FORV/S Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption. If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization may omit names and addresses of contributors from its return(s). Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, e.g., information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your FORVIS advisor if you have questions about these rules.

FORVIS TAX0506 9-11

Public Disclosure Rules

Form **990**Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2020
Open to Public Inspection

A	or th	ne 202	0 calendar year, or tax year beginning 10/01, 2020, and ending	ng		09/30,	20 21	
В	heck if a	pplicable:	C Name of organization		D Employer id	entification nu	ımber	
_	Addre		OPERA THEATRE OF SAINT LOUIS					
-	chang		Doing Business As		43-082			
-	Name	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number			
\perp	Initia	l return	210 HAZEL AVENUE		(314) 96	1-0171		
-		inated	City or town, state or province, country, and ZIP or foreign postal code					
1	Amer	n	ST. LOUIS, MO 63119		G Gross receip		3,769,	323.
L	pend	cation ing	F Name and address of principal officer: ANDREW JORGENSEN		H(a) Is this a gro subordinates		Yes	X No
	tast in it.	200 500	210 HAZEL AVENUE, ST. LOUIS, MO 63119		H(b) Are all subore	dinates included?	Yes	No
<u>t</u> _		empt st	1 - 1(0)(0) 0 - 1(0)(1) 10 - 1(0)(1) 02	7	If "No," atta	ch a list. (see inst	ructions)	
_			WWW.OPERA-STL.ORG		H(c) Group exem			
	-	4		f format	ion: 1964 M	State of legal	domicile:	MO
	art I		mmary ODEDA MUEAMPE	LO M	TARTON TA	mo alla i) mii	
Activities & Governance		FUT	describe the organization's mission or most significant activities: OPERA THEATRE URE OF OPERA AND TO CONNECT DIVERSE AUDIENCES THROUGH BEAUTY.	ITS	POWER			
ove.			this box if the organization discontinued its operations or disposed of more that	an 25%	of its net asset	S.		
ڻ ه	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3		51.
es	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4		51.
viti	5	lotali	number of individuals employed in calendar year 2020 (Part V, line 2a)			5		81.
Act	6	Total	number of volunteers (estimate if necessary)			6		300.
•	/a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a		0
-	D	net ur	nrelated business taxable income from Form 990-T, line 34			7b		0
		0 1	1		Prior Year		rrent Yea	
E	8	Contri	butions and grants (Part VIII, line 1h)		56,256,71		7,084,	
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		13,80			,838
å	10	invest	ment income (Fart VIII, column (A), lines 3, 4, and 7d)		1,548,87		2,267,	
	11 12	Total a	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		149,53			,874
	13	Cronto	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		57,968,91		9,625,	
	14	Donofi	s and similar amounts paid (Part IX, column (A), lines 1-3)		46,60	0.	70,	,300
	15	Salaria	its paid to or for members (Part IX, column (A), line 4)		3,974,17	-750	1 016	022
Expenses	162	Drofos	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,914,11	0.	4,816,	022
per	h	Total f	sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) 1,057,822			0.		
ŭ					2,691,41	1	3,974,	F10
	18	Total	expenses (Part IX, column (A), lines 11a-11d, 11f-24e) expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,712,18		8,861,	
	19	Reven	ue less expenses. Subtract line 18 from line 12.		51,256,73			851
or se		1107011	de less expenses. Subtract line 16 from line 12		ning of Current Y		d of Year	
ets	20	Total a	essets (Part X, line 16)		95,362,86		1,453,	
Ass		Total li	iabilities (Part X, line 26)		928,00		1,728,	
Net Assets Fund Balanc			sets or fund balances. Subtract line 21 from line 20.		94,434,86		9,724,	
Pa			nature Block		21,101,00		, ,	
		alties of	f perjury, I declare that have examined this return including accompanying schedules and statem complete. Declaration of preparer (other than officer) is based on all information of which preparer has	ents. ar	nd to the best of	my knowleda	e and beli	ef. it is
true	, correc	ct, and c	complete. Declaration of preparer (other than officer) is based on all information of which preparer has	any kn	owledge.			
٠.	7	I	Mach I figure		Ju	ne 17	2022	
Sig: Her		b -	Signature of officer Andrew R Jorgensen General Overstor		Date		````	
_					F 1 2	DTIM		_
Paid			() a cot Laura	รถ/วดวา	Check	if PTIN	2751	
Prep	arer		TODAY TO	30/2022				
Use	Only	Firm's				44-01602		
Mav	the IR		address > 211 N. BROADWAY, SUITE 600 ST. LOUIS, MO 63102-2733		Phone no.	314-231-		1
			Reduction Act Notice, see the separate instructions.				es 000	No
	~PCI	OIR IT	rougonom mon rivince, ace the acpaigle matructions.			+o	m 990 (. 2020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

iling of this	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.									
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).									
	ons required to file an income tax return othe orm 7004 to request an extension of time to f		,	O-C filers), partnerships,	, RE	MICs,	and trusts					
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	umber (TIN)							
orint	OPERA THEATRE OF SAINT LOUIS			43-082195	8							
File by the lue date for	Number, street, and room or suite no. If a P.O. bo	Number, street, and room or suite no. If a P.O. box, see instructions.										
iling your	210 HAZEL AVENUE											
eturn. See nstructions.	City, town or post office, state, and ZIP code. For ST. LOUIS, MO 63119	City, town or post office, state, and ZIP code. For a foreign address, see instructions.										
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1					
Application		Return	Application				Return					
s For	5 000 57	Code	Is For				Code					
	r Form 990-EZ	01	Form 990-T (corporat	ion)	—		07					
orm 990-Bl orm 4720		02	Form 1041-A	n individual)			08					
orm 990-Pf	,	03	Form 4720 (other than individual) Form 5227									
	(sec. 401(a) or 408(a) trust)	05	Form 6069				10					
	(trust other than above)				12							
Telephone If the orga If this is for the whole Is the with the	e No. ► 314 961-0171 anization does not have an office or place of lor a Group Return, enter the organization's for e group, check this box e names and TINs of all members the extensions.	business ir ur digit Gro f it is for pa on is for.	Fax No. the United States, checoup Exemption Number (art of the group, check the process of the control of the group, check the group is group.	GEN) _ his box ▶ [If tage	this is ttach					
	est an automatic 6-month extension of time u			$\frac{22}{2}$, to file the exempt	t org	aniza	tion return					
2 If the ta	calendar year 20 or tax year entered in line 1 is for less than 12 mchange in accounting period	1_, 20_2	O, and ending	09/30_, eturn Final return	_	<u>21</u> .						
	application is for Forms 990-BL, 990-PF, 990-P	90-T, 4720), or 6069, enter the	tentative tax, less any	T							
nonref	nonrefundable credits. See instructions.											
b If this	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and											
	estimated tax payments made. Include any prior year overpayment allowed as a credit.											
	e due. Subtract line 3b from line 3a. Include		ent with this form, if re	quired, by using EFTPS								
	onic Federal Tax Payment System). See instru				3с	_	0.					
Caution: If you	u are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, se	e Form 8453-EO and Forn	n 887	/9-EO	for payment					
nstructions.												
For Privacy A	Act and Paperwork Reduction Act Notice, see instr	uctions.			Forn	ո 886	8 (Rev. 1-2020)					

Page 2 Form 990 (2020)

