WEGNER CPAS, LLP 2921 LANDMARK PLACE, SUITE 300 MADISON, WI 53713-3074

FLORENTINE OPERA COMPANY, INC. 930 E BURLEIGH ST MILWAUKEE, WI 53212-2212

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Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ΑI	For the	2020 calendar year, or tax year beginning $$	ding J	UN 30, 2021											
B	Check if applicable	C Name of organization		D Employer identifi	cation number										
	Addres														
	Name change	-		39-10981	32										
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) Roc 930 E BURLEIGH ST	om/suite	E Telephone numbe 414-291-											
	termin- ated			G Gross receipts \$	4,290,111.										
	Amend return			H(a) Is this a group re											
	Application	F Name and address of principal officer. That I DILLEDI		for subordinates											
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No										
		mpt status: X 501(c)(3) 501(c)()	527	If "No," attach a	list. See instructions										
		e: ▶ WWW.FLORENTINEOPERA.ORG		H(c) Group exemptio	n number 🕨										
K	orm of	organization: X Corporation Trust Association Other	L Year o	of formation: 1968 $ m extbf{N}$	A State of legal domicile: WI										
Pa		Summary													
ø	1 1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE} \ ext{FL}}$	OREN	TINE OPERA	COMPANY IS										
Governance	:	DRIVEN TO PRODUCE THE FULL RANGE OF OPERAT	'IC W	ORKS REFLEC	TING THE										
ern	2 (
Š		Number of voting members of the governing body (Part VI, line 1a)			19										
۵		Number of independent voting members of the governing body (Part VI, line 1b) $$			19										
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			92										
Activities &		Total number of volunteers (estimate if necessary)			40										
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.										
	b l	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	•											
Revenue		Ocabilla disease and supports (Dad VIIII line 41)		Prior Year 2,639,269.	Current Year 2,935,441.										
		Contributions and grants (Part VIII, line 1h)		248,019.	87,546.										
		Program service revenue (Part VIII, line 2g)		20,865.	111,981.										
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,900.	74,519.										
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,912,053.	3,209,487.										
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,034.	0.										
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.										
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,475,044.	_										
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.										
ē	b	Total fundraising expenses (Part IX, column (D), line 25) 184,317													
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		772,464.	599,446.										
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,263,542.	1,634,041.										
	19	Revenue less expenses. Subtract line 18 from line 12		648,511.	1,575,446.										
Net Assets or Fund Balances			Beg	ginning of Current Year	End of Year										
sets	20	Total assets (Part X, line 16)		3,633,215.	5,920,744.										
t As	21	Total liabilities (Part X, line 26)		493,047.	579,966.										
	22	Net assets or fund balances. Subtract line 21 from line 20		3,140,168.	5,340,778.										
_		Signature Block													
		tites of perjury, I declare that I have examined this return, including accompanying schedules an			y knowledge and belief, it is										
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	nas any knowledge.											
0 :		Signature of officer		I Date											
Sig	1	MARY SHIELY, VICE PRESIDENT-FINANCE & T	REAS												
Her	e	Type or print name and title	ппп	ОКШК											
		Print/Type preparer's name Preparer's signature	D	Date Check	PTIN										
Pai	_d [JENNY TARKOWSKI, CPA		1/31/22											
		Firm's name WEGNER CPAS, LLP		3cii-ciiipiuy	39-0974031										
		Firm's address 2921 LANDMARK PLACE, SUITE 300		T IIIII 3 LIIV											
_		MADISON, WI 53713-3074		Phone no. 60	8-274-4020										
Mar	v the IF	S discuss this return with the preparer shown above? See instructions		1	X Yes No										

