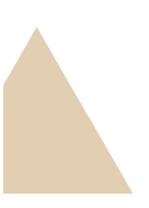
OPERA AMERICA, INC.

FORM 990 COPY FOR PUBLIC INSPECTION

YEAR ENDED JUNE 30, 2023





TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2023

PREPARED FOR:

OPERA AMERICA, INC. 330 SEVENTH AVENUE NEW YORK, NY 10001

PREPARED BY:

EISNER ADVISORY GROUP LLC 733 THIRD AVENUE NEW YORK, NY 10017-2703

EFILE FAX: 646-885-4434 EFILE EMAIL: CORPORATETAX@EISNERAMPER.COM

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 21-28-71 Return of Organization Exempt From Income Tax

Form **990** Department of the Treasury

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. OMB No. 1545-0047

		enue Service	Go to www.irs.gov/Form990 for instructions ar	ia the late	est into	ormation.		Inspection		
Α	For th	e 2022 calenda	r year, or tax year beginning JUL 1,2022 a	nd ending	JUI	1 30, 2023				
В	Check if applicab	C Name of	organization		1	D Employer identifi	ication n	lumber		
	Addre									
	Chang	DPERA A	AMERICA, INC.							
	chang	ge Doing bu	siness as	suite I	20-3520577					
Ļ	returr Final	Number a	and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe						
	returr termii	n-	212 796 - 86	520	12 000 022					
_	ated Amer	City or to	G Gross receipts \$		13,006,039.					
	returr Appli	NEW IOP	H(a) Is this a group r	_						
	tion pendi	F Name an	d address of principal officer: MARC SCORCA	for subordinates	_	Yes X No				
H(b) Are all										
	<u>I ax-ex</u> Websi		≤ 501(C)(3) _ 501(C)() (Insert no.) _ 4947(a) SRAAMERICA.ORG			If "No," attach a				
		f organization: 2		,		H(c) Group exemption formation: 2005		er f legal domicile: NY		
	art I	Summary		6	ital Ul		VI SIALE O	i iegai uutittutte. 14 1		
	1	-	e the organization's mission or most significant activities: \underline{TOS}	UPPORT 1	THE C	REATION				
e			N, AND ENJOYMENT OF OPERA THROUGH AN ARRAY OF E			,				
nan	2					an 25% of its net as	sets			
ver	PRESENTATION, AND ENJOYMENT OF OPERA THROUGH AN ARRAY OF PROGRAMS. Check this box if the organization discontinued its operations or disposed of more than 25% of its net ass Number of voting members of the governing body (Part VI, line 1a)			1	46					
g	3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 a 5 Table pendent voting members of the governing body (Part VI, line 2c)									
20 20	5		of individuals employed in calendar year 2022 (Part V, line 2a)					32		
itie	6		of volunteers (estimate if necessary)					0		
Activities &	7 a		business revenue from Part VIII, column (C), line 12					121,529.		
À	b		ousiness taxable income from Form 990-T, Part I, line 11					0.		
						Prior Year	С	urrent Year		
Ø	8	Contributions a	and grants (Part VIII, line 1h)			3,527,500.		4,102,908.		
Revenue	9	Program servic	e revenue (Part VIII, line 2g)			1,453,928.		2,368,768.		
eve	9 Program service revenue (Part VIII, line 2g) 1,45 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 76			768,251.		374,832.				
-	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			32,519.		5,265.		
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12			5,782,198.		6,851,773.		
	13	Grants and sim	ilar amounts paid (Part IX, column (A), lines 1-3)			605,469.		825,915.		
	14		o or for members (Part IX, column (A), line 4)			0.		0.		
Se	15		compensation, employee benefits (Part IX, column (A), lines 5-1		<u> </u>	3,021,345.		3,397,919.		
Expenses	16a		ndraising fees (Part IX, column (A), line 11e)			0.		0.		
, xDe	b		······································	5,244.						
ш	1 "		s (Part IX, column (A), lines 11a-11d, 11f-24e)			3,028,954.		3,285,393.		
		•	s. Add lines 13-17 (must equal Part IX, column (A), line 25)			6,655,768.		7,509,227.		
	19	Revenue less e	expenses. Subtract line 18 from line 12		D	-873,570.	-	-657,454.		
Net Assets or					веği	nning of Current Year	L E	End of Year		
Sset	20	Total assets (P				19,961,792.		24,602,632.		
etA	21	Total liabilities				4,475,581.		9,106,457.		
	<u>22</u> art II	Net assets or fi	und balances. Subtract line 21 from line 20		1	15,486,211.		15,496,175.		
	artil	Joignature	DIVUN							

