on line 14, Page 4 of Part I. If you che f you checked box omplete Part V.)	on line 14, and I ifies as a publicly on line 14 or line qualifies as a publicly 19a, or 19b, checked box 12a, cecked box 12a,	ine 15 is more than supported organiz 19a, and line 16 is dictly supported organized this box and see of Part I, complete supplete Sections A	18 ation more than 33 1 anization instructions Schedule A Sections A and E p, D, and E. If you		pu chec	2022 age 4 ked
17 18 19a b 20	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (Section A. All Supporting Organization) Are all of the organization's supported	s a box on line 12 octions A and D, and coations s ations organization did and stop here. on did not check a a box on line 12 octions A and C. If as A and D, and coations	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of the organization a box on line 14, Page 4 of Part I. If you che you checked box omplete Part V.)	on line 14, and I ifies as a publicly on line 14 or line qualifies as a publicly on line and if	ine 15 is more than supported organiz 19a, and line 16 is licity supported orgicle this box and see of Part I, complete somplete Sections A	18 n 33 1/3%, and li ation more than 33 1 anization instructions Schedule A Sections A and E p, D, and E. If you		pd line	2022 age 4 ked
17 18 19a b 20 Sched	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Set 12d, of Part I, complete Section A. All Supporting Organization (Are all of the organization's supported If "No," describe in Part VI how the support of the more than 20 1/3%.	s a box on line 12 octions A and D, and coations organizations list upported organizations list upported organizations	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of The organization of a box on line 14, Page 4 of Part I. If you che f you checked box omplete Part V.) red by name in the ations are designa	on line 14, and I ifies as a publicly on line 14 or line qualifies as a publicly on line and if	ine 15 is more than supported organiz 19a, and line 16 is licity supported orgicle this box and see of Part I, complete somplete Sections A	18 n 33 1/3%, and li ation more than 33 1 anization instructions Schedule A Sections A and E p, D, and E. If you		pd line	2022 age 4 ked
17 18 19a b 20 Schee	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization (Are all of the organization's supported of 15 1/10, 16 describe in Part VI how the second describe the designation. If historic and 15 1/10 and 15 1	s a box on line 12 octions A and D, and continuing relations	mn (f) divided by Part III, line 17. not check the box organization qual not check a box. The organization a box on line 14, Page 4 of Part I. If you che you checked box omplete Part V.) eed by name in the ations are designationship, explain.	on line 14, and I ifies as a publicly on line 14 or line qualifies as a publicly on 19a, or 19b, checked box 12a, or 12c, of Part I, corrected the corganization's geted. If designate	ine 15 is more than supported organiz 19a, and line 16 is licly supported organizek this box and see of Part I, complete somplete Sections A sections A section of the sect	18 n 33 1/3%, and li ation more than 33 1 anization instructions Schedule A Sections A and E p, D, and E. If you		pd line	2022 age 4 ked
17 18 19a b 20 Sched	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section (Complete only	s a box on line 12 octions A and C. If is A and D, and coations organizations list upported organizations list upported organization the decomposition of the continuing relations to the continuing relations the continuin	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of the organization a box on line 14, Page 4 of Part I. If you che you checked box omplete Part V.) med by name in the ations are designationship, explain. nat does not have	on line 14, and I ifies as a publicly on line 14 or line qualifies as a publicly on line for 19a, or 19b, checked box 12a, or 12c, of Part I, core organization's of ted. If designate an IRS determine	ine 15 is more than supported organiz 19a, and line 16 is slicity supported organizet this box and see of Part I, complete somplete Sections A coverning document by class or purpose ation of status under the support of the section of the sect	18 n 33 1/3%, and li ation more than 33 1 anization instructions Schedule A Sections A and E p, D, and E. If you ts? se,		pd line	2022 age 4 ked
17 18 19a b 20 Schee	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization (Are all of the organization's supported of 15 1/10, 16 describe in Part VI how the second describe the designation. If historic and 15 1/10 and 15 1	s a box on line 12 octions A and C. If is A and D, and coations organizations list upported organizations list upported organization the decomposition of the continuing relations to the continuing relations the continuin	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of the organization a box on line 14, Page 4 of Part I. If you che you checked box omplete Part V.) med by name in the ations are designationship, explain. nat does not have	on line 14, and I ifies as a publicly on line 14 or line qualifies as a publicly on line for 19a, or 19b, checked box 12a, or 12c, of Part I, core organization's of ted. If designate an IRS determine	ine 15 is more than supported organiz 19a, and line 16 is slicity supported organizet this box and see of Part I, complete somplete Sections A coverning document by class or purpose ation of status under the support of the section of the sect	18 n 33 1/3%, and li ation more than 33 1 anization instructions Schedule A Sections A and E p, D, and E. If you ts? se,		pd line	2022 age 4 ked
17 18 19a b 20 Schee Par 1	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization of the organization of the organization. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Fedescribed in section 509(a)(1) or (2).	s a box on line 12 o citions A and D, and co ations organizations list upported organization the art VI how the o	mn (f) divided by Part III, line 17. not check the box organization qual not check a box. The organization a box on line 14, Page 4 of Part I. If you che you checked box omplete Part V.) med by name in the ations are designationship, explain. The arganization determined the properties of the prop	on line 14, and I ifies as a publicly on line 14 or line qualifies as a publicly on 19a, or 19b, check the control of the cont	ine 15 is more than supported organiz 19a, and line 16 is licitly supported organized this box and see of Part I, complete somplete Sections A coverning document down class or purposation of status undupported organization	18 n 33 1/3%, and li ation more than 33 1 anization instructions Schedule A Sections A and E p, D, and E. If you ts? se, ler section ion was		pd line	2022 age 4 ked