Pa	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	THE FLORENTINE OPERA COMPANY IS DRIVEN TO PRODUCE THE FULL RANGE OF	
	OPERATIC WORKS REFLECTING THE HIGHEST MUSICAL AND THEATRICAL	
	STANDARDS, AND TO SUPPORT COMMUNITY AND EDUCATION PROGRAMS THAT FOSTER	
	THE CURRENT AND NEXT GENERATION OF OPERA AUDIENCES AND PRACTITIONERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	ИO
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	Иo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	•)
	IN SPITE OF THE CHALLENGES CAUSED BY COVID-19, THE FLORENTINE OPERA	
	COMPANY BROUGHT LIVE PERFORMANCES BACK IN THE SUMMER OF 2020 WITH A NEW	M
	GARDEN SERIES, AL FRESCO. WE PRODUCED DIGITAL CONTENT THROUGHOUT THE	
	YEAR THROUGH OUR BLACK TIE AND VOYAGES SERIES, KEEPING OUR AUDIENCE	
	ENGAGED WHILE THEATRES WERE CLOSED. WE EVEN STAYED CONNECTED WITH OUR	
	AUDIENCE OVER ZOOM, BY PROVIDING A WEEKLY QUARENTINE OPERA BOOK CLUB.	
	IN THE SPRING OF 2021 WE SUCCESSFULLY RETURNED TO THE LIVE THEATRE	
	WITH LA VIE EN ROSE, ERIC FERRING SPOTLIGHT, AND LITTLE MAHAGONNY, ALL	
	OFFERED DIGITALLY AS WELL.	
	(Code:) (Expenses \$ 290,760 • including grants of \$ 0 •) (Revenue \$ 39,997	
4b	(Code:) (Expenses \$ 290,760 · including grants of \$ 0 ·) (Revenue \$ 39,997] THE FLORENTINE OPERA COMPANY 'S PROGRAMS REACH A BROAD SPECTRUM OF	<u>•</u>)
	INDIVIDUALS THROUGHOUT METRO MILWAUKEE, SOUTHEASTERN WISCONSIN, AND	—
	BEYOND. LAST YEAR, OUR EDUCATIONAL TOUR WAS OFFERED IN A DIGITAL FORMAT	-
	AN REACHED OVER 20,000 HOUSEHOLDS. THE COMPANY PROVIDES A VITAL	<u>-</u>
	ADDITION TO LOCAL ARTS EDUCATION-BOTH IN THE CLASSROOM AND ON THE	—
	STAGE. THE FLORENTINE OPERA COMPANY'S EDUCATION DEPARTMENT IS COMMITTED	_
	TO PROVIDING EDUCATORS WITH OPPORTUNITIES TO UTILIZE OPERA TO MEET	<u> </u>
	EDUCATIONAL STANDARDS, AS WELL AS TO ENHANCE LEARNING FOR ALL STUDENTS	_
		_
		_
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
→u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,171,248.	—
	Form 990 (20)20)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	990 (2020) FLORENTINE OPERA COMPANY, INC. 39-1098 **TIV Checklist of Required Schedules (continued)	3132	P	age 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	100	Х
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</i> "Yes," <i>complete</i>			
	Schedule J	23		X
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		X
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х

Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

	Check if Schedule O contains a response or note to any line in this Part V			 	
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	41		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming		

032004 12-23-20 5

(gambling) winnings to prize winners?