Pa	art III	Statement of Program Service Check if Schedule O contains	e Accomplishments a response or note to any line in this Part II	II	Х
1		escribe the organization's missi CHMENT 1			
	Did the		wificant was war a carrier and wing the year	rubiah wara nat liatad an	4h.a
2	prior Fo		nificant program services during the year		Yes X No
3	Did the	organization cease conduction	ng, or make significant changes in ho		
4	Describe expense	s. Section 501(c)(3) and 501(edule O. service accomplishments for each of its c)(4) organizations are required to repor for each program service reported.		
4a	(Code:		6,105,838. including grants of \$) (Revenue \$	211,838.
			CLUDED PRODUCTIONS OF GIANNI		
			UMAINE, NEW WORKS, BOLD VOIC		
			PERFORMANCES FEATURED PRIMATIONS CONCEIVED AND LED BY	RILY YOUNG	
			NDUCTORS, STAGE DIRECTORS, A	ND	
			WE HAD AN OUTDOOR FESTIVAL		
			,068. WE CONTIUNED A SLATE O		
			ENTS WERE MADE AVAILABLE TO		
	VIA OT	TSL'S SOCIAL MEDIA AND	YOUTUBE CHANNELS.		
4b	(Code:) (Expenses \$	359,269. including grants of \$	70,300.) (Revenue \$	84,433.)
		SCAL YEAR 2021 THE EDU	CATION AND ENGAGEMENT PROGRA	MS REACHED	· · · · · · · · · · · · · · · · · · ·
			OLS AND 1,826 ADULTS IN 50 S		
			D A DIGITAL STREAMING OPERA		
			LIC SCHOOLS ACROSS THE WORLD		
			COMMUNITY, AN ARTS INTENSIV		
			ING FOR BEGINNING AND ADVANC		
			CULMINATING IN A STREAMED P		
			RDS, STREAMED PANEL DISCUSSI AL CAMPS FOR MIDDLE AND HIGH		
			S' WORKSHOP, AND A VIRTUAL C		
	PROGRA		S WORRDHOF, AND A VIRTUAL C	ORRICOHOM	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	-	rogram services (Describe on So		`	
40	(Expens	es \$ including ()	

Form 990 (2020) Page **3**

Part	V 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 See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
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 Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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	Х	
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		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			3.7
	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			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		Х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	Х	
h	Schedule D, Parts XI and XII	12a	21	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.74		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
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		X
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) Page 4

Part	Checklist of Required Schedules (continued)		V	
22	Did the argenization report more than OF 000 of greate or other assistance to ar for democitic individuals an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		21	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
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?	254		Х
26	If "Yes," complete Schedule L, Part I	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	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		X
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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
31	conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32	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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		30		
	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Page 5 Form 990 (2020)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 81			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	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			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		21
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-75		
15	excess parachute payment(s) during the year?	15		Х
	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		Х
. 0	If "Yes," complete Form 4720, Schedule O.			
	•			

OPERA THEATRE OF SAINT LOUIS 43-0821958 Page 6 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 51 1a Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Х Each committee with authority to act on behalf of the governing body?................ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes

10a	Did the organization have local chapters, branches, or affiliates?	Iva		21
	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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	
b		12b	X	
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	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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 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		

Section C. Disclosure

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

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

| X | Own website | Another's website | X | Upon request | Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► ANDREW JORGENSEN 210 HAZEL AVENUE ST. LOUIS, MO 63119

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Officer Institutional trustee Or director		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position check more than one less person is both an and a director/trustee)		Position neck more than one ss person is both an d a director/trustee)		Position ot check more than one inless person is both an and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		(do not check more than one box, unless person is both an officer and a director/trustee)		(do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		osition ck more than one person is both an idirector/trustee)		osition ck more than one person is both an director/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ANDREW JORGENSEN	40.00																																															
GENERAL DIRECTOR	0.			Х				205,452.	0.	9,150.																																						
(2)NICOLE FREBER	40.00																																															
MANAGING DIRECTOR OF ADVANCEME	0.					Х		181,728.	0.	12,399.																																						
(3)MARY IP	40.00																																															
DIRECTOR OF FINANCE	0.			Х				160,354.	0.	7,861.																																						
(4) STEVE RYAN	40.00																																															
DIRECTOR OF PRODUCTION AND OPE	0.					Х		149,079.	0.	10,801.																																						
(5) JAMES ROBINSON	40.00																																															
ARTISTIC DIRECTOR	0.					Х		133,837.	0.	5,903.																																						
(6) NOEMI K. NEIDORFF	1.00																																															
CHAIRMAN	0.	X		X				0.	0.	0.																																						
(7)LELIA J. FARR	1.00																																															
VICE-CHAIRMAN	0.	X		X				0.	0.	0.																																						
(8) V. RAYMOND STRANGHOENER	1.00							_	_	_																																						
VICE-CHAIRMAN	0.	Х		Х				0.	0.	0.																																						
(9) SALLY S. LEVY	1.00																																															
BOARD MEMBER	0.	Х						0.	0.	0.																																						
(10) MONT S. LEVY	1.00								0																																							
TREASURER	0.	X		X				0.	0.	0.																																						
(11) SPENCER B. BURKE	1.00	7.7		3.7				_	0																																							
IMMEDIATE PAST CHAIRMAN	0.	X		X				0.	0.	0.																																						
(12) DONNA WILKINSON CHAIRMAN EMERITA	1.00	v		Х				0.	0.	0																																						
	1.00	Х						0.	0.	0.																																						
(13) JIM BERGES BOARD MEMBER	0.	Х						0.	0.	0.																																						
(14) ADRIENNE DAVIS	1.00	^						0.	0.	0.																																						
BOARD MEMBER	0.	х						0.	0.	0.																																						
- DOING HERDER	1	- 21				<u> </u>			0.	Form 990 (2020)																																						

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average	(do i	not cl	Pos	c) sition more	e than c	one	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of	
	week (list any hours for related organizations below dotted line)	1	er and			is or/tru Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organization	n d
15) KIM EBERLEIN	1.00										
BOARD MEMBER	0.	X						0	0.		0
16) SARA FABICK	1.00										
BOARD MEMBER	0.	X						0	0.		0
17) PATRICIA G. HECKER	1.00										
BOARD MEMBER	0.	X						0	0.		0
18) GINA G. HOAGLAND	1.00										
BOARD MEMBER	0.	X						0	0.		0
19) MRS. RONALD A. HOLTMAN	1.00										
BOARD MEMBER	0.	X						0	0.		0
20) JOHN H. RUSSELL	1.00										
BOARD MEMBER	0.	X						0	. 0.		0
21) ROBERT L. SCHARFF, JR.	1.00										
BOARD MEMBER	0.	X						0	. 0.		0
22) REX SINQUEFIELD	1.00										
BOARD MEMBER	0.	X						0	. 0.		C
23) ANN MCFARLAND SULLINS	1.00										
SECRETARY	0.	X		Х				0	. 0.		0
24) STEPHEN L. TRAMPE	1.00										
BOARD MEMBER	0.	X						0	. 0.		C
25) TANIA BEASLEY-JOLLY	1.00										
BOARD MEMBER	0.	X						0	. 0.		C
1b Sub-total							\blacktriangleright	830,450.	0.	46,1	114.
c Total from continuation sheets to Part VII,	Section A						\blacktriangleright	0.	0.		0.
d Total (add lines 1b and 1c)							>	830,450.	0.	46,1	114.
2 Total number of individuals (including but no reportable compensation from the organization)			liste 5	d al	bov	e) who	o re	eceived more than	\$100,000 of		
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										Yes 3	No X
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	50,0	00?	· It	"Yes	s,"	complete Schedu	le J for such	4 X	
5 Did any person listed on line 1a receive o											

for services rendered to the organization? *If "Yes," complete Schedule J for such person*Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 4