17 18 19a b 20 Schee	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (I in It is a supported on the organization organizatio	s a box on line 12 o citions A and D, and co ations organizations list upported organization the art VI how the o	mn (f) divided by Part III, line 17. not check the box organization qual not check a box. The organization a box on line 14, Page 4 of Part I. If you che you checked box omplete Part V.) med by name in the ations are designationship, explain. The arganization determined the properties of the prop	on line 14, and I ifies as a publicly on line 14 or line qualifies as a publicly on 19a, or 19b, check the control of the cont	ine 15 is more than supported organiz 19a, and line 16 is licitly supported organized this box and see of Part I, complete somplete Sections A coverning document down class or purposation of status undupported organization	18 n 33 1/3%, and li ation more than 33 1 anization instructions Schedule A Sections A and E p, D, and E. If you ts? se, ler section ion was		pd line	2022 age 4 ked
17 18 19a b 20 Schee Par Se 1 2	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section the describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Passeribed in section 509(a)(1) or (2). Did the organization have a supported 3c below.	s a box on line 12 octions A and C. If as A and D, and continuing relations distorated organizations list upported organization the art VI how the octions description organization description descri	mn (f) divided by Part III, line 17. not check the box organization qual not check a box of the organization a box on line 14, Page 4 of Part I. If you che you checked box omplete Part V.) eed by name in the ations are designationship, explain. The organization determined the cribed in section 5.	on line 14, and I ifies as a publicly on line 14 or line qualifies as a publicly 19a, or 19b, checked box 12a, or 12c, of Part I, contact an IRS determination of that the second contact an IRS determination of the second contact an IRS determination of that the second contact an IRS determination of the second contact an IRS determination of the second contact and IRS det	ine 15 is more than supported organiz 19a, and line 16 is solicity supported organization of status undupported organization (6)? If "Yes," answers."	18 n 33 1/3%, and li ation more than 33 1 anization instructions Schedule A Sections A and E p, D, and E. If you ts? se, ler section fon was ver lines 3b and		pd line	2022 age 4 ked
17 18 19a b 20 Schee Par 1	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Set 12d, of Part I, compl	s a box on line 12 octions A and C. If is A and D, and continuing relations did continuing relations and continuing relations to organization description description description description descriptions are to organization descriptions.	mn (f) divided by Part III, line 17. not check the box organization qual not check a box of the organization a box on line 14, Page 4 Of Part I. If you che you checked box omplete Part V.) The ded by name in the ations are designationship, explain. The organization determinated in section 5 ization qualified unit of the control of	on line 14, and I ifies as a publicly on line 14 or line qualifies as a publicly on line 14 or line qualifies as a publicly on 19a, or 19b, check of 19a, or 19b, check of 19a, or 19b, check of Part I, contact of Part I, co	ine 15 is more than supported organiz 19a, and line 16 is slicity supported organizes this box and see of Part I, complete somplete Sections A coverning document downward organization of status undupported organization (6)? If "Yes," answer (c)(4), (5), or (6) is	18 ation more than 33 1 anization instructions Schedule A Sections A and E , D, and E. If you ts? se, ler section on was wer lines 3b and and satisfied		pd line	2022 age 4 ked
17 18 19a b 20 Schee Par Se 1 2	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section the describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Passeribed in section 509(a)(1) or (2). Did the organization have a supported 3c below.	s a box on line 12 octions A and C. If is A and D, and continuing relations did continuing relations apported organization description of the continuing relations apported organization descriptions organization descriptions apported organization description description description description description description description d	mn (f) divided by Part III, line 17. not check the box organization qual not check a box of the organization a box on line 14, Page 4 Of Part I. If you che you checked box omplete Part V.) The ded by name in the ations are designationship, explain. The organization determinated in section 5 ization qualified unit of the control of	on line 14, and I ifies as a publicly on line 14 or line qualifies as a publicly on line 14 or line qualifies as a publicly on 19a, or 19b, check of 19a, or 19b, check of 19a, or 19b, check of Part I, contact of Part I, co	ine 15 is more than supported organiz 19a, and line 16 is slicity supported organizes this box and see of Part I, complete somplete Sections A coverning document downward organization of status undupported organization (6)? If "Yes," answer (c)(4), (5), or (6) is	18 ation more than 33 1 anization instructions Schedule A Sections A and E , D, and E. If you ts? se, ler section on was wer lines 3b and and satisfied		pd line	2022 age 4 ked
17 18 19a b 20 Schee Par Se 1 2	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Set 12d, of Part I, complete Set 17 "No," describe in Part VI how the states of the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Fedescribed in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section	s a box on line 12 octions A and C. If a And D, and continuing relations organization the art VI how the organization description of the continuing relations and continuing relations organization the continuing relations art VI how the organization description description organization description description organization description description description description description description description description de	mn (f) divided by Part III, line 17. not check the box organization qual not check a box of the organization a box on line 14, Page 4 Page 4 of Part I. If you che you checked box omplete Part V.) ded by name in the ations are designationship, explain. The organization determinated in section 5. The organization qualified use," describe in Page 1.	ecked box 12a, co 12c, of Part I, co 2c organization's et al. If designate an IRS determination that the second to 150 co	ine 15 is more than supported organiz 19a, and line 16 is supported organiz 19a, and line 16 is solicity supported organization of Part I, complete supported Sections A coverning document by class or purposation of status undupported organization (6)? If "Yes," answer (c)(4), (5), or (6) and the organization of the organizat	18 n 33 1/3%, and li ation more than 33 1 anization instructions Schedule A Sections A and E p, D, and E. If you ts? se, ler section fon was wer lines 3b and and satisfied on made the		pd line	2022 age 4 ked