Form 990 (2020) FLORENTINE OPERA COMPANY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 192 2b Inter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, 160 for the calendary over arriding with or within they ware covered by this return 2b I I I least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to effeit gene instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did I' Yes, "has it filed a Form 990-T for this year? If "Ye' to fine 3b, provide an explanation on Schedule O 3b I' Yes, "and the filed a Form 990-T for this year? If "Ye' to fine 3b, provide an explanation on Schedule O 4c If Yes, "has the the name of the foreign country by the providence of				Yes	No
b If a least one is reported on line 2a, did the organization file all required teefned employment tax returns? Note: If the sum of lines ta and 2 as igneater than 250, you may be required to e-file (see instructions) 3	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 2a 92			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1'Yes', has it filed a Form 9907 for this year of 1'We' to file 3b, your owned an explanation on Schedule O 4c 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 accounts (FBAR). 5c If 1'Yes' to line Sar of Sb, did the foreign country 5c Was the organization apart yo a prohibited tax shelter transaction at any time during the tax year? 5c If 1'Yes' to line Sar of Sb, did the organization file From 88867 to 1'Yes' to line Sar of Sb, did the organization the From 88867 to 1'Yes' to line Sar of Sb, did the organization the organization the round so that developed the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 1'Yes' did the organization that it was or is a party to a prohibited tax shelter transaction? 5d Do Bost 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? 6d Do St If 1'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts 6d We remark that the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7b If 1'Yes, 'indicate the number of forms 8882 filed during the year 6b Did the organization received an orithy the donor of the value of the goods or services provided? 7c X 7d Did the organization received an contribution of qualified intellectual property, did the organization file a form 108407 7f Did the organization received an contribution of qualified intellectual property, did the organization file a form 108407 7f Did the organization received a contribution of a contribution of a contribution of a contribution of a contr	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
b If Yes, "has it flied a Form 990 T for this year? If "No" to fine 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorly over, a financial account? 5 If "Yes," enter the name of the foreign country Evol		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary 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, secunities account, or other financial account (and the property of the property	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
the interval of the contributions of the financial account, or other financial account? b if 1'Yes, 'retret 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 shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6a Does the organization shall the organization file Form 8886-17? 6b I'Yes' to line 5a or 5b, did the organization file Form 8886-17? 7 Organization shall may receive deductible as charitable contributions? 6b I'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization shall many receive deductible contributions under section 170(c). 8 Did the organization receive apprentil receives of \$75 made party as a contribution of and party for goods and services provided to the payor? 7 b I'Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 b Did the organization received any payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 7 b Did the organization received and contribution of the value of the goods or services provided? 7 b Did the organization network of Forms 8282 filed during the year 9 Did the organization network of Forms 8282 filed during the year 9 Did the organization network of contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required? 1 b I'Yes, 'related the organization make any taxable distributions under section 4986? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Section 501(K172) organizations. Enter: a initiation fees and capital contributions included on Part VIII, li	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country ▶ Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b ID did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sar of Sb, did the organization file Form 88867? 5c If "Yes" 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? 6c If "Yes", did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization norify the donor of the value of the goods or services provided? 9d If "Yes," include the organization norify the donor of the value of the goods or services provided? 1 If "Yes," include the organization norify the donor of the value of the goods or services provided? 1 If "Yes," include the number of Forms 8282 filed during the year 1 If Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1 If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 2 Sponsoring organization maintaining donor advised funds. Did a chore advised fund maintained by the sponsoring organization	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 9 Section 50b, did the organization that it was or is a party to a prohibited tax shelter transaction? 9 Section 50b, did the organization that it was or is a party to a prohibited fax shelter transaction? 9 Section 50b, did the organization 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? 9 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 10 If Yes, "did the organization include with every solicitation and party for goods and services provided to the payor? 10 If Yes, "did the organization notify the donor of the value of the goods or services provided? 10 If Yes, "did the organization notify the donor of the value of the goods or services provided? 11 If Yes, "did the organization received actually the donor of the value of the goods or services provided? 12 If Yes, "did the organization received a contribution of the value of the goods or services provided? 13 If Yes, "did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization flee a Form 1098-C? 14 If Yes, "an intellectual property, did the organization flee a Form 1098-C? 15 Sponsoring organization have excess business holdings at any time during the year? 15 Sponsoring organization make any taxable distributions under section 4968? 16 Did the sponsoring organization make any taxable distributions under section 4968? 17 Section 501(c)(12) qualified maintaining domore advised fun		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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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. 13a					
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	12a		12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
Note: See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
organization is licensed to issue qualified health plans		Note: See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year?	b				
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	С				
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 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.	b		14b		
If "Yes," see instructions and file Form 4720, Schedule N. 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.	15				
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.			15		X
If "Yes," complete Form 4720, Schedule O.					77
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	F	.000	(0000)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion 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 19			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WI		,	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	-1 C		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►LINDA_BECZKIEWICZ - 414-291-5700			
	930 E BURLEIGH ST, MILWAUKEE, WI 53212-2212			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((C)	•		(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	┢	Lei aii	uau	recid)/ ii us	lee)	from	from related	other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	3e or 0	stee			ısatec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	truste	al tru:		yee	эшре		(** = *********************************		and related
	below	/id ual	Institutional trustee	er	Key employee	Highest compensated employee	Jer.			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) MAGGEY OPLINGER	40.00								_	
GENERAL DIRECTOR & CEO				X				135,000.	0.	4,282.
(2) LINDA BECZKIEWICZ	30.00								_	
FINANCE MANAGER (BEGIN 8/14/20)				Х				15,750.	0.	51.
(3) ROBERT HEIDER	30.00								_	_
FINANCE MANAGER (THRU 8/31/20)				Х				10,500.	0.	0.
(4) DR. PETER DRESCHER	2.00							_	_	_
PRESIDENT		Х		Х				0.	0.	0.
(5) KATHLEEN WILSON	2.00								_	_
PAST PRESIDENT		Х		Х				0.	0.	0.
(6) MARY SHIELY	2.00								_	_
VP OF FINANCE & TREASURER		Х		X				0.	0.	0.
(7) WENDY BURKE	2.00									
VP OF HUMAN RESOURCES		Х		Х				0.	0.	0.
(8) RACHELL THUOT	2.00									
VP OF MARKETING		Х		Х				0.	0.	0.
(9) CLAIRE HACKMANN	2.00									
VP OF DEVELOPMENT		Х		Х				0.	0.	0.
(10) MARK CAMELI	2.00									
VP OF SPECIAL COUNCIL		Х		Х				0.	0.	0.
(11) DR. RICHARD GRUNKE	2.00									
VP OF ARTISTIC ADVISORY		Х		X				0.	0.	0.
(12) JAN WADE	2.00									
VP OF ARTISTIC ADVISORY		Х		Х				0.	0.	0.
(13) CATHERINE COSTANTINI	2.00									
VP OF EDUCATION/PRESIDENT		Х		Х				0.	0.	0.
(14) MARK BERRY	2.00									
VP OF GOVERNANCE		Х		Х				0.	0.	0.
(15) WAYNE LUEDERS	2.00	l								
SECRETARY	1 00	Х		Х				0.	0.	0.
(16) DR. GERARDO CABALLERO	1.00									_
DIRECTOR	1 00	Х			<u> </u>			0.	0.	0.
(17) TARA ARGALL	1.00	,.								^
DIRECTOR	<u> </u>	Х						0.	0.	0.