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
-	MARC SCORCA, PRESIDENT & CEO	
	Type or print name and title FIFCTRONICALLY FILED WIT	H
	Print/Type preparer's name Preparer's signature Date	
Paid	WILLIAM EPSTEIN	self-employed P01307171
Preparer	Firm's name EISNER ADVISORY CROUP LONG REVENUE SERVIC	Firm's EIN 87-1353108
Use Only	Firm's address 733 THIRD AVENUE	
	NEW YORK, NY 10017-2703	Phone no.212-949-8700
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

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*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN				
print	OPERA AMERICA, INC.				20-35	20577
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 330 SEVENTH AVENUE	see instruct	ions.			
return. See instructions.	City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10001	oreign addi	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separa	e application for each return)			0 1
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 4720 (individual) Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 990-T (corporation) SUSAN SCHULTZ • The books are in the care of ▶ 330 SEVENTH AVENUE - 1			Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
Form 990	-T (corporation)	07				
 If the c If this is box ▶ [1 I reaction the the the the the the the the the the	organization does not have an office or place of business organization does not have an office or place of business is for a Group Return, enter the organization's four digit	Group Exe and atta MAY 1 anization's , an	mption Number (GEN), . ch a list with the names and TINs of <u>5, 2024</u> , to file return for: d endingJUN 30, 2023	If this is fo all membe	r the whole ers the exte	group, check this
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter any	refundable credits and			
	mated tax payments made. Include any prior year over			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84	453-TE and		9-TE for payment 8868 (Rev. 1-2022)