	II res, explain in Part VI what controls the organization put in place to ensure such use.	3с		l
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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	4b		
c	supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections	7.0		
·	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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	5a		
b	amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
С	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other			
·	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	Ja		
	organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	0 -		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	9c		
	certain Type III supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
	the organization had excess business holdings).	10b		
	Schedule A	(Form	1 990)	2022
	Page 5			
	Tage 5			
Sche	dule A (Form 990) 2022		F	Page 5
Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
ı.		11a		
b c	A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11b 11c		
	VI.			
Se	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly		163	110
	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	ection C. Type II Supporting Organizations			<u> </u>
	Calon or type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			

supporting organization is supported organization(s)? If No, describe in Part VI now control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).							
	ection D. All Type III Supporting Organizations						
	ection D. An Type 111 Supporting Organizations				Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the				
_				1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported	No," e	xplain in Part VI how the				
_		_	. ,	2			
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	tion's i	ncome or assets at all times	3			
Se	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruc	tions):			
ā	The organization satisfied the Activities Test. Complete line 2 below.						
ŀ	The organization is the parent of each of its supported organizations. Complete	line	3 below.				
•	The organization supported a governmental entity. Describe in Part VI how yo	u supp	oorted a government entity (see	e instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.				Yes	No	
ā	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 the substantially all of its activities.	at thes	c activities constituted	2a			
ŀ	 b Did the activities described on line 2a, above 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.			2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.						
	Did the organization have the power to regularly appoint or elect a majority of the offi the supported organizations? If "Yes" or "No", provide details in Part VI.	·	·	3a			
ŀ	 Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? If "Yes," describe in Part VI. the role played by the organizations? 			<u> </u>			
			Schedule A	3b	2 000)	2022	
			Schedule /	4 (FUII	11 990)	2022	
	Page 6						
	. age c						
Sche	dule A (Form 990) 2022				F	Page 6	
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations		-	age U	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru			VT) Se			
	instructions. All other Type III non-functionally integrated supporting organization						
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r	
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					
	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	7 Other expenses (see instructions) 7						
8	8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8						
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
- 7	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
-	Fair market value of other non-exempt-use assets	1c					
	I Total (add lines 1a, 1b, and 1c)	1d					

e Discount claimed for blockage or other factors

	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt us	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	e 3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fi	rom line 3)	5			
6	Multiply line 5 by 0.035		6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			
 	,					Current Year
	Section C - Distributable Amount		1 -			Current real
_1	Adjusted net income for prior year (from Section A, lin	ne 8, Column A)	1			
2	Enter 85% of line 1		2			
3	Minimum asset amount for prior year (from Section B	, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year		5			
6	Distributable Amount. Subtract line 5 from line 4, u temporary reduction (see instructions)	inless subject to emergency	6			
7	Check here if the current year is the organization instructions)	on's first as a non-functionally-	integrat	ed Type III supp		organization (see
		Page 7				
Sche	dule A (Form 990) 2022					Page 7
Pai	rt V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organ	izations (con	tinued)
Sec	tion D - Distributions	. , , , , , , , , , , , , , , , , , , ,				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pur	rposes of supported organization	ons		3	
	Amounts noid to possilize events use possits				4	
	Amounts paid to acquire exempt-use assets				_	
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instruction	ons			6	
7 1	Total annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to wh	nich the organization is respons	sive (<i>pr</i> o	ovide	8	
	details in Part VI). See instructions Distributable amount for 2022 from Section C, line 6				9	
10	ine 8 amount divided by Line 9 amount				10	
10.	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Un	(ii) derdistributior Pre-2022		(iii) Distributable Amount for 2022
1 [Distributable amount for 2022 from Section C, line 6					
(Underdistributions, if any, for years prior to 2022 reasonable cause required explain in Part VI). See instructions.					
3 E	excess distributions carryover, if any, to 2022:					
	From 2017			<u>-</u>		-
b	From 2018					
	From 2019					
	From 2020					
	From 2021					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Carryover from 2017 not applied (see					
	instructions)					
	temainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Di	stributions for 2022 from Section D, line 7:					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
		· ·			-	

- pp		-		I	Į.	
c Remainder.	: Subtract lines 4a and 4b	from line 4.				
2022, if an	underdistributions for year y. Subtract lines 3g and 4 unt is greater than zero, e ctions.	a from line 2.				
lines 3h an	underdistributions for 202 nd 4b from line 1. If the a explain in Part VI . See ir	nount is greater				
7 Excess dist 3j and 4c.	tributions carryover to	2023. Add lines				
8 Breakdown	of line 7:					
a Excess from	m 2018					
b Excess fro	m 2019 .					
c Excess from	m 2020 .					
d Excess fro	m 2021					
e Excess from	m 2022 .					
Se Pa Se	upplemental Information	, 4b, 4c, 5a, 6, 9a, 9b nd 3; Part IV, Section	, 9c, 11a, 11b, and E, lines 1c, 2a, 2b,	11c; Part IV, Section B, 3a and 3b; Part V, line	lines 1 and 2; 1; Part V, Section	
		Fact	ts And Circumstan	ces Test		
	2.5			- 1 .:		
Retu	ırn Reference			Explanation	Scl	hedule A (Form 990) 202
Additiona	al Data					Return to Form