Section A. Officers, Directors, Trus	iees, key Eiii	pioy	/ees	, and	u ni	igne	St C	ompensated Employe	es (continueu)				
(A) Name and title	(B) Average hours per week	box	not c	Posi heck i ss per id a di	ition more rson	than	h an	(D) Reportable compensation from	compensation	(E) Reportable compensation from related		(F) timate nount o	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	ıs	com fr orga	pensation the anization related anization anization anization anization de la companization de la companiz	e on ed
(18) SARAH DAMSGAARD DIRECTOR	1.00	x						0.		0.			0.
(19) RONALD JACQUART DIRECTOR	1.00	X						0.		0.			0.
(20) DR. DAVID PARIS	1.00	X						0.		0.			0.
DIRECTOR (21) ROBERT SOBCZAK	1.00	^						0.		0.			0.
DIRECTOR	1 00	Х						0.		0.			0.
(22) JULIE STEINHAFEL DIRECTOR	1.00	х						0.		0.			0.
		L											
		┞											
1b Subtotal								161,250.		0.		4,33	
c Total from continuation sheets to Part V								161,250.		0.		4,33	<u> </u>
d Total (add lines 1b and 1c)								•	,000 of reportab			<u> </u>	1
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-	-	-		_	hest compensated emp	-		3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	-	le co	omp	ensa	ation	n and	d oth	her compensation from			4		Х
5 Did any person listed on line 1a receive or a									idual for services	······	7		
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or s	uch į	pers	son .					5		X
Complete this table for your five highest co										npens	ation f	rom	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng w	vith	or w	rithir	the organization's tax (B)	year.		(C		
Name and business	address	NC	INC	3				Description of s	ervices		omper		1
Total number of independent contractors (\$100,000 of compensation from the organi	-	ıot liı	mite	d to	tho (se li: 0	sted	l above) who received n	nore than				
												~~~	

			2020) FLORENTINE OF	PERA COMP	ANY, INC.		39-1098	132 Page <b>9</b>
Pai	rt V	<u> </u>	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lir				
					(A)	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
ıts	1	а	Federated campaigns 1a					
ar our		b	Membership dues 1b					
P, G			Fundraising events 1c	269,671.				
# i			Related organizations 1d					
B,S			Government grants (contributions) 1e	688,127.				
Sign			All other contributions, gifts, grants, and	,				
her		•	similar amounts not included above 1f	1,977,643.				
Contributions, Gifts, Grants and Other Similar Amounts		<u></u>	Noncash contributions included in lines 1a-1f					
ŠË		-	Total. Add lines 1a-1f		2,935,441.			
<del>=  </del>		<u>'''</u>	Total. Add lines 1a-11	Business Code	2,300,111.			
	_	_	TICKET SALES	711110	44,747.	44,747.		
je	2	a			<del>                                     </del>	· '		
ue n		b	EDUCATION AND OUTREACH PROGRAMS	711110	39,997.	-		
en S		С	SET RENTALS	532490	2,802.	2,802.		
Program Service Revenue		d						_
o'_		е						
ъ.			All other program service revenue					
		g	Total. Add lines 2a-2f		87,546.			
	3		Investment income (including dividends, inter-					
			other similar amounts)		49,492.			49,492.
	4		Income from investment of tax-exempt bond p	oroceeds <b>&gt;</b>				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		c Rental income or (loss) 6c						
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b> 1,091,362.					
		b	Less: cost or other basis					
e			and sales expenses <b>7b</b> 1,028,873.					
evenue		С	Gain or (loss) 7c 62,489					
Re			Net gain or (loss)		62,489.			62,489.
ē			Gross income from fundraising events (not					
Other	_		including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	126,270.				
		h	Less: direct expenses 8b	· ·				
			Net income or (loss) from fundraising events	<b>&gt;</b>	74,519.			74,519.
			Gross income from gaming activities. See					, , , , ,
	Ŭ	<b>-</b>	Part IV, line 19					
		h	Less: direct expenses 9b	+				
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10	а						
		_		+	-			
			J	·				
$\rightarrow$		С	Net income or (loss) from sales of inventory	Business Code				
ns				Business Code				
Miscellaneous Revenue	11							
len Ven		b						
Sce		С						
Ĕ			All other revenue					
$\Box$		е	Total. Add lines 11a-11d	<b>)</b>				45
	12		Total revenue. See instructions	<u></u>	3,209,487.	87,546.	0.	186,500.