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours per			compensation	compensation from	amount of				
	week (list any hours for					or/trust		from the	related organizations	other compensation
	related	or or	Ins	Off	ē	Hig	Fo	organization	(W-2/1099-MISC)	from the
	organizations	livid	it l	Officer	/ em	ploy	Former	(W-2/1099-MISC)		organization
	below dotted line)	ual t	Institutional		Key employee	t co	,			and related organizations
		Individual trustee or director	<u>=</u>		/ee	Highest compensated employee				o.gamzanono
		ee	trustee			nsa				
						ted				
26) BARBARA BRIDGEWATER	1.00									
BOARD MEMBER	0.	X						0	0.	0
27) THRIESS BRITTON	1.00									
BOARD MEMBER	0.	X						0	0.	0
28) JANE CLARK	1.00									
BOARD MEMBER	0.	Х						0	0.	0
29) ROBERT H. CRAFT, JR.	1.00									
BOARD MEMBER	0.	Х						0	0.	0
30) JAMISON F. CRAFT	1.00									
BOARD MEMBER	0.	Х						0	0.	0
31) ARNOLD W. DONALD	1.00									
BOARD MEMBER	0.	Х						0	0.	0
32) MRS. IRL F. ENGELHARDT	1.00									
BOARD MEMBER	0.	Х						0	0.	0
33) EDES GILBERT	1.00									
BOARD MEMBER	0.	Х						0	0.	0
34) MELISSA HARPER	1.00									
BOARD MEMBER	0.	Х						0	0.	0
35) MARCELA MANJARREZ	1.00									
BOARD MEMBER	0.	Х						0	0.	0
36) HEATHER HUNT-RUDDY	1.00									
BOARD MEMBER	0.	Х						0	0.	0
1b Sub-total	· ·						—	0.	0.	0.
c Total from continuation sheets to Part VII					• •					
d Total (add lines 1b and 1c)	•						•			
2 Total number of individuals (including but n							o re	ceived more than	\$100.000 of	
reportable compensation from the organiza						-,			* ,	
										Yes No
3 Did the organization list any former o	fficer directo	ır or	fru	ıcta	Δ	kev e	mn	Jovee or highes	t compensated	100 110
employee on line 1a? If "Yes," complete Sch										3 X
4 For any individual listed on line 1a, is the organization and related organizations										
individual										4 X
5 Did any person listed on line 1a receive										
for services rendered to the organization? If										5 X
Section B. Independent Contractors	.co, comple		.ouu	0	. , 01	34011	ρυI.			, , , , , , , , , , , , , , , , , , ,

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average hours per week (list any	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
37) FRANK JACOBS	1.00									
BOARD MEMBER	0.	X						0	0.	0
38) BETTIE JOHNSON BOARD MEMBER	1.00	Х						0	0.	0
39) JOANNE KOHN	1.00									
BOARD MEMBER	0.	Х						0	0.	0
40) EUGENE KORNBLUM BOARD MEMBER	1.00	Х						0	0.	0
41) KENNETH KRANZBERG	1.00	Λ.						0	. 0.	
BOARD MEMBER	1.00	X						0	0.	0
42) JAMES A. KREKELER	1.00	21								
BOARD MEMBER	0.	X						0	0.	0
43) J. DAVID JEVY, JR.	1.00								9,1	
BOARD MEMBER	0.	Х						0	0.	0
44) DANNY LUDEMAN	1.00									
BOARD MEMBER	0.	Х						0	0.	0
45) MICHAEL NEIDORFF	1.00									
BOARD MEMBER	0.	Х						0	0.	0
46) MABEL L. PURKERSON, M.D.	1.00									
BOARD MEMBER	0.	Х						0	0.	0
47) WIN REED	1.00									
BOARD MEMBER	0.	Х						0	0.	0
1b Sub-total c Total from continuation sheets to Part VII, S	Coation A						>	0.	0.	0.
d Total (add lines 1b and 1c)	_		• •							
Total number of individuals (including but not							re	ceived more than	\$100 000 of	
reportable compensation from the organization			5							
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Scheoo										Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. It	"Yes	5, "	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or										

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form **990** (2020)

Part VII

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

(A)	(B) (C) (D) (E)						(E)		(F)			
Name and title	Average	Position (do not check more than one		Reportable	Reportable		stimated					
	hours per week (list any	١,				e than d is both		compensation from	compensation from related		nount of other	i
	hours for	hours for officer and a director/trustee) the organization		organizations		pensati	on					
	related	Individual trustee or director	Institutional trustee	Officer	Key	High	Forme	organization	(W-2/1099-MISC)		om the	_
	organizations below dotted	/idua	tutic	er	emp	lest	ner	(W-2/1099-MISC)		_	anizatio d related	
	line)	or tro	nal		Key employee	e				orga	anizatior	าร
		istee	trust		Ď	pens						
			ee			Highest compensated employee						
48) ALLISON W. ROBERTS	1.00											
BOARD MEMBER	† <u>-</u> 0.	Х						0] 0.			0
49) JOSEPH SHEPARD	1.00											
BOARD MEMBER	0.	Х						0	0.			0
50) THELMA STEWARD	1.00											
BOARD MEMBER	0.	Х						0	0.			0
51) DR. ELIZABETH STROBLE	1.00											
BOARD MEMBER	0.	Х						0	0.			0
52) DR. DONALD M. SUGGS	1.00											
BOARD MEMBER	0.	Х						0	0.			0
53) MARY SUSMAN	1.00											
BOARD MEMBER	0.	Х						0	0.			0
54) MARIA GUADALUPE TAXMAN	1.00											
BOARD MEMBER	0.	Х						0	0.			0
55) FRANKLIN F. WALLIS	1.00											
BOARD MEMBER	0.	X						0	0.			0
56) PHOEBE DENT WEIL	1.00											
BOARD MEMBER	0.	Х						0	0.			0
57) ROBIN WENTWORTH	1.00											
BOARD MEMBER	0.	X						0	0.			0
58) TIMOTHY WENTWORTH	1.00											
BOARD MEMBER	0.	X						0	0.			0
1b Sub-total							\blacktriangleright	0.	0.			0.
c Total from continuation sheets to Part VII, S							>					
d Total (add lines 1b and 1c)							<u> </u>					
2 Total number of individuals (including but not				ed a	bov	e) who	o re	eceived more than	\$100,000 of			
reportable compensation from the organizatio	n ▶	į	5									
											Yes	No
3 Did the organization list any former office										_		3.5
employee on line 1a? If "Yes," complete Sched										3		X
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	nsatio	n ai	nd other compen	sation from the			
organization and related organizations gr											v	
individual										4	X	
5 Did any person listed on line 1a receive or										-		Y
for services rendered to the organization? If "Yes," complete Schedule J for such person												

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII

Part VII Section A. Officers, Directors, True	ustees, Ke	y En	plo	yee	es,	and F	ligl	hest Compensat	ed Employees (d	continue	ed)	
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average hours per	(do r	not cl	Pos heck		e than o	ne	Reportable compensation	Reportable compensation from		stimated nount o	
	week (list any	١,				is both		from	related	aı	other	
	hours for					or/trust	_	the	organizations		pensati	on
	related organizations	Individual trustee or director	Institutional	Officer	Key employee	mpl digh	Former	organization	(W-2/1099-MISC)		om the janizatio	n
	below dotted	idua recto	utio	ег	dme	est o	er	(W-2/1099-MISC)			d relate	
	line)	or ta	nal		loye	e om				org	anizatio	าร
		stee	trustee		Φ) Dens						
			ee			Highest compensated employee						
59) CYNTHIA J. BRINKLEY	1.00											
BOARD MEMBER	0.	Х						0 .	0.			
60) ASHLEY BUDDE	1.00											
BOARD MEMBER	0.	Х						0.	0.			
61) CRYSTAL DALLAS	1.00											
BOARD MEMBER	0.	Х						0.	0.			
62) BARRY KIRK	1.00											
BOARD MEMBER	0.	Х						0 .	0.			
63) LORI SAMUELS	1.00											
BOARD MEMBER	0.	Х						0 .	0.			
Alt. Out total							_	0.	0.			0
1b Sub-total								0.	0.			
c Total from continuation sheets to Part VII, S												
d Total (add lines 1b and 1c)							<u> </u>	asived mare then	\$100,000 of			
2 Total number of individuals (including but not reportable compensation from the organizatio			แรเย วิ	uaı	OOVE	e) WIIC) le	ceived more than	\$ 100,000 OI			
	· ·										Yes	No
3 Did the organization list any former office	er directo	r or	tri	iste	6	kev e	mn	lovee or highes	t compensated			
employee on line 1a? If "Yes," complete Sched										3		Х
organization and related organizations gr	eater than	\$15	0,0	00?	lf	"Yes	3,"	complete Schedu	le J for such	4	Х	
individual										4		
for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors												
Complete this table for your five highest componentation from the organization. Report of the component												
year.							_					