Return to Form

Software ID: 22015553 **Software Version:** 2022v5.0

efile Public Visual Render ObjectId: 202421369349309332 - Submission: 2024-05-15 TIN: 73-0643311 OMB No. 1545-0047 Schedule B Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2022 Department of the Treasury ► Go to <u>www.irs.gov/Form990</u> for the latest information. Internal Revenue Service Name of the organization **Employer identification number** TULSA OPERA INC 73-0643311 Organization type (check one): Filers of: Section: Form 990 or 990-EZ □ 501(c)() (enter number) organization 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

990-EZ, 01 990-FF).	
For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 30613X

Schedule B (Form 990) (2022)

Page 2

Schedule B (Form 990) (2022)

Page 2

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
Schedule R	(Form 990) (2022)		Page 3
Name of org TULSA OPER	anization	Employer identification 73-0643311	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	T
No. from Part I	(b) Description of noncash property given	FMV (or estimate)	(d) Date received

				,		
	·					
-					\$	
(a)	(b)				(c)	(d)
No. from	Description of noncash	property give	n		or estimate)	Date received
Part I		1 11 17 17 1		(See in	nstructions)	
	-					
-				-	\$	
(a)	(b)				(c)	(d)
No. from	Description of noncash	property give	n		or estimate)	Date received
Part I	·			(See ii	nstructions)	
	-				.	
-				-	\$	
			<u> </u>		, ,	
(a)	(b)			FMV//a	(c)	(d)
No. from Part I	Description of noncash	property give	n		or estimate)	Date received
<u> </u>				(366 11	istructions)	
	-				\$	
-				-	<u> </u>	
					(-)	
(a) No. from	(b)			EMV/(c	(c) or estimate)	(d)
Part I	Description of noncash	property give	n		nstructions)	Date received
		(000).	iotraotrono,			
					\$	
-				-	Ψ_	
(0)	<u> </u> -				(a)	
(a) No. from	(b)			FMV (c	(c) or estimate)	(d)
Part I	Description of noncash	property give	n		nstructions)	Date received
				(555	iou deliciie)	_
_					\$	
-						
						Schedule B (Form 990) (2022)
						Scriedule B (Form 990) (2022)
		F	age 4			
Schedule	B (Form 990) (2022)					Page 4
	rganization				Employer ident	tification number
TULSA OPE	_=				Employer ident	incation number
					73-0643311	
Part III	Exclusively religious, charitable, etc., cor	tributions to or	ganizations descr	ibed in sec	tion 501(c)(7), (8), or (10) that total more
	than \$1,000 for the year from any one cor	tributor. Comp	lete columns (a) th	rough (e) a	and the following	line entry. For
	organizations completing Part III, enter th	e total of exclus	s <i>ively</i> religious, ch	naritable, et	c., contributions	s of \$1,000 or less for the
	year. (Enter this information once. See in: Use duplicate copies of Part III if additional s					
	Ose duplicate copies of Part III if additional s	pace is needed.				
(a)		1				
No. from	(b) Purpose of gift		(c) Use of gift		(d) Descrip	tion of how gift is held
Part I	() 1		· ,		. , .	
		I —				
-	·	l ———				
		1-) Transfer of gift		_	
	Transferee's name, address, and			Relationshir	of transferor to	transferee
			I			
			<u> </u>			
(a) No. from	(b) Burnosa of gift		(a) Hea of gift		(d) Descrip	tion of how gift is hold
Part I	(b) Purpose of gift		(c) Use of gift		(u) Descrip	tion of how gift is held
_						
-		L				
	Transference		r) Transfer of gift	Dolotic l- !-	of transferent	transferes
	Transferee's name, address, and	∠IP 4	<u></u>	reialionsni	of transferor to	uansieree
	-		l 			
	-					
(a)		1				

No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
_				
	Transferee's name, address, and		e) Transfer of gift Relationsh	nip of transferor to transferee
-				
(a) No. from Part I (a) Part I	(b) Purpose of gift	_	(c) Use of gift	(d) Description of how gift is held
- <u>-</u>				
	Transferee's name, address, and		e) Transfer of gift Relationsh	nip of transferor to transferee
-				
<u> </u>			•	Schedule B (Form 990) (2022)