032009 12-23-20

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	gorioral experiess	охроносо
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	179,428.	46,302.	88,186.	44,940
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	715,420.	597,286.	20,058.	98,076
8	Pension plan accruals and contributions (include	_			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	81,434.	58,568.	9,851.	13,015
10	Payroll taxes	58,313.	41,939.	7,054.	9,320
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	11,725.		11,725.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	21,523.		21,523.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	54,884.	7,655.	44,723.	2,506 4,752
12	Advertising and promotion	53,777.	36,943.	12,082.	4,752
13	Office expenses	89,289.	71,988.	14,082.	3,219
14	Information technology	30,662.	7,950.	14,691.	8,021
15	Royalties				
16	Occupancy	195,019.	174,830.	20,189.	
17	Travel	13,190.	13,123.		67
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	6 006	4 5 4 9	1 600	
19	Conferences, conventions, and meetings	6,226.	4,543.	1,683.	
20	Interest				
21	Payments to affiliates		4		
22	Depreciation, depletion, and amortization	7,754.	1,550.	6,204.	
23	Insurance	23,509.	17,744.	5,765.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	THEATER AND PRODUCTION	81,650.	81,335.	0.	315
b					
С					
d					
е	All other expenses	10,238.	9,492.	660.	86
25	Total functional expenses. Add lines 1 through 24e	1,634,041.	1,171,248.	278,476.	184,317
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)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		413,385.	1	1,756,161.	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		330,554.	3	456,588.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			10,665.	9	97,709.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	476,282.			
	b	Less: accumulated depreciation	448,461.	11,768.		27,821.	
	11	Investments - publicly traded securities			2,645,172.	11	27,821. 3,535,203.
	12	Investments - other securities. See Part IV, line	221,671.	12	47,262.		
	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 equ	ıal line 33	3)	3,633,215.	16	5,920,744.
	17	Accounts payable and accrued expenses			9,392.	17	33,306.
	18	Grants payable		18			
	19	Deferred revenue	264,655.	19	327,660.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
es	22	Loans and other payables to any current or for	mer office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
ja P		controlled entity or family member of any of the	se perso	ns		22	
_	23	Secured mortgages and notes payable to unre	ated third	d parties	045 000	23	0.1.5
	24	Unsecured notes and loans payable to unrelate	ed third p	arties	217,000.	24	217,000.
	25	Other liabilities (including federal income tax, page 1)					
		parties, and other liabilities not included on line	s 17-24).	Complete Part X	0 000		0 000
		of Schedule D			2,000.		2,000.
	26	Total liabilities. Add lines 17 through 25			493,047.	26	579,966.
S		Organizations that follow FASB ASC 958, ch	eck here				
nce		and complete lines 27, 28, 32, and 33.			1 242 702		2 624 042
ala	27	Net assets without donor restrictions			1,243,782. 1,896,386.	27	2,634,942. 2,705,836.
Β	28	Net assets with donor restrictions			1,090,300.	28	4,705,636.
핕		Organizations that do not follow FASB ASC	958, ched	ck here 🕨 📖			
<u>^</u>		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds			29		
\ss(	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			3,140,168.	31	5,340,778.
Ž	32	Total net assets or fund balances		3,633,215.	32	5,920,744.	
	33	Total liabilities and net assets/fund balances			J, UJJ, ZIJ.	33	J, J4U, /44.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,63	4,0	41.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	, 57	5,4	46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,14		
5	Net unrealized gains (losses) on investments	5		62	5,1	64.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	5	, 34	0,7	78.
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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

_				RA COMPANY,				9-1096132					
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete ti	nis part.) S	See instructions.						
Γhe	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	check only	one box.)							
1	Щ	A church, convention of ch	church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	Ш	A school described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital or a cooperative	e hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organiz	edical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:											
5		An organization operated for	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (C	omplete Part II.)										
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	lly receives a substa	intial part of its support	rom a gov	ernmental	unit or from the general	public described in					
		section 170(b)(1)(A)(vi). (C			-		_						
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org				ed in coniu	unction with a land-grant	college					
		or university or a non-land-g											
		university:	, and conege of agric				,,	,					
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from	contributio	ons membership fees a	nd gross receipts from					
		activities related to its exen	•	•	-			-					
		income and unrelated busin											
		See section 509(a)(2). (Cor		(ICSS SCOTIOT OT I TEX) II	om busine	oscs acqu	anca by the organization	alter duric oo, 1070.					
11		An organization organized a		ively to test for public es	faty Saa	saction 50	10(a)(4)						
12	H	An organization organized a	•	•	•			a nurnosas of ana ar					
12	ш		•		•			• •					
		more publicly supported or						SHECK THE DOX III					
_		lines 12a through 12d that						. at ta					
а		☐ Type I. A supporting orga	· ·	•	•								
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting					
_		organization. You must o											
b			=					-					
		control or management o			ame perso	ons that co	ontrol or manage the sup	oported					
		organization(s). You mus											
С			-				• •	ed with,					
		its supported organization											
d								• •					
		that is not functionally int	-		•		•	tiveness					
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.						
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III						
		functionally integrated, or	* *	, , , , , , , , , , , , , , , , , , , ,									
f	Ente	er the number of supported o	organizations										
g		vide the following information			(iv) lo the erac	nization listed		1					
	(1	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other support (see instructions)					
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
Tot:	al						I	I					