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \blacktriangleright

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Part VIII Statement of Revenue

(A) Total revenue (B) (C) Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues c Fundraising events 1c 7,305 d Related organizations Government grants (contributions) . . 1,618,284 All other contributions, gifts, grants, and similar amounts not included above ... 5,459,034 1f g Noncash contributions included in 267,554 lines 1a-1f. 1g \$ Total. Add lines 1a-1f 7,084,623 **Business Code** Program Service Revenue OPERA PROGRAMS 711110 211,838. 211,838 b d е All other program service revenue 211,838. Investment income (including dividends, interest, and 1,693,789 1,693,789 0. 4 Income from investment of tax-exempt bond proceeds . 5 0. (i) Real (ii) Personal 35,925. 1,100. 6a Gross rents 6a 19,038. 7,199. 6b **b** Less: rental expenses 28,726. -17,938. Rental income or (loss) 6c d Net rental income or (loss) . . 10.788 10,788. Gross amount from (i) Securities (ii) Other sales of assets 49,649,569. 1.151 other than inventory 7a b Less: cost or other basis Other Revenue 49,077,352. 7b Ω and sales expenses . . 572,217. 1,151. c Gain or (loss) 7c 573,368 573,368 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ ___ of contributions reported on line 1c). See Part IV, line 18 8a 40,242. 8b **b** Less: direct expenses -33,347. -33,347. c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 0. 9b **b** Less: direct expenses 0. c Net income or (loss) from gaming activities. \triangleright 10a Gross sales of inventory, less Ω returns and allowances 0. Net income or (loss) from sales of inventory 0. **Business Code** Miscellaneous Revenue OTHER ACTIVITIES 900099 84,433 84,433 11a PROGRAM ADVERTISING 541800 b С All other revenue 84,433. Total, Add lines 11a-11d Total revenue. See instructions 9,625,492. 296,271 2,244,598.

Form 990 (2020)

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43-0821958

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 response or note to any line in this Part IX									
<u>Do</u>			(B)		(D)					
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses					
			ехрензез	general expenses	ехрепзез					
'	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	70,300.	70,300.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and	0								
	foreign individuals. See Part IV, lines 15 and 16	0.								
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors, trustees, and key employees	447,289.	73,125.	260,581.	113,583.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	0. 3,705,153.	2,850,097.	374,219.	480,837.					
7	Other salaries and wages	3,703,133.	2,630,097.	3/4,219.	400,037.					
8	Pension plan accruals and contributions (include	71,091.	50,010.	10,884.	10,197.					
_	section 401(k) and 403(b) employer contributions)	328,582.	231,148.	50,305.	47,129.					
9	Other employee benefits	264,707.	186,288.	40,436.	37,983.					
10	Payroll taxes	2017.071	200,200.	10 / 13 0 1	3.7555					
11	Fees for services (nonemployees):	0.								
	Management	58,789.		58,789.						
	Accounting	56,897.		56,897.						
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17	0.								
	Investment management fees	141,728.		141,728.						
	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)	80,438.	37,021.	25,768.	17,649.					
12	Advertising and promotion	401,997.	293,435.	26,467.	82,095.					
13	Office expenses	348,069.	282,193.	38,998.	26,878.					
14	Information technology	110,261.	50,747.	35,321.	24,193.					
15	Royalties	82,183.	82,183.							
16	Occupancy	288,984.	277,030.	2 570	8,384.					
17	Travel	200,904.	277,030.	3,570.	0,304.					
18	Payments of travel or entertainment expenses	0.								
	for any federal, state, or local public officials	303.	303.							
19	Conferences, conventions, and meetings	0.	303.							
20 21	Interest	0.								
22	Depreciation, depletion, and amortization	268,453.	189,623.	52,225.	26,605.					
23	Insurance	109,245.	85,334.	18,535.	5,376.					
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
_	COSTUMES, SCENERY & PROPS	453,979.	436,413.		17,566.					
-	ORCHESTRA	659,453.	659,453.							
-	INSTRUMENTS	25,744.	25,744.							
d	PAYROLL PROCESSING	37,376.	26,293.	5,722.	5,361.					
	All other expenses	850,620.	558,367.	138,267.	153,986.					
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	8,861,641.	6,465,107.	1,338,712.	1,057,822.					
20	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)	0.			- 000 ()					

Form 990 (2020) Page **11**

Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this Pa	art X	<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,650.	1	1,650.
	2	Savings and temporary cash investments	5,373,164.	2	5,267,083.
	3	Pledges and grants receivable, net	3,441,477.	3	2,637,199.
	4	Accounts receivable, net	6,548,340.	4	1,732,266.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	56,667.	5	36,667.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
Ś	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	544,430.	9	643,894.
	_	Land, buildings, and equipment: cost or other	,	<u> </u>	
	104	basis. Complete Part VI of Schedule D 10a 7,757,448.			
	h	Less: accumulated depreciation	3,690,382.	100	3,684,433.
	11	Investments - publicly traded securities	75,197,025.	11	96,361,054.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14		0.	14	0.
	15	Intangible assets	509,728.	15	1,088,900.
	16		95,362,863.	16	111,453,146.
_	17	Total assets. Add lines 1 through 15 (must equal line 33)	304,004.	17	377,941.
		Accounts payable and accrued expenses	0.	18	0.
	18	Grants payable	232,298.	19	584,982.
	19	Deferred revenue	0.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
	22	· · · · · · · · · · · · · · · · · · ·	<u> </u>	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%	0.	22	0.
Lia	22	controlled entity or family member of any of these persons	0.	23	0.
	23 24	Secured mortgages and notes payable to unrelated third parties	0.	24	0.
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	<u> </u>	24	0.
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
			391,700.	25	765,419.
	26	of Schedule D	928,002.	26	1,728,342.
_	20		720,002.	26	1,720,512.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	9,938,953.	27	10,685,378.
Bal	28	Net assets with donor restrictions.	84,495,908.	28	99,039,426.
Б	20		04,400,000.	28	77,037,420.
Ţ		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE		Retained earnings, endowment, accumulated income, or other funds		30	
t A	31	<u> </u>	94,434,861.		109,724,804.
Net	32	Total liabilities and not assets/fund balances	95,362,863.	32	111,453,146.
_	33	Total liabilities and net assets/fund balances	99,304,803.	33	Form 990 (2020)

Form 990 (2020) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			25,4	
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3 763,851.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		94,4	34,8	61.
5	Net unrealized gains (losses) on investments	5		14,5	28,9	72.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-2,8	880.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	09,7	24,8	04.
Part						
	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," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				3.7	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	n a			
	separate basis, consolidated basis, or both:					
	X 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 over	_		•	х	
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c	Λ	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the	2-		Х
-	Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?			٠.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization OPERA THEATRE OF SAINT LOUIS 43-0821958 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C)

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

Schedule A (Form 990 or 990-EZ) 2020

(D)

(E)

Total

Page 2 Schedule A (Form 990 or 990-EZ) 2020

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

Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,831,549.	7,849,708.	6,591,239.	56,244,189.	7,084,623.	85,601,308.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	7,831,549.	7,849,708.	6,591,239.	56,244,189.	7,084,623.	85,601,308.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						47,552,900.		
6	• • • • • • • • • • • • • • • • • • • •						38,048,408.		
	tion B. Total Support	() 0040	41.0047	() 0040	(1) 0040	() 0000	(O.T.)		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	7,831,549.	7,849,708.	6,591,239.	56,244,189.	7,084,623.	85,601,308.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	932,261.	954,504.	1,319,043.	924,536.	1,730,814.	5,861,158.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
11	Total support. Add lines 7 through 10						91,462,466.		
12	Gross receipts from related activities, etc. (s	see instructions) .				12	6,153,448.		
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>							
Sec	tion C. Computation of Public Sup								
14	Public support percentage for 2020 (li		•			14	41.60%		
15	Public support percentage from 2019					15	43.58 %		
16a	331/3% support test - 2020. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl			
	box and stop here. The organization quality								
b	33 1/3 % support test - 2019. If the org								
	this box and stop here . The organization	•		_					
17a	10%-facts-and-circumstances test - 2								
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in								
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported								
	organization								
b	b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line								
	15 is 10% or more, and if the organization					-			
	in Part VI how the organization meets			_					
	organization								
18	Private foundation. If the organization								
	instructions					ahadula A (Farm 0			

Schedule A (Form 990 or 990-EZ) 2020 Page 3

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.)