Additional Data Return to Form

 Software ID:
 22015553

 Software Version:
 2022v5.0

efile Public Visual Render

ObjectId: 202421369349309332 - Submission: 2024-05-15

TIN: 73-0643311

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

	SA OPERA INC	Employer identification number
		73-0643311
Pa	rt I Organizations Maintaining Donor Advised Funds	
	Complete if the organization answered "Yes" on Form	(b) Funds and other accounts
	Total number at end of year	(2) - a.i.a. a.i.a. a.i.a. a.i.a.
	Aggregate value of contributions to (during year)	
	Aggregate value of grants from (during year)	
	Aggregate value at end of year	
	Did the organization inform all donors and donor advisors in writing	that the access held in depart adviced funds are the
	organization's property, subject to the organization's exclusive lega	
	Did the organization inform all grantees, donors, and donor advisor charitable purposes and not for the benefit of the donor or donor ad private benefit?	s in writing that grant funds can be used only for dvisor, or for any other purpose conferring impermissible
a	Conservation Easements. Complete if the organization answered "Yes" on Form	1 990. Part IV. line 7.
-	Purpose(s) of conservation easements held by the organization (che	
	Preservation of land for public use (e.g., recreation or education)	,
		, , ,
	Protection of natural habitat	 Preservation of a certified historic structure
	Preservation of open space	
	Complete lines 2a through 2d if the organization held a qualified co easement on the last day of the tax year.	
	Total number of conservation easements	Held at the End of the Year
•		
)	Total acreage restricted by conservation easements	
:	Number of conservation easements on a certified historic structure	
d	Number of conservation easements included in (c) acquired after Ju historic structure listed in the National Register	ly 25, 2006, and not on a 2d
	Number of conservation easements modified, transferred, released, tax year	extinguished, or terminated by the organization during the
	Number of states where property subject to conservation easement	is located ►
	Does the organization have a written policy regarding the periodic r	nonitoring, inspection, handling of violations.
	and enforcement of the conservation easements it holds?	
	Staff and volunteer hours devoted to monitoring, inspecting, handli	ng of violations, and enforcing conservation easements during the year
	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation easements during the year
	Does each conservation easement reported on line 2(d) above satis	fy the requirements of section 170(h)(4)(R)(i)
	and section 170(h)(4)(B)(ii)?	
	In Part XIII, describe how the organization reports conservation east balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	sements in its revenue and expense statement, and
aı	t III Organizations Maintaining Collections of Art, Hi Complete if the organization answered "Yes" on Form	
а	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement and balance sheet works of art, n, education, or research in furtherance of public service, provide, in
0	If the organization elected, as permitted under FASB ASC 958, to rehistorical treasures, or other similar assets held for public exhibition following amounts relating to these items:	eport in its revenue statement and balance sheet works of art, n, education, or research in furtherance of public service, provide the
(i) Revenue included on Form 990, Part VIII, line 1	> \$
	i)Assets included in Form 990, Part X	
(If the organization received or held works of art, historical treasure following amounts required to be reported under FASB ASC 958 reli	s, or other similar assets for financial gain, provide the
1	·	
	Assets included in Form 990, Part X	

Schedule D (Form 990) 2022 Page **2**

HII	Organizations Ma	aintaining Coll	ections of Art,	Histori	cal T	reası	ures, o	r Other	Similar As	sets (cont	nued)	
		uisition, accession	, and other records	s, check a	any of	the fo	ollowing t	that are a	significant u	se of its coll	ection	
	Public exhibition			d		Loan	or exch	ange prog	rams			
	Scholarly research			е		Othe	er				···	
	Preservation for future	generations										
		organization's coll	ections and explair	n how the	ey furth	ner th	e organiz	zation's ex	empt purpos	se in		
										☐ Yes	□ N	0
tIV	Complete if the org			orm 990	, Part	IV, lii	ne 9, or	reporte	d an amour			
	organization an agent,									☐ Yes		o
If "Vo	s " ovalain the arrange	mont in Dart VIII	and complete the f	following	tables				Δ.	nount		_
			·	_				1c	Al	ilount		_
-	-											_
	· .											
								1f				_
									L-111- 2			_
	=								-	∪ Yes	∪ N	0
			Check here if the	explanati	on has	been	provide	d in Part X	(111	U		
rt v			ered "Yes" on Fo	rm 990	Part	TV lii	ne 10					
	Complete ii tile org	janizacion anovi	(a) Current year					ears back	(d) Three year	rs back (e)	Four yea	rs back
Beginni	ing of year balance .		3,588,508	3	4,444	1,075		3,899,017	3,7	93,719	3,	763,462
Contrib	outions											
Net inv	estment earnings, gain	s, and losses			-542	2,695		181,494	1	.42,167		269,719
Grants	or scholarships											
		es			201	700		104 540		04.057		105 770
	_					-		-]	-		185,776
	·							-		-		18,774
End of	year balance		3,588,508	3	3,588	3,508		3,875,300	3,7	733,042	3,	828,631
Board Perma	I designated or quasi-ent annument bandon ment endowment bandowment bandowent bandowment bandowment bandowent bandowent bandowent bandowent bandowent bandowent bandowent bandow	ndowment •		e (line 1ç	g, colu	mn (a)) held a	s:				
		not in the possess	sion of the organiza	ation that	t are h	eld an	nd admin	istered for	r the			
	,									1 - (1)	Yes	No
	-				•							No No
	-			· · ·	· · ·	? .						No
	· //	-	•			•	•					
				rm 990	, Part	IV, lii	ne 11a.	See For	m 990, Par	t X, line 10).	
Descrip	ption of property			st or other	basis (other)	(c) Acc	cumulated d	epreciation	(d) Bo	ook value	e
Land					10	06,837						106,837
	ŀ								260,948			21,371
	- 				12	29,686			96,587			33,099
	ŀ						1		440,413			
	ŀ						-		92,231		1.	.003,784
	Provide Part > During assets to IV Is the include of the include	Using the organization's acquitems (check all that apply): Public exhibition Scholarly research Preservation for future Provide a description of the organization for future Provide a description of the organization an agent, included on Form 990, Part of the organization an agent, included on Form 990, Part of the organization an agent, included on Form 990, Part of the organization included on Form 990, Part of the organization include in the organization of the	Using the organization's acquisition, accession items (check all that apply): Public exhibition Scholarly research Preservation for future generations Provide a description of the organization solicit or assets to be sold to raise funds rather than to IV Escrow and Custodial Arranger Complete if the organization answ line 21. Is the organization an agent, trustee, custodial included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII Beginning balance . Additions during the year . Distributions during the year . Ending balance . Did the organization include an amount on For If "Yes," explain the arrangement in Part XIII. TV Endowment Funds. Complete if the organization answ Beginning of year balance . Contributions . Net investment earnings, gains, and losses Grants or scholarships . Other expenditures for facilities and programs . Administrative expenses . End of year balance . Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Permanent endowment Permanent endowment Impercentages on lines 2a, 2b, and 2c shoul Are there endowment funds not in the possess organization by: (i) Unrelated organizations . If "Yes" on 3a(ii), are the related organizations obescribe in Part XIII the intended uses of the VI Land, Buildings, and Equipment Complete if the organization answ Description of property (a) Cost or other (investment) Description of property (a) Cost or other (investment) Land . Buildings . Leasehold improvements Equipment .	Using the organization's acquisition, accession, and other record items (check all that apply): Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain Part XIII. During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as **IV** Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Foline 21. Is the organization an agent, trustee, custodian or other interme included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the relation beginning balance. Additions during the year Distributions during the year Distributions during the year Ending balance. Did the organization include an amount on Form 990, Part X, line If "Yes," explain the arrangement in Part XIII. Check here if the ret V Endowment Funds. Complete if the organization answered "Yes" on Form 1990, Part X, line Contributions Contributions Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance and year balance Provide the estimated percentage of the current year end balance and year balance Provide the estimated percentage of the current year end balance and year balance Provide the estimated percentage of the current year end balance and year balance Provide the estimated percentage of the current year end balance and year balance If "Yes" on 3a(ii), are the related organizations listed as required reganization by: (i) Unrelated organizations If "Yes" on 3a(ii), are the related organizations listed as required reganization in Part XIII the intended uses of the organization's end to the passing listed as required to	Using the organization's acquisition, accession, and other records, check items (check all that apply): Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how the Part XIII. During the year, did the organization solicit or receive donations of art, hi assets to be sold to raise funds rather than to be maintained as part of the time of the organization and apart that the properties of the organization and an agent, trustee, custodian or other intermediary for included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following Beginning balance Additions during the year Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21, for If "Yes," explain the arrangement in Part XIII. Check here if the explanation the organization include an amount on Form 990, Part X, line 21, for If "Yes," explain the arrangement in Part XIII. Check here if the explanation the organization include an amount on Form 990, Part X, line 21, for If "Yes," explain the arrangement in Part XIII. Check here if the explanation the organization answered "Yes" on Form 990 Beginning of year balance Contributions Complete if the organization answered "Yes" on Form 990 Beginning of year balance Gants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1 to part and programs) Administrative expenses End of year balance The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment Funds not in the possession of the organization tha organization by: (i) Unrelated organizations If "Yes" on 3a(ii), are the related organizations listed as required on Sche Describe in Part XIII the intended uses of the organization's endowment the possession of the organization's endowment in the possession of the organization of	Using the organization's acquisition, accession, and other records, check any of items (check all that apply): Public exhibition	Using the organization's acquisition, accession, and other records, check any of the foiterns (check all that apply): Public exhibition	Using the organization's acquisition, accession, and other records, check any of the following items (check all that apply): Public exhibition	Ising the organization's acquisition, accession, and other records, check any of the following that are a terms (check all that apply): Public exhibition	Using the organization's acquisition, accession, and other records, check any of the following that are a significant usines (check all that apply): Public exhibition	Listing the arganization's acquisition, accession, and other records, check any of the following that are a significant use of its coll items (check all that apply): Public exhibition	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition

Schedule D (Form 990) 2022

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

Complete if the organization answered "Yes" on Form 990, (a) Description of security or category	(b)		(c) Method of valuation:
(including name of security)	Book value		t or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3)Other			
A)			
3)			
C)			
D)			
E)			
F)			
G)			
н)			
	•		
Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV,	line 11c. See Fo	rm 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	۰		
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, I	Dart IV/ li	no 11d Coo For	em 000 Part V line 15
(a) Description	Pait IV, II	ne 11u. See Foi	(b) Book valu
1)			(B) Book value
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, I	Dart IV II	no 110 or 11f C	on Form 000 Part V line 25
. (a) Description of liability	i ait IV, II	116 116 01 111'2	(b) Book value
1) Federal income taxes			

	0AN	+	166,000
PP L	DAN		166,800
		_	
	(Column (b) must equal Form 990, Part X, col.(B) line 25.)		166,800
	bility for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial state is a likely likely to the control of the footnote to the organization's financial state.		
gan	ization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has		
		Scheaule L	(Form 990) 2022
	Page 4		
	Page 4		
hed	ule D (Form 990) 2022		Page 4
ar	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	Return.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
	Total revenue, gains, and other support per audited financial statements	1	1,882,533
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
1	Net unrealized gains (losses) on investments 2a		
•	Donated services and use of facilities		
:	Recoveries of prior year grants		
j	Other (Describe in Part XIII.) 2d		
•	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	1,882,533
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
3	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
,	Other (Describe in Part XIII.) 4b		
2	Add lines 4a and 4b	4c	
-	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,882,533
art	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		1,002,333
all (Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return.	
	Total expenses and losses per audited financial statements	1	2,556,090
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
1	Donated services and use of facilities		
,	Prior year adjustments		
:	Other losses		
ı	Other (Describe in Part XIII.) 2d	-	
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	2,556,090
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	+-	2,000,000
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
))		-	
	,	-	
3	Add lines 4a and 4b	4c	2 556 000
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,556,090
	t XIII Supplemental Information		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	t V, line 4; Pa	rt X, line 2; Part XI,
200	o zu anu 40, anu rait AII, illies zu anu 40. Also complete tills part to provide any additional information.		
nes	Return Reference Explanation		

_ . . _

Additional Data Return to Form

Software ID: 22015553 **Software Version:** 2022v5.0

efile Public Visual Render

ObjectId: 202421369349309332 - Submission: 2024-05-15

TIN: 73-0643311 OMB No. 1545-0047

SCHEDULE G (Form 990)