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2424777.	2311222.	3278130.	2639269.	2935441.	13588839.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	0404555	0011000	2050120	060000	0005444	1250000			
4	Total. Add lines 1 through 3	2424777.	2311222.	3278130.	2639269.	2935441.	13588839.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,						1026000			
_	column (f)						1236020. 12352819.			
<u>6</u>	Public support. Subtract line 5 from line 4.						12332619.			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 0017	(a) 2019	(4) 2010	(a) 2020	(f) Total			
		(a) 2016 2424777.	(b) 2017 2311222.	(c) 2018 3278130.	(d) 2019 2639269.	(e) 2020 2935441.	(f) Total 13588839.			
	Amounts from line 4 Gross income from interest,	2424///	2311222.	3270130	2035205	2733441.	13300033.			
8	,									
	dividends, payments received on securities loans, rents, royalties,									
	and income from similar sources	50,194.	54,460.	70,173.	66,401.	49,492.	290,720.			
9	Net income from unrelated business	30,1310	31,1001	, 0 , 2 , 0 0	00,101	13,1320	23077200			
•	activities, whether or not the									
	business is regularly carried on	5,263.					5,263.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	<b>Total support.</b> Add lines 7 through 10						13884822.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,063,837.			
13	First 5 years. If the Form 990 is for the					501(c)(3)				
	organization, check this box and stop	here					<b>&gt;</b>			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2020 (	line 6, column (f), c	livided by line 11,	column (f))		14	88.97 %			
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	88.69 %			
16a	33 1/3% support test - 2020. If the o	•		•		•				
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies									
b	33 1/3% support test - 2019. If the o									
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□			
17a	10% -facts-and-circumstances tes	_								
	and if the organization meets the fact				· ·	VI how the organiz	ation			
	meets the facts-and-circumstances to	ū	•	• • • •	•					
b	10% -facts-and-circumstances tes	_					10% or			
	more, and if the organization meets the		•							
	organization meets the facts-and-circ						<b>&gt;</b>			
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support	clow, picase com	picte r art ii.j				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	\	, ,	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4							
4	ization's benefit and either paid to or expended on its behalf						
_						+	
5	furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5					1	
/ 6	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>			<u>l</u>
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	tourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>	check this box and stop here						<b></b>
	ction C. Computation of Publ					<del></del>	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves		<u>~</u> _			11	
17						17	%
18	1 3					18	%
19	a 33 1/3% support tests - 2020. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						▶Ш and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	<b></b>
20	Private foundation. If the organizatio						<b>N</b>

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
- Gu		
3b		
3с		
00		
4a		
4b		
TU		
_		
4c		
_		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
9b		
9c		
30		
10a		
10b		

Pa	rt IV   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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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			
2				
	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,			
800	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations	2		
360	tion 6. Type if Supporting Organizations			
_	When a section to the second section to the second section and the second section to the section of the section to		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 each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
D	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			
		25		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	۵.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

	dule A (Form 990 or 990-EZ) 2020 FLORENTINE OF		NC •		9-1090132 Page 7			
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)				
Section D - Distributions Cu								
_1_	Amounts paid to supported organizations to accomplish exe	empt purposes		1				
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3				
4	Amounts paid to acquire exempt-use assets			4				
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which t	he organization is responsive	е					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
С	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

7 Excess distributions carryover to 2021. Add lines 3j

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

FLORENTINE OPERA COMPANY, INC.

39-1098132

Organiz	ation type (check o	ne):
Filers of	<b>:</b>	Section:
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
<b>Note:</b> Or	nly a section 501(c)	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; line 1. Complete Parts I and II.
	contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ) instead of the contributor name and address), II, and III.
	year, contributions is checked, enter hourpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \\$
but it <b>mu</b>	<b>ust</b> answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

# FLORENTINE OPERA COMPANY, INC.

39-1098132

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	Total contributions	Type of contribution  Person X  Payroll			
		\$ 150,000.	Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$62,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	\$ 130,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$ 670,424.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

#### 39-1098132 FLORENTINE OPERA COMPANY, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person **Payroll** 137,712. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 Person **Payroll** 290,865. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (a) (b) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Pavroll** Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number

### FLORENTINE OPERA COMPANY, INC.

39-1098132

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		<u> </u>	

**Employer identification number** 

Name of organization 39-1098132 FLORENTINE OPERA COMPANY, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FLORENTINE OPERA COMPANY, INC.

**Employer identification number** 39-1098132

Schedule D (Form 990) 2020

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds	or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.			
		(a) Donor advise	ed funds	(b) Funds ar	nd other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	-			
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$				L Yes  No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose o	conferring	
Day	impermissible private benefit?				Yes No
Pai		-		art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	` ' <u></u>	7		
	Preservation of land for public use (for example, recrea	ation or education)	☐ Preservation of a	• •	
	Protection of natural habitat		☐ Preservation of a	a certified historic	structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contri	oution in the form o		
	day of the tax year.				at the End of the Tax Year
a	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired				
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization dur	ng the tax
	year •				
4	Number of states where property subject to conservation ea	_			
5	Does the organization have a written policy regarding the per				□ Vaa □ Na
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	and enforcing cons	ervation easemei	its during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcing concentrat	ion occomente d	ring the year
7	S	uling of violations, and e	inorcing conservat	ion easements u	uring trie year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(	h)(//)(R)(i)	
Ü	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservati				165 140
5	balance sheet, and include, if applicable, the text of the footi		· ·		es the
	organization's accounting for conservation easements.	note to the organization	3 ililariolai staterrie	ins that describe	3 110
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tr	easures, or Ot	her Similar A	ssets.
	Complete if the organization answered "Yes" on Form	-	,		
	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sheet	works
	of art, historical treasures, or other similar assets held for pul	•			
	service, provide in Part XIII the text of the footnote to its final	•	•	•	
b	If the organization elected, as permitted under FASB ASC 95				rks of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	, ,		•	,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$	
					_
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A			J /1	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
	Assets included in Form 990, Part X				