16 Public support percentage from 2019 Schedule A, Part III, line 15	Sec	tion A. Public Support				<u> </u>	,	
1 dills, grams, contributions, and membership fees received. The one include any various grants 7) 2 Gross receipts from admissions, membandine sold or services performed, or facilities furnished in any activity that is related to the organization's time exempt perspose - or unrelated trade or business under section 513 - or any unrelated trade or business under section 513 - or appended on its behalf - or expended on			(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
2 Gross receipts from activities that are not an universal experiment or findlines furnished in any activity that is related to the organization's tax essent purpose . 3 Gross receipts from activities that are not an universal experiment or findlines and activities that are not an universal experiment or activities that are not an universal experiment of the organization without charge or activities on the state of scale and activities on	_							
2 Gross receipts from activities that are not an universal experiment or findlines furnished in any activity that is related to the organization's tax essent purpose . 3 Gross receipts from activities that are not an universal experiment or findlines and activities that are not an universal experiment or activities that are not an universal experiment of the organization without charge or activities on the state of scale and activities on		received. (Do not include any "unusual grants.")						
turnished in any activity purpose	2							
a granization's beceive the purpose. 3 Gross receipts from activities that are not an unrelieud trade or business under accion 513. 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from disqualified apersons in the exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount of line 14 for the organization of line 14 or line 15 is more than 331/3%, and line 15 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 15 or 10 for more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 16 or 10 for more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 16 or 10 for 14 for 16 fo		sold or services performed, or facilities						
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Schedule A (Form 990 or 990-EZ) 2020 Page 4

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

- 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.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

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Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			i age o
			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			
01	detail in Part VI .	11c		
Sect	ion B. Type I Supporting Organizations		Vaa	Na
			res	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 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion 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		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.		0110).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
•				No
2	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	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	20		
	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, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? <i>If</i> "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 of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - p	provide 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 the organization is responsive				
	(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	
Section E - Distribution Allocations (see instructions) Excess		(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable 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				

Schedule A (Form 990 or 990-EZ) 2020

5

Part V

b Applied to 2020 distributable amount

Part VI. See instructions.

Breakdown of line 7: Excess from 2016 Excess from 2017 Excess from 2018 d Excess from 2019 Excess from 2020

and 4c.

Remainder. Subtract lines 4a and 4b from line 4.

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. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2020 Page 8

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2020

Employer identification number

OPERA THEATRE OF SAINT LOUIS 43-0821958 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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)

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

Name of organization OPERA THEATRE OF SAINT LOUIS

Employer identification number 43-0821958

art I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	N/A	\$578,700.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2_	N/A	\$500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4_	N/A	\$\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	N/A	\$\$84,232.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization OPERA THEATRE OF SAINT LOUIS

Employer identification number 43-0821958

Part I Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	N/A	\$\$225,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	N/A	\$190,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	N/A	\$176,050.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	N/A	\$165,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	N/A	\$151,980.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization OPERA THEATRE OF SAINT LOUIS

Employer identification number

			43-0821958
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization OPERA THEATRE OF SAINT LOUIS

Employer identification number 43-0821958

art II	Noncash Property	(see instructions)). Use duplicate c	opies of Part II if ac	Iditional space is needed.
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(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
		\$	
(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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization OPERA THEATRE OF SAINT LOUIS **Employer identification number** 43-0821958 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 information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. 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 (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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OPE	ERA THEATRE OF SAINT LOUIS	43-0821958
	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and 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	danar advisad
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
_	funds are the organization's property, subject to the organization's exclusive legal control?	• • • • • • • • • • • • • • • • • • • •
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	Yes . No
Pa	Conservation Easements.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
С		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conservation easements it holds?	L
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
	organization's accounting for conservation easements.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or service, provide in Part XIII the text of the footnote to its financial statements that describes the	r research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or research.	reh in furtherance of public service
	provide the following amounts relating to these items:	non in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
-	following amounts required to be reported under FASB ASC 958 relating to these items:	ooto in ananolai gain, provido tile
а	Revenue included on Form 990, Part VIII, line 1	▶ ¢
b	Assets included in Form 990, Part X.	> \$

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ing Collections of	Art, Historical Tre	easures, or C	Other Similar A	ssets (continu		age =	
3	Using the organization's acquisition	on, accession, and o	other records, chec	k any of the f	following that m	ake significant	use c	of its	
	collection items (check all that app	ly):							
а	Public exhibition		d Loan	or exchange p	rogram				
b	Scholarly research		e Other						
С	Preservation for future generations								
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							_	
	assets to be sold to raise funds rath		ained as part of the	organization's	collection?	Yes	; <u> </u>	No	
Pa	rt IV Escrow and Custodial A					_			
	Complete if the organiza	ation answered "Ye	es" on Form 990, F	Part IV, line 9	, or reported ar	n amount on F	orm		
	990, Part X, line 21.								
1a	Is the organization an agent, trus							٦	
_	included on Form 990, Part X?					Yes	; <u> </u>	No	
b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the following tal	ole:					
						Amount			
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance							Τ	
								No	
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been prov	vided on Part XIII				
Pa	rt V Endowment Funds.	ation anawarad "Va	on Form 000 I	Part IV/ line 1	0				
	Complete if the organiza								
		(a) Current year	(b) Prior year	(c) Two years b		. , ,			
1a	Beginning of year balance	76,355,070.	33,332,093.	34,959,3				$\frac{426}{122}$	
b	Contributions	6,613,734.	43,684,836.	275,7	798. 1,039	9,882. 1,	946,	133.	
С	Net investment earnings, gains,	16 526 007	1 440 510	CF 1	1 015	. 145	720	4 - 4	
	and losses	16,536,007.	1,448,510.	-65,1	1,815	5,145. 3,	/30,	454.	
	Grants or scholarships								
е	Other expenditures for facilities	2 026 600	2 052 100	1 700 0	1 524	1 710 1	201	01E	
	and programs	3,036,608. 59,453.	2,052,100. 58,269.	1,780,0		1,718. 1, 1,092.		215. ,672.	
f	Administrative expenses	96,408,750.	76,355,070.	33,332,0				$\frac{126}{126}$	
g	End of year balance					,545. 55,	710,		
2	Provide the estimated percentage Board designated or quasi-endown		end balance (line 1g	column (a)) he	eld as:				
a	Permanent endowment 75.0		70						
	Term endowment ► 20.0000	0/							
C	The percentages on lines 2a, 2b, a	-	100%						
32	Are there endowment funds not in			are held and	administered for	the			
Ja	organization by:	the possession of the	ie organization that	are rielu ariu a	adiffillistered for	u ie	Yes	No	
	(i) Unrelated organizations					3a(i)		X	
	(ii) Related organizations							X	
h	If "Yes" on line 3a(ii), are the relate								
4	Describe in Part XIII the intended u	•	•						
	rt VI Land, Buildings, and Equ	uipment.							
	Complete if the organize	ation answered "Y						<u>. </u>	
	Description of property	(a) Cost or (inves		or other basis ((c) Accumulated depreciation	(d) Book v	alue		
1a	Land	,	,	,					
b	Buildings		6,6	62,575.	3,512,501.	3,1	50,0	74.	
С	Leasehold improvements								
d	Equipment		1,0	063,193.	560,514.	5	02,6	79.	
е	Other			31,680.			31,6	580.	
	I. Add lines 1a through 1e. (Column		n 990, Part X, colum	n (B), line 10c.) . >	3,6	84,4	33.	

Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answer	ed "Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(I) (I) (I) (I) (I) (I) (I) (I) (I)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Complete if the organization answer		Part IV, line 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(4)			Cost of end-or-year filativet value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX	Other Assets.			
		ed "Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.	
	(a)	Description	(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (b	3) line 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X		ed "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,	
	line 25.			
1. (1) Fodo:		cription of liability	(b) Book value	
	ral income taxes		27.076	
	ITY LIABILITY E LIABILITY		27,876 737,543	
	- PPP		737,543	
	EEE			
(5)				
(6) (7)				
(8)				
(8)	nn (b) must equal Form 990, Part X, col. (B) line 2	5)	▶ 765,419	

Schedule D (Form 990) 2020 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ո.	
1	Total revenue, gains, and other support per audited financial statements	1	24,076,355.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	14,592,591.
3	Subtract line 2e from line 1	3	9,483,764.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4 -	141,728.
	Add lines 4a and 4b	4c 5	9,625,492.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_	7,023,172.
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ı	0 806 000
1	Total expenses and losses per audited financial statements	1	8,786,392.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Lat Alli.)		66,479.
	Add lines 2a through 2d	2e 3	8,719,913.
3	Subtract line 2e from line 1	3	0,710,013.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a 141,728.		
a	investment expenses not included on Form 930, Fart VIII, line Fb		
b	Other (Describe in Late Ann.)	4c	141,728.
с 5	Add lines 4a and 4b	5	8,861,641.
	XIII Supplemental Information.		· · ·
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

USE OF THE ORGANIZATION'S ENDOWMENT FUNDS:

OPERA THEATRE HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS AND OTHER ITEMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED ENDOWMENT FUNDS OPERA THEATRE MUST HOLD IN PERPETUITY OR FOR DONOR-SPECIFIED PERIODS, AS WELL AS THOSE OF BOARD DESIGNATED ENDOWMENT FUNDS.

SCHEDULE D, PART XI, LINE 2D

RECONCILIATION OF REVENUE - OTHER AMOUNTS:

FUNDRAISING EXPENSES \$40,242

CHANGE IN VALUE OF SPLIT INTEREST -2,860

RENTAL EXPENSES 26,237

TOTAL OTHER AMOUNTS \$63,619

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSES - OTHER AMOUNTS:

FUNDRAISING EXPENSES \$40,242

RENTAL EXPENSE 26,237

OTHER DIFFERENCE 0

TOTAL OTHER AMOUNTS \$66,479

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990. Open to Public gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** OPERA THEATRE OF SAINT LOUIS 43-0821958 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)

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

Schedule I (Form 990) 2020

OPERA THEATRE OF SAINT LOUIS 43-0821958

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ARTISTS-IN-TRAINING SCHOLARSHIPS	41.	70,300.			
2					
_3					
_4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

ORGANIZATON'S PROCEDURES FOR MONITORING GRANT FUNDS:

ARTISTS-IN-TRAINING PROGRAM, AWARD COLLEGE SCHOLARSHIPS TO HIGH SCHOOL STUDENTS. THROUGH LOCAL AUDITIONS, HIGH SCHOOL STUDENTS ARE SELECTED TO PARTICIPATE IN WEEKLY COLLEGE-LEVEL VOICE LESSONS AND COACHINGS, PARTICIPATE IN MASTER CLASSES AND RECITALS. ARTIST IN TRAINING (AIT) GRANTS ARE PAID OUT UPON SUBMISSION OF RECEIPTS OF EDUCATIONAL EXPENSES.

Schedule I (Form 990) (2020)

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OPERA THEATRE OF SAINT LOUIS

Employer identification number

43-0821958

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
L	If any of the house on line to are checked did the arranization follows a written nation regarding narrant			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			v
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
J	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
-	If "Yes" on line 5a or 5b, describe in Part III.	0.0		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
٠	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			_
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			1
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

OPERA THEATRE OF SAINT LOUIS 43-0821958

Schedule J (Form 990) 2020 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARY IP	(i)	160,354.	0.	0.	7,045.	816.	168,215.	
1DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	
ANDREW JORGENSEN	(i)	205,452.	0.	0.	8,320.	830.	214,602.	
2 ^{GENERAL} DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	
NICOLE FREBER	(i)	181,728.	0.	0.	7,986.	4,413.	194,127.	
MANAGING DIRECTOR OF ADVANCEME	(ii)	0.	0.	0.	0.	0.	0.	
STEVE RYAN	(i)	149,079.	0.	0.	6,543.	4,258.	159,880.	
DIRECTOR OF PRODUCTION AND OPE	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

OPERA THEATRE OF SAINT LOUIS 43-0821958

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

HEALTH OR SOCIAL CLUB DUES: THE GENERAL DIRECTOR IS PROVIDED WITH A

MEMBERSHIP TO A LOCAL SOCIAL CLUB. ALL USE IS EXCLUSIVELY FOR

BUSINESS PURPOSES. NO HEALTH, FITNESS, OR RECREATIONAL FACILITIES ARE

PROVIDED WITH THE MEMBERSHIP. NO PORTION OF THE CLUB DUES IS INCLUDED

IN TAXABLE COMPENSATION.

SCHEDULE L

Department of the Treasury

Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Internal Revenue Service Employer identification number Name of the organization OPERA THEATRE OF SAINT LOUIS 43-0821958 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

4	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Cor	rrected?
ı	(a) Name or disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified	persons during the year		
	under section 4958		▶ \$		
3		e 2 above reimbursed by the organization			

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person ATTACHMENT 1	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In (default?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			_	
(10)				

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

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020 Page 2

Business Transactions Involving Interested Persons. Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
(1)					
_(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L (Form 990 or 990-EZ) 2020 Page 2

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT

SCHEDULE L, PART II

NAME ANDREW JORGENSEN RELATIONSHIP WITH ORGANIZATION GENERAL DIRECTOR PURPOSE OF LOAN RELOCATION LOAN TO X FROM LOAN TO OR FROM THE ORG.? 100,000. ORIGINAL PRINCIPAL AMOUNT 34,616. BALANCE DUE IN DEFAULT? X NO YES APPROVED BY BOARD OR COMMITTEE X YES NO WRITTEN AGREEMENT? X YES NO

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Inspection Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

OPERA THEATRE OF SAINT LOUIS

43-0821958

Par	Types of Property			·			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		25.	267,554.	FAIR MARK	ET VAL	UE
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22							
23 24	Scientific specimens						
24 25	Archeological artifacts						
26	Other ►()						
27	Other ►(
28	Other ►() Other ►() Other ►()						
	Number of Forms 8283 received		anization during the tax v	ear for contributions for			
23	which the organization completed F				29		
	Willow the organization completed i	0 0200,	ran v, Bonoo nomowoug			Ye	s No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through		
	28, that it must hold for at least the		•		- 1		
	to be used for exempt purposes for	-				30a	X
b	If "Yes," describe the arrangement i						
31	Does the organization have a		ance policy that require	es the review of any	nonstandard		
	contributions?					31	X
32a	Does the organization hire or use						
	contributions?		- 			32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,		
	describe in Part II.						