Supplemental Information Regarding

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

Open to Public

	tment of the Treasury al Revenue Service		Go to www				information.		Open to Public Inspection
	e of the organization							Employer ide	entification number
TOL	DA OI LIKA INC							73-0643311	
Pa		_	· ·	_			orm 990,	, Part IV, line :	17.
1	Indicate whether the	organiza	tion raised funds tl	hrough an	y of the f	ollowing activities. Chec	k all that a	pply.	
а	☐ Mail solicitations				•	Solicitation of no	n-governm	ent grants	
b	☐ Internet and ema	ail solicita	tions		1	Solicitation of go	vernment (grants	
С	☐ Phone solicitation	ns			ç	Special fundraising	ng events		
d	☐ In-person solicita	Form 990 For Instructions and the latest information. Employe							
2a	or key employees lis	ted in For	m 990, Part VII) o	r entity in	connection	on with professional fund	draising sei	rvices?	es 🗹 No
b					idraisers)	pursuant to agreements	s under wn	ich the fundrais	er is
to be compensated at least \$5,000 by the		(ii) Activity	fundrai cust coni contril	ser have ody or trol of outions?		(or refundra	etained by) hiser listed in	(vi) Amount paid to (or retained by) organization	
				Yes	No				
Tota	ıl								
	List all states in which icensing.	the orgar	nization is registere	d or licen	sed to sol	icit contributions or has	been notifi	ied it is exempt	from registration or
====				::::::::	:======				
For F	Paperwork Reduction A	ct Notice,	see the Instructions	for Form	990 or 99	0-EZ. Cat. No	o. 50083H	s	chedule G (Form 990) 2022

		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		Pres. Council	Opera Ball	(total number)	col. (c))
		(event type)	(event type)	(total number)	
nue					
Revenue					
R					
	1 Gross receipts	163,100	92,505		255,605
		103/100	32,303		255,005
	2 Less: Contributions3 Gross income (line 1 minus				
	line 2)	163,100	92,505		255,605
	4 Cash prizes				
es	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
ά	7 Food and beverages				
ty.	8 Entertainment				
Dir	9 Other direct expenses	60,318	66,985		127,303
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)			127,303
	11 Net income summary. Subtract line 10				128,302
Par	Gaming. Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	V, line 19, or reported	more than \$15,000
е			(b) Pull tabs/Instant		(d) Total gaming (add col.
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(a) through col.(c))
Rev					
	1 Gross revenue				
enses	2 Cash prizes				
Expe	3 Noncash prizes				
E E	4 Rent/facility costs				
Direct					
	5 Other direct expenses	□ Vos º′	□ Vos º′	□ Voc º′	
	6 Volunteer labor	☐ Yes <u>%</u>	☐ Yes <u>%</u>	☐ Yes%	
	6 Volunteer labor	☐ No	☐ No	☐ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		•	
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organizati	on conducts gaming activ	ities:		
а	Is the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain:				
					I
10a	Were any of the organization's gaming lic	censes revoked, suspende	d or terminated during the	e tax year?	
b	If "Yes," explain:				

Schedule G (Form 990) 2022 Page 3 Does the organization conduct gaming activities with nonmembers? · · · O Yes O No Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity 12 formed to administer charitable gaming? ☐ Yes ☐ No 13 Indicate the percentage of gaming activity conducted in: The organization's facility 13a % Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name 🕨 Address -15a Does the organization have a contract with a third party from whom the organization receives gaming If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$__ If "Yes," enter name and address of the third party: Name > Address > 16 Gaming manager information: ______ Name 🕨 Gaming manager compensation > \$_____ Description of services provided ----☐ Director/officer Employee ☐ Independent contractor 17 Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. Return Reference Explanation Schedule G (Form 990) 2022

Software Version: 2022v5 0

Return to Form

Additional Data

efile Public Visual Render

ObjectId: 202421369349309332 - Submission: 2024-05-15

SCHEDULE O Supplem

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 <u>www.irs.gov/Form990</u> for the latest information.

TIN: 73-0643311OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization TULSA OPERA INC

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

73-0643311 Explanation

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	ALL DONORS ARE CONSIDERED "MEMBERSX AND ARE INVITED TO THE ANNUAL MEETING
Form 990, Part VI, Section B, Line 11b	CERTAIN MEMBERS OF THE FINANCE COMMITTEE HAVE REVIEWED THE FORM AND IT HAS BEEN MADE AVAILABLE TO THE BOARD OF DIRECTORS
Form 990, Part VI, Section B, Line 12c	EACH BOARD MEMBER IS REQUIRED ANNUALLY TO COMPLETE A CONFLICT OF INTEREST QUESTIONAIRE. THE SIGNED FORMS ARE MONITORED FOR ANY RELATED RISK.
Form 990, Part VI, Section B, Line 15a	THE PERSONNEL COMMITTEE CONDUCTS REVIEWS, DOCUMENTS IT'S WORK, AND MAKE RECOMMENDATIONS FOR THE COMPENSATION IN A WRITTEN REPORT TO THE PRESIDENT, WHO EXECUTES EMPLOYMENT CONTRACTS FOR THE GENERAL DIRECTOR AND ARTISTIC DIRECTOR WITH THE APPROVAL OF THE BOARD.
Form 990, Part VI, Section B, Line 15b	THE PERSONNEL COMMITTEE CONDUCTS REVIEWS, DOCUMENTS IT'S WORK, AND MAKE RECOMMENDATIONS FOR THE COMPENSATION IN A WRITTEN REPORT TO THE PRESIDENT, WHO EXECUTES EMPLOYMENT CONTRACTS FOR THE GENERAL DIRECTOR AND ARTISTIC DIRECTOR WITH THE APPROVAL OF THE BOARD.
Form 990, Part VI, Section C, Line 19	THESE DOCUMENTS ARE PROVIDED TO THOSE WHO REQUEST THEM. ALSO THESE DOCUMENTS ARE PLACED ON TULSA OPERA'S WEBSITE AND THE GUIDESTAR WEBSITE.
Form 990, Part XI, Line 9	EQUITY TRANSFER FROM TULSA OPERA ENDOWMENT TRUST = \$100000