223841 04-01-22

	rt III Statement of Program Service Accomplishments		Page 2
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expe	nses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.	the total expense	ses, and
40		\$	993,240.
4a	(Code:) (Expenses \$1,841,685. including grants of \$) (Revenue NATIONAL OPERA CENTER - OPERA AMERICA'S NATIONAL OPERA CENTER IS A	\$	<u> </u>
	STATE-OF-THE-ART RENTAL FACILITY FOR THE OPERA COMMUNITY AND ALSO		
	HOUSES THE ORGANIZATION'S ADMINISTRATIVE OFFICES. CUSTOM-BUILT TO		
	RESPOND TO THE INDUSTRY'S NEED FOR SUITABLE AUDITION, REHEARSAL AND		
	RECORDING FACILITIES, SPECIALLY EQUIPPED ROOMS FACILITATE CO-PRODUCTION		
	MEETINGS, DESIGN PRESENTATIONS AND PROFESSIONAL DEVELOPMENT ACTIVITIES,		
	AS WELL AS A WIDE RANGE OF ARTISTIC WORK - FROM PERFORMANCES TO		
	READINGS OF NEW WORKS AND LECTURES. STATE-OF-THE-ART ELECTRONIC MEDIA		
	TECHNOLOGY FOR STREAMING AND VIDEO CONFERENCE OVERCOMES THE BARRIER OF		
	GEOGRAPHY FOR THIS WIDELY DISPERSED, YET HIGHLY COLLABORATIVE,		
	INDUSTRY.		
4b	(Code:) (Expenses \$1,665,537. including grants of \$822,825.) (Revenue	\$	26,066.
	ARTISTIC SERVICES - REPERTOIRE DEVELOPMENT GRANTS, OPERA DISCOVERY AND		
	COMMISSIONING GRANTS FOR WOMEN COMPOSERS, OPERA GRANTS FOR COMPOSERS		
	AND LIBRETTISTS OF COLOR AND CREATIVE AND PROFESSIONAL DEVELOPMENT		
	PROGRAM FOR NEW COMPOSERS AND LIBRETTISTS OF COLOR SUPPORT EXPERIMENTAL		
	METHODS OF PRESENTING OPERA AND ENCOURAGE ETHNIC, CULTURAL AND GENDER		
	DIVERSITY IN ALL DIMENSIONS OF A PROJECT. A NEW WORKS FORUM CONVENES		
	COMPOSERS, LIBRETTISTS, DESIGNERS, PRODUCERS AND PUBLISHERS TO SHARE		
	COMPOSERS, LIBRETTISTS, DESIGNERS, PRODUCERS AND PUBLISHERS TO SHARE KNOWLEDGE ABOUT METHODS FOR ENSURING THE SUCCESSFUL CREATION AND		
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	KNOWLEDGE ABOUT METHODS FOR ENSURING THE SUCCESSFUL CREATION AND PRODUCTION OF NEW OPERATIC WORKS. THE ONSTAGE PROGRAM IS A SERIES OF		
	KNOWLEDGE ABOUT METHODS FOR ENSURING THE SUCCESSFUL CREATION AND PRODUCTION OF NEW OPERATIC WORKS. THE ONSTAGE PROGRAM IS A SERIES OF EVENTS OFFERING THE PUBLIC AN OPPORTUNITY TO HEAR FROM AND INTERACT WITH MAJOR TALENTS WITHIN THE OPERA WORLD. (CONTINUED SCHEDULE O)		
4c	KNOWLEDGE ABOUT METHODS FOR ENSURING THE SUCCESSFUL CREATION AND PRODUCTION OF NEW OPERATIC WORKS. THE ONSTAGE PROGRAM IS A SERIES OF EVENTS OFFERING THE PUBLIC AN OPPORTUNITY TO HEAR FROM AND INTERACT WITH MAJOR TALENTS WITHIN THE OPERA WORLD. (CONTINUED SCHEDULE O) (Code:) (Expenses \$645,379. including grants of \$) (Revenue	\$	342,299.
4c	KNOWLEDGE ABOUT METHODS FOR ENSURING THE SUCCESSFUL CREATION AND PRODUCTION OF NEW OPERATIC WORKS. THE ONSTAGE PROGRAM IS A SERIES OF EVENTS OFFERING THE PUBLIC AN OPPORTUNITY TO HEAR FROM AND INTERACT WITH MAJOR TALENTS WITHIN THE OPERA WORLD. (CONTINUED SCHEDULE O) (Code:) (Expenses \$645,379. including grants of \$) (Revenue OPERA AMERICA HOSTS AN ANNUAL CONFERENCE AND A RANGE OF WORKSHOPS AND	\$	342,299.
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4d	KNOWLEDGE ABOUT METHODS FOR ENSURING THE SUCCESSFUL CREATION AND PRODUCTION OF NEW OPERATIC WORKS. THE ONSTAGE PROGRAM IS A SERIES OF EVENTS OFFERING THE PUBLIC AN OPPORTUNITY TO HEAR FROM AND INTERACT WITH MAJOR TALENTS WITHIN THE OPERA WORLD. (CONTINUED SCHEDULE O) (Code:) (Expenses \$	812,472.)	342,299.

Pa	TIV 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	Х	
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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, VII, 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 of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		
~	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		x
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."			
		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
		20a		<u> </u>
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
232004				(2022)
-02000				()

OPERA AMERICA, INC.

Form 990 (2022)

$21400513 \ 721252 \ 1014630 - 1014630$

4

2022.05090 OPERA AMERICA, INC.

20-3520577

Page 3

Form	990	(2022)
	000	

OPERA AMERICA, INC.