032051 12-01-20

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III Organizations Maintaining C	ollections of Ar			ther	Simil	ar Asse	ts/contin		ige Z	
3	Using the organization's acquisition, accession		-						<u>,</u>		
_	collection items (check all that apply):	,	e, ee a, e. ae	rene ming marma	to olg.						
а	Public exhibition	d	I oan or excl	hange program							
	b Scholarly research e Other										
c											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
_	to be sold to raise funds rather than to be ma							Yes		No	
Par	t IV   Escrow and Custodial Arran										
	reported an amount on Form 990, Par		3				, ,	,			
1a	Is the organization an agent, trustee, custodi	an or other intermed	iarv for contribution	s or other assets	not inc	cluded					
	on Form 990, Part X?							Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:								
	, ,	·	J					Amount			
С	Beginning balance					1c					
	Additions during the year					1d					
	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on Fo					 ?		Yes		No	
	If "Yes," explain the arrangement in Part XIII.				-						
	t V Endowment Funds. Complete if										
	·	(a) Current year	(b) Prior year	(c) Two years bac	k (d)	Three y	ears back	(e) Four	years I	back	
1a	Beginning of year balance	1,794,113.	1,727,674.	1,790,53	9.	1,8	08,116.	1,	622,	234.	
	Contributions	380.	53,901.	20	0.		2,000.			350.	
	Net investment earnings, gains, and losses	444,070.	12,538.	66,93	5.	1	16,188.		185,	532.	
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs			130,00	٥.	1	35,765.				
f	Administrative expenses										
g	End of year balance	2,238,563.	1,794,113.	1,727,67	4.	1,7	90,539.	1,	808,	116.	
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:	·			,		,	
	Board designated or quasi-endowment	.0000	%								
b	Permanent endowment > 81.9500	%	_								
	Term endowment ▶ 18.0500 g	<del>//</del>									
	The percentages on lines 2a, 2b, and 2c short	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered f	or the	organiz	zation	_			
	by:								Yes	No	
	(i) Unrelated organizations							3a(i)		X	
	(ii) Related organizations							3a(ii)		X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b			
4	Describe in Part XIII the intended uses of the		wment funds.								
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered			See Form 990, Pai	t X, lin	e 10.					
	Description of property	(a) Cost or ot		-	•	umulate		(d) Book	value	)	
		basis (investm	nent) basis (	(other)	depre	ciation					
	Land										
	Buildings										
	Leasehold improvements			1,605.		1,6				0.	
d	Equipment		27	4,677.	24	6,8	56.	27	7,82	<u> </u>	
	Other										
Tatal	Add lines to through to (Column (d) must be	aud Form OOA Dort	V column (D) line 1	001				.,.	7 82	7 T	

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 FLORENTINE	OPERA COM	PANY, INC.		39-1098132 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes'				
(a) Description of security or category (including name of security)	(b) Book valu	ie (c) Metho	d of valuation: Cost o	r end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes'				
(a) Description of investment	(b) Book valu	ie (c) Metho	d of valuation: Cost o	r end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes'		IV, line 11d. See Form	990, Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)			.▶
Part X Other Liabilities.				
Complete if the organization answered "Yes'	on Form 990, Part	IV, line 11e or 11f. Se	Form 990, Part X, lin	
1. (a) Description of liability				(b) Book value
(1) Federal income taxes				0.000
(2) SECURITY DEPOSITS				2,000
(3)				
(4)				
(5)				
(6)				
(7)				
(Q)				1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2020

2,000.

Sche	edule D (Form 990) 2020 FLORENTINE OPERA COMPANY	, INC.		33	LUSGISZ Page 2
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per R	eturn	) <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total revenue, gains, and other support per audited financial statements			1	3,911,087
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		605 161		
а	Net unrealized gains (losses) on investments		625,164.		
b			46,208.		
С	1 , 3				
d	Other (Describe in Part XIII.)	2d			684 080
е	Add lines 2a through 2d			2e	671,372
3	Subtract line 2e from line 1			3	3,239,715
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		04 500		
а	Investment expenses not included on Form 990, Part VIII, line 7b		21,523.		
b	Other (Describe in Part XIII.)	4b	-51,751.		
	Add lines <b>4a</b> and <b>4b</b>			4c	-30,228
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,209,487
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	1,710,477
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	46,208.		
b					
С		1 _ 1			
d	Other (Describe in Part XIII.)	2d	51,751.		
е	Add lines 2a through 2d			2e	97,959
3	Subtract line 2e from line 1			3	1,612,518
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,523.		
b					
С	Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·		4c	21,523
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	1,634,041
	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			,	, , ,
	, , , , , , , , , , , , , , , , , , , ,				
PA]	RT V, LINE 4:				
	·				
TH	E INCOME FROM THE ENDOWMENT FUNDS CAN BE	USED TO	SUPPORT T	ΉE	
OR	GANIZATION'S GENERAL ACTIVITIES.				
PA)	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
DI	RECT EXPENSES REPORTED ON FORM 990, PART	VIII, I	LINE 8B		-51,751
	•	-			·
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
DI	RECT EXPENSES REPORTED ON FORM 990, PART	VIII, I	LINE 8B		51,751
	<u> </u>				