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

Return to Form

Software ID: 22015553 **Software Version:** 2022v5.0 ObjectId: 202421369349309332 - Submission: 2024-05-15

TIN: 73-0643311 OMB No. 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

2022

► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number TULSA OPERA INC 73-0643311 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state or foreign country) (f) Direct controlling entity (b) Primary activity (d) Total income (e) End-of-year assets (a)
Name, address, and EIN (if applicable) of disregarded entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (e)
Public charity status
(if section 501(c)(3)) (a)
Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section (g) Section 512(b) (13) controlled entity? Yes No (1)TULSA OPERA ENDOWMENT TRUST 1 1610 S BOULDER ENDOWMENT INVESTMENTS ОК 501(c)3 12a No TULSA, OK 74119 73-1214668 (2)TULSA OPERA ENDOWMENT TRUST II 1610 S BOULDER ENDOWMENT INVESTMENTS OK 501(c)3 12a No TULSA, OK 74119 73-6212218 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2022 Page 2 -Schedule R (Form 990) 2022 Page 2 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (e)
Predominant
income(related,
unrelated,
excluded from tax (i) Code V-UBI amount in box 20 of Schedule K-1 (a) Name, address, and EIN of related organization (f) Share of total (g) Share of end-of-(b) (h) (k) Legal domicile (state or foreign Direct controlling entity Disproprtionate allocations? year assets country) (Form 1065 512-514) Yes No Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related organization (e) Type of entity (C corp, S corp, (f) Share of total income (g) Share of end-of-year assets (i) Section 512(b)(13) (b) (c) (d) (h)

Legal domicile (state or foreign

Direct controlling entity

Primary activity

	I		country)			or tr	ust)					Yes	No
										Sch	edule R	(Form 9	90) 2022
		Page 3 -											
Schedule R (Form 990) 2022													Dage 2
	nizations Cor	nnlete if ti	he organizatio	n answe	red "Yes"	on Form 9	90 Part	IV line 34	35h or	36			Page 3
				on unowe	100 105			1 v, iiie 3 i,	, 556, 61				Yes No
				e or more	related org	anizations I	isted in Pa	rts II-IV?					+
a Receipt of (i) interest, (ii) annuities, (iii) royal	ties, or (iv) rent	from a con	ntrolled entity .									1a	No
b Gift, grant, or capital contribution to related or	ganization(s) .											1b	No
c Gift, grant, or capital contribution from related	organization(s)											1c	No
d Loans or loan guarantees to or for related orga	nization(s) .											1d	No
e Loans or loan guarantees by related organizati	on(s)											1e	No
=												1f	No
${f g}$ Sale of assets to related organization(s)												1g	No
h Purchase of assets from related organization(s)												No
Schedule R (Form 900 and Form 1901 222 and Form		No											
j Lease of facilities, equipment, or other assets t	o related organiz	ation(s) .										1j	No
k Lease of facilities, equipment, or other assets t	rom related orga	nization(s)											No
I Performance of services or membership or fund	raising solicitatio	ns for relat	ed organization	(s)								11	No
m Performance of services or membership or fund	raising solicitation	ns by relate	ed organization	(s)								1m	No
n Sharing of facilities, equipment, mailing lists, or	other assets wit	h related o	rganization(s)									1n	No
Sharing of paid employees with related organize	ation(s)											10	No
p Reimbursement paid to related organization(s)	for expenses .											1р	No
q Reimbursement paid by related organization(s	for expenses .											1q	No
													No
												1s	No
2 If the answer to any of the above is "Yes," see	the instructions f	or informat	tion on who mu	st complet	te this line,	including co	vered rela	tionships an	nd transac	tion threshold	ds.		
						(b) Transacti	on		ved.	Method of de		amount in	volved
Name of Fela	ca organization							Amount mvorv	cu	riction of de	ccimining	amount ii	ivoived
										Sch	adula D	(Form 9	90) 2022
		D 4								Scii	euule K	(1011113	90) 2022
		Page 4 -											
C													_
Schedule R (Form 990) 2022													Page 4
					nducted mo	re than five	percent o	t its activitie	es (measu	red by total a	ssets or	gross rev	enue) that
					(e)	(f)	(g)	(i	1)	(i)	(j)	(k)
Name, address, and EIN of entity				Are all	l partners	Share of	Share of	Disprop	rtionate	Code V-UBI	Gene	eral or	Percentage ownership
	decivity	(state or	(related,	501	L(c)(3)			diloca	cions:	box 20			Ownership
			unrelated, excluded from	organ	izations?					K-1			
			tax under										
				Yes	No	1		Yes	No	†	Yes	No	†
	_		1	163	110			103		1			
												ĺ	
										1			
					 	1		1			1	1	1
	1	i	1	i	1	i	1	1	i .	1		1	

	I	I		1	1				I			
												
												<u> </u>
		L	Ī.						Sch	edule R (Form 9	90) 2022
		Page 5 -										
Schedule R (Form 990) 2022												Page 5
Part VII Supplemental In Provide additional inf	formation for responses to question	ions on Sche	edule R. See in	structions.								
Return Reference						cplanation	ı					
										Schedul	e R (For	n 990) 2022

Additional Data

Return to Form