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) Page **2**

Part II Supplemental Informat

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

THE AMOUNTS REPORTED ON COLUMN B ARE THE NUMBER OF CONTRIBUTIONS THE

ORGANIZATION RECEIVED DURING THE YEAR.

Schedule M (Form 990) (2020)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Omage

Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OPERA THEATRE OF SAINT LOUIS 43-0821958

FORM 990, PART III, LINE 3

WHEN THE BOARD IS NOT IN SESSION.

AS A RESULT OF THE COVID-19 PANDEMIC, OTSL CHANGED OUR INDOOR FESTIVAL SEASON PLANS TO AN OUTDOOR FESTIVAL SEASON.

FORM 990, PART VI, LINE 1A

FROM TIME TO TIME THE BOARD OF DIRECTORS MAY ELECT LIFE MEMBERS IN

ACKNOWLEDGEMENT OF OUTSTANDING SERVICE TO THE CORPORATION. THE STATUS

OF A LIFE MEMBER IS SUBJECT TO REVIEW BY THE GOVERNANCE AND EXECUTIVE

COMMITTEES. LIFE MEMBERS ARE ELIGIBLE TO PARTICIPATE IN ALL ASPECTS

OF BOARD MEMBERSHIP, INCLUDING COMMITTEE FUNCTIONS BUT EXCLUDING

VOTING ON CORPORATE MATTERS. THE EXECUTIVE COMMITTEE SHALL EXERCISE

THE POWERS GRANTED IN THESE BYLAWS AND ALL OF THE POWERS OF THE BOARD,

OF DIRECTORS, OTHER THAN THE POWER TO DELEGATE POWERS OF THE BOARD,

FORM 990, PART VI, SECTION A, LINE 2
BOARD RELATIONSHIPS: SALLY S. LEVY, BOARD SECRETARY, MONT LEVY,
TREASURER, AND DAVID LEVY, BOARD MEMBER, HAVE A FAMILY RELATIONSHIP.
TIM WENTWORTH AND ROBIN WENTWORTH HAVE A FAMILY RELATIONSHIP. MICHAEL
NEIDORFF, BOARD MEMBER, AND NOEMI NEIDORFF, BOARD CHAIR, HAVE A
FAMILY RELATIONSHIP. KENNETH KRANZBERG AND STEPHEN TRAMPE, BOARD
MEMBERS, HAVE A BUSINESS RELATIONSHIP. MICHAEL NEIDORFF AND MARCELA
MANJARREZ HAVE A BUSINESS RELATIONSHIP.

A PDF OF THE FINAL DRAFT OF THE PUBLIC DISCLOSURE COPY OF THE 990 AND SUPPORTING SCHEDULES WAS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND COMMENT FOLLOWING PREPARATION OF THE RETURN BY A PUBLIC ACCOUNTING FIRM AND REVIEW BY MANAGEMENT

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

CONFLICT OF INTEREST POLICY: BOARD MEMBERS ARE REQUIRED TO DISCLOSE

CONFLICTS OF INTEREST ON THE ANNUAL CONFLICT OF INTEREST

QUESTIONNAIRE. THOSE CONFLICTS ARE REVIEWED BY THE DIRECTOR OF

ADMINISTRATION WHO ALSO FINALIZES THE MINUTES OF BOARD MEETINGS.

NAMES OF THOSE WITH CONFLICTS ARE RECORDED IN THE MINUTES IF THERE IS

A VOTE INVOLVING THE RELEVANT CONFLICT. THE MEMBER WITH A CONFLICT IS

NOT ALLOWED TO PARTICIPATE IN THE DISCUSSION OF OR THE VOTE ON THE

TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF

INTEREST.

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

COMPENSATION REVIEW: THE GENERAL DIRECTOR'S COMPENSATION IS REVIEWED

BY THE HUMAN RESOURCE-COMPENSATION COMMITTEE USING OPERA AMERICA DATA

ON SALARIES AND BENEFITS SURVEY AS WELL AS OTHER DATA FOR

NOT-FOR-PROFITS. THE COMPENSATION IS APPROVED BY THE EXECUTIVE

COMMITTEE AND DOCUMENTATION OF APPROVAL IS MAINTAINED IN THE

PERSONNEL FILE. IN ADDITION, THE HUMAN RESOURCES COMMITTEE REVIEWS

THE SALARY STRUCTURE OF THE ORGANIZATION ANNUALLY

Name of the organization

OPERA THEATRE OF SAINT LOUIS

Employer identification number

43-0821958

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

COMPENSATION REVIEWED ANNUALLY BY THE HUMAN RESOURCE-COMPENSATION

COMMITTEE AND APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19

INDEPENDENT AUDITOR'S REPORT AND FINANCIAL STATEMENTS, ANNUAL REPORT,
AND FORM 990 ARE AVAILABLE TO THE PUBLIC ON THE COMPANY'S WEBSITE AND
MAILED TO DONORS AND INTERESTED PARTIES. THE CONFLICT OF INTEREST
POLICY AND BY-LAWS ARE AVAILABLE ON REQUEST.

FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$-2,880

FORM 990, PART I, LINE 19
FINANCIAL RESULTS:

DUE TO THE IRS BASIS FOR CALCULATING REVENUE AND EXPENSES, THE NET RESULTS REPORTED FOR THE CURRENT AND PRIOR YEAR (PART I, LINE 19 OF THE FORM 990) ARE DIFFERENT THAN WHAT WAS REPORTED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS. THE AUDITED FINANCIAL STATEMENTS REPORTED AN INCREASE IN TOTAL NET ASSETS OF \$51,001,947 FOR THE PRIOR YEAR AND A INCREASE IN TOTAL NET ASSETS OF \$15,289,943 FOR THE CURRENT YEAR.

THERE ARE VARIOUS DIFFERENCES BETWEEN TAX-BASIS REPORTING AND REPORTING FOR AUDITED FINANCIAL STATEMENTS, WHICH ARE PREPARED USING GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. A RECONCILIATION OF THE TAX REVENUES AND

Name of the organization

OPERA THEATRE OF SAINT LOUIS

Employer identification number

43-0821958

EXPENSES TO THE AMOUNTS REPORTED ON THE AUDITED FINANCIAL STATEMENTS IS

INCLUDED ON SCHEDULE D, PART XI AND PART XII.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OPERA THEATRE'S MISSION IS TO SHAPE THE FUTURE OF OPERA AND TO

CONNECT DIVERSE AUDIENCES THROUGH ITS POWER AND BEAUTY. TO

ACCOMPLISH OUR MISSION, WE PRODUCE A WORLD-CLASS OPERA FESTIVAL, WE

CHAMPION NEW WORKS, WE BUILD NEW AUDIENCES, WE EDUCATE AND ENGAGE

OUR COMMUNITY, AND WE NURTURE THE FINEST OPERA ARTISTS, ARTISANS,

AND ADMINISTRATORS OF EACH GENERATION. BY DOING SO, WE STRENGTHEN

THE CULTURAL AND ECONOMIC VITALITY OF THE ST. LOUIS COMMUNITY.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ST. LOUIS SYMPHONY ORCHESTRA 718 NORTH GRAND BLVD ST. LOUIS, MO 63103	ORCHESTRA MUSICIANS	630,888.
KLANCE UNLIMITED 1375 JEFFERSON STREET PACIFIC, MO 63069	EQUIPMENT RENTAL	100,425.
ONCE FILMS 3029 LOCUST STREET ST LOUIS, MO 63103	DIGITAL CONTENT FILM	186,372.
SWITCH PO BOX 790379 ST LOUIS, MO 63179	FILMING, EDITING, LE	153,090.