Schedule D (Form 990) 2020

Schedule D [Form 980] 2020 FLORENTINE OPERA COMPANY, INC. 39-1098132 Page 5  Part XIII   Supplemental Information (continued)	Schedule D	(Form 990) 2020	FLORENTINE	OPERA	COMPANY,	INC.	39-1098132 Page 5
	Part XIII	Supplemental Infor	mation (continued)				
		•	, , , , , , , , , , , , , , , , , , ,				

#### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Schedule G (Form 990 or 990-EZ) 2020

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organization FLORENTINE OPERA COMPANY, INC. Employer identification number 39-1098132								
	·							
1 Indicate whether the a Mail solicitate whether the a Mail solicitate b Internet and c Phone solicited In-person solicited In-person solicited key employees list	ne organization rais tions I email solicitations itations olicitations on have a written o ted in Form 990, P O highest paid indiv	sed funds through any of the following and solicitates and solicitates and solicitates are solicitated as a solicitate and solicitates are solicitated as a sol	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	☐ Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	tò (o	Amount paid ir retained by) iundraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
				<b>•</b>				
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from	registration
								-

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

Schedule G (Form 990 or 990-EZ) 2020 FLORENTINE OPERA COMPANY, INC. 39-1098132 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events VIRTUAL PASTA & (add col. (a) through PUCCINI #2 1 ANNUAL GALA col. (c)) (event type) (event type) (total number) 395,941. 140,911. 155,155. 99,875. 1 Gross receipts 112,729. 95,480. 61,462. 269,671. 2 Less: Contributions 126,270. 28,182 59,675. 38,413. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 368. 368. 6 Rent/facility costs 4,347. 20,887. 12,147. 37,381. **7** Food and beverages 2,200. 1,200. 950 4,350. 8 Entertainment 5,418. 3,128.9,652. 1,106. 9 Other direct expenses ..... 51,751. 10 Direct expense summary. Add lines 4 through 9 in column (d) 74,519. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue .. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 FLORENTINE OPERA COMPANY, INC. 39-	1098132	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		, -
•	Enter the harre and address of the person time property the organization of garming, openial events been and received.		
	Name		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
_	of gaming revenue retained by the third party >\$		
c	If "Yes," enter name and address of the third party:		
Ī	The root, which have and address of the time party.		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
<b>D</b> -	organization's own exempt activities during the tax year  \$		
Ра	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	FLORENTINE	OPERA	COMPANY,	INC.	39-1098132 Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Infor	mation (continued)				

# SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FLORENTINE OPERA COMPANY, INC. **Employer identification number** 39-1098132

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HIGHEST MUSICAL AND THEATRICAL STANDARDS, AND TO SUPPORT COMMUNITY AND EDUCATION PROGRAMS THAT FOSTER THE CURRENT AND NEXT GENERATION OF OPERA AUDIENCES AND PRACTITIONERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE MEMBERS OF THE GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

WHENEVER A DIRECTOR OR OFFICER HAS A FINANCIAL OR PERSONAL INTEREST IN ANY MATTER COMING BEFORE THE GOVERNING BODY, THE GOVERNING BODY SHALL ENSURE THAT THE INTEREST OF SUCH OFFICER OR DIRECTOR IS FULLY DISCLOSED TO THE GOVERNING BODY, NO INTERESTED OFFICER OR DIRECTOR MAY VOTE OR LOBBY ON THE MATTER OR BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM AT THE MEETING OF THE GOVERNING BODY AT WHICH SUCH MATTER IS VOTED UPON, ANY TRANSACTION IN WHICH A DIRECTOR OR OFFICER HAS A FINANCIAL OR PERSONAL INTEREST SHALL BE DULY APPROVED BY MEMBERS OF THE GOVERNING BODY NOT SO INTERESTED OR CONNECTED AS BEING IN THE BEST INTERESTS OF THE ORGANIZATION, PAYMENTS TO THE INTERESTED OFFICER OR DIRECTOR SHALL BE REASONABLE AND SHALL NOT EXCEED FAIR MARKET VALUE, AND THE MINUTES OF THE MEETINGS AT WHICH SUCH VOTES ARE TAKEN SHALL RECORD SUCH DISCLOSURE, ABSTENTION, AND RATIONALE FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 15A:

THE GENERAL DIRECTOR'S COMPENSATION IS ESTABLISHED AND MONITORED BY THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization FLORENTINE OPERA COMPANY, INC.	Employer identification number 39-1098132
EXECUTIVE COMMITTEE OF THE GOVERNING BODY. THE COMPENSAT	ION IS BASED ON A
WRITTEN JOB DESCRIPTION AND IS SUBJECT TO COMPARISON TO C	THER SIMILAR JOB
DESCRIPTIONS USING THIRD-PARTY PUBLISHED DATA. THE PROCE	SS WAS LAST
UNDERTAKEN IN FISCAL YEAR 2019 WHEN A NEW GENERAL DIRECTO	R SEARCH WAS
INITIATED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPO	N REQUEST.
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