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2020	
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OMB No. 1545-0047

	For cale	endar year 2020 or other tax year beginning $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	<u></u>	ZUZU
Department of the Treasur		► Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection for
Internal Revenue Service	▶ D	o not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3		501(c)(3) Organizations Only
A Check box if address change	ged.			yer identification number
		OPERA THEATRE OF SAINT LOUIS		1821958
B Exempt under sectio	or			exemption number tructions)
X 501(C)(3)	Туре	210 HAZEL AVENUE	·	·
408(e) 22	0(e)	City or town, state or province, country, and ZIP or foreign postal code		
408A 53	0(a)	ST. LOUIS, MO 63119 F		Check box if an amended return.
529(a) 52	9A C Boo	ok value of all assets at end of year		
G Check organizati	ion type	X 501(c) corporation 501(c) trust 401(a) trust Other trust		pplicable reinsurance entity
H Check if filing on		Claim credit from Form 8941 Claim a refund shown on Form 24		
I Check if a 501(c)(3) organiz	ration filing a consolidated return with a 501(c)(2) titleholding corporation		<u> ▶ </u>
		d Schedules A (Form 990-T)		
K During the tax ye	ear, was the	corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
		didentifying number of the parent corporation		
L The books are in	care of \blacktriangleright	ANDREW JORGENSEN Telephone number ▶ 314-	-961-	0171
		210 HAZEL AVENUE		
		ST. LOUIS MO 63119		
Part I Total U	nrelated	Business Taxable Income		
1 Total of uni	elated bus	iness taxable income computed from all unrelated trades or businesses (see		
instructions).			. 1	
2 Reserved			2	
3 Add lines 1 a	nd 2		3	
4 Charitable co	ntributions ((see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3				0.
6 Deduction for net operating loss. See instructions.				
		iness taxable income before specific deduction and section 199A deduction.		
Subtract line	6 from line 5	5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)				
9 Trusts. Section 199A deduction. See instructions				
		es 8 and 9		
		able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero			11	0.
Part II Tax Co	mputatio	on .		
1 Organization	s taxable as	s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	
		t rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11		Tax rate schedule or Schedule D (Form 1041)	. 2	
•		is	3	
		nstructions	4	
		(trusts only)	5	
		ility income. See instructions	6	
		h 6 to line 1 or 2, whichever applies		
		Notice, see instructions.		Form 990-T (2020)

JSA 0X2740 1.000

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

iling of this f	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.	,					
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).					—	
	ons required to file an income tax return othe			O-C filers), partnerships,	REI	MICs, a	and trusts		
must use Fo	rm 7004 to request an extension of time to fi	ile income	tax returns.						
Гуре or	Name of exempt organization or other filer, see in	estructions.		Taxpayer identification nu		_			
orint	OPERA THEATRE OF SAINT LOUIS		43-0821958						
File by the lue date for	Number, street, and room or suite no. If a P.O. box, see instructions.								
iling your	210 HAZEL AVENUE								
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
	ST. LOUIS, MO 63119								
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 7	/	
Application		Return	Application Is For	1			Retur		
s For	Form 990-EZ	Code 01		O.T.(corporation)			07		
Form 990-BL		02	Form 990-T (corporation) Form 1041-A				08	—	
Form 4720 (03	Form 4720 (other than individual)			09	—		
Form 990-PF	•	04	Form 5227	ir iriaiviaaai,			10		
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11		
	(trust other than above)	06	Form 8870				12	_	
Telephone If the orga If this is foor the whole	anization does not have an office or place of le group, check this box	l business ir ur digit Gro f it is for pa	Fax No. ▶ the United States, checup Exemption Number (GEN)			nis is		
-	st an automatic 6-month extension of time ur			$\frac{22}{2}$, to file the exempt	org	anizati	on returr	า	
▶ X 2 If the ta	organization named above. The extension is calendar year 20 or tax year beginning 10/ ax year entered in line 1 is for less than 12 m hange in accounting period	<u>01</u> , 20 <u>20</u>), and ending		_	<u>?1</u> .			
	application is for Forms 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the	tentative tax, less any					
<u>nonrefu</u>	• • • • • • • • • • • • • • • • • • • •					\$		0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
	ted tax payments made. Include any prior yea				3b	\$		0.	
	e due. Subtract line 3b from line 3a. Include		ent with this form, if re-	quired, by using EFTPS				_	
(Electronic Federal Tax Payment System). See instructions.					3с			0.	
Caution: If you	u are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, se	e Form 8453-EO and Form	1 887	'9-EO fo	or paymer	nt	
nstructions.									
For Privacy Act and Paperwork Reduction Act Notice, see instructions.					Form	8868	(Rev. 1-20	020)	

JSA

Pa	art III	Tax and Payments				
1 8	a Foreig	in tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a				
	Other	credits (see instructions)				
		al business credit, Attach Form 3800 (see instructions) 1c				
		for prior year minimum tax (attach Form 8801 or 8827)				
•	Total	credits. Add lines 1a through 1d	1e			
2	Subtra	ct line 1e from Part II, line 7	2			
3		axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866				
		Other (attach statement)	3			
4		ax. Add lines 2 and 3 (see instructions).				
	sectio	n 1294. Enter tax amount here	4			0
5	2020	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5			
6 a	Payme	ints: A 2019 overpayment credited to 2020				
t		estimated tax payments. Check if section 643(g) election applies 6b				
C		posited with Form 8868,				
C		n organizations: Tax paid or withheld at source (see instructions) 6d				
е	Backu	withholding (see instructions) 6e				
f	Credit	for small employer health insurance premiums (attach Form 8941) 6f		ŀ		
g	Other	redits, adjustments, and payments: Form 2439				
_		orm 4136 Other Total ▶ 6g				
7	Total	ayments. Add lines 6a through 6g	7			
8	Estima	ted tax penalty (see instructions). Check if Form 2220 is attached	8			
9	Tax du	e. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			
10	Overp	nyment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10			
11	Enter ti	e amount of line 10 you want: Credited to 2021 estimated tax Refunded	11			
	rt IV	Statements Regarding Certain Activities and Other Information (see instructions)			-
1	At an	time during the 2020 calendar year, did the organization have an interest in or a signature or	other	authority	Yes	No
	Over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	y hav	e to file		
	here I	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreigr	1 country	1	l
2	here					X
2	foreign	the tax year, did the organization receive a distribution from, or was it the grantor of, or to	ansfe	ror to, a		
	If "Vec	trust?	• • •		-	X
3		" see instructions for other forms the organization may have to file.				
-		ne amount of tax-exempt interest received or accrued during the tax year				V
h	If 4a	organization change its method of accounting? (see instructions)	• • •	# 1 mm		X
	explain	is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form in Part V	128?	If "No,"		
Par	t V	Supplemental Information			_	
		planation required by Part IV, line 4b. Also, provide any other additional information. See instructions.				
		provide any other additional information. See instructions.				
		SUPPLEMENTAL INFORMATION ATTACHED				
	tr	nder penalties of pendry, I declare that have examined this return, including accompanying schedules and statements, and to the be se, correct, and complete, peclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	st of m	y knowledge	and be	lief, it is
Sigı				(DO)		
Her	_	with		IRS discuss preparer sh		
_	S	gnature of officer Date Title (see		ons)?X Ye		No
Paid		Print/Type preparer's name Preparer's signature Date Check	if	PTIN		
	arer	DONNA J LARSON G/30/22 self-em	ployed	P000	4375	51
	Only	Firm's name ► FORVIS, LLP Firm's E		44-016		
SA	,	Firm's address ▶ 211 N. BROADWAY, SUITE 600, ST. LOUIS, MO 63102-2733 Phone of the state of the	10. 31	4-231-	5544	
Un	1 1-000			Form 99	An-T	(2020)

SUPPLEMENTAL INFORMATION DETAIL

PART NUMBER: LINE J LINE NUMBER: LINE J

EXPLANATION:

ADVERTISING PLACED IN ANNUAL PRGRAM - NO ACTIVITY IN CURRENT YEAR.