Pa	art IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Г			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's cur				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J		23	х	
24a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as o				
	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	2	24a		x
b	 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 	·····	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas				
	any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	·····	24d		
	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	2	25a		x
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, ar	·····			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	·····			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employed				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% cor				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Pan		27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
-	"Yes," complete Schedule L, Part IV	2	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	····· –			
-	"Yes," complete Schedule L, Part IV	2	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	·····	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	·····	•.		
02	Schedule N, Part II		32		x
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		x
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
35a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	F.	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entities.	·····			
-	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 organi				
	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	·····			
	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 on Schedule O for Part VI, lines 11b and 19?				
	Note: All Form 990 filers are required to complete Schedule O		38	х	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance		- 1		
	Check if Schedule O contains a response or note to any line in this Part V				X
				Yes	No
1a	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	88		-	_
b		0			
c		<u></u>			
	(gambling) winnings to prize winners?		1c		
232004	04 12-13-22			990	(2022
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		(2022) OPERA AMERICA, INC.	20-352057	7	P	age 5			
Par	τν	Statements Regarding Other IRS Filings and Tax Compliance (continued)			1				
_					Yes	No			
2a		er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
		for the calendar year ending with or within the year covered by this return	2a 32		v				
b		least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b 3a	X X				
3a									
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	х				
4a		ny time during the calendar year, did the organization have an interest in, or a signature or other a							
		ncial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	<u>4a</u>		X			
b		es," enter the name of the foreign country							
		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac							
5a		the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X			
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X			
С		es" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>					
6a		s the organization have annual gross receipts that are normally greater than \$100,000, and did the	-						
	any	contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X			
b		es," did the organization include with every solicitation an express statement that such contribution	•						
	were	e not tax deductible?		6b					
7	-	anizations that may receive deductible contributions under section 170(c).							
а	Did tl	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X			
b	lf "Y	es," did the organization notify the donor of the value of the goods or services provided?		7b					
С		the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•						
		e Form 8282?		7c		X			
d	lf "Y	es," indicate the number of Forms 8282 filed during the year	7d						
е	Did t	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X			
f	Did t	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X			
g		e organization received a contribution of qualified intellectual property, did the organization file Fo		7g					
h									
8	Spo	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
	spor	nsoring organization have excess business holdings at any time during the year?		8					
9	Spo	nsoring organizations maintaining donor advised funds.							
а				9a					
b				9b					
10		tion 501(c)(7) organizations. Enter:	1						
а		ation fees and capital contributions included on Part VIII, line 12	10a	-					
b		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-					
11		tion 501(c)(12) organizations. Enter:							
а		ss income from members or shareholders	11a	-					
b		ss income from other sources. (Do not net amounts due or paid to other sources against							
		unts due or received from them.)	11b						
		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
b		es," enter the amount of tax-exempt interest received or accrued during the year	12b	-					
13		tion 501(c)(29) qualified nonprofit health insurance issuers.							
а		e organization licensed to issue qualified health plans in more than one state?		<u>13a</u>					
		e: See the instructions for additional information the organization must report on Schedule O.							
b		er the amount of reserves the organization is required to maintain by the states in which the							
		inization is licensed to issue qualified health plans	13b	-					
С		er the amount of reserves on hand	13c						
14a				14a		X			
b		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b					
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
		ess parachute payment(s) during the year?		15		X			
		es," see the instructions and file Form 4720, Schedule N.				_			
16		e organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X			
		es," complete Form 4720, Schedule O.							
17		tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act							
	that	would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	lf "Y	es," complete Form 6069.							
232005	12-13	3-22		Form	1 990	(2022)			

Form	990 (2022) OPERA AMERICA, INC.			3520577			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, an	d for a "	'No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	structions.				
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
				-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		46			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		45			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was	filed?		4		х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?			5		х
6	Did the organization have members or stockholders?			[6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	oint c	one or				1
	more members of the governing body?				7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ckhol	ders, or	Γ			
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	following:				
а	The governing body?				8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ned at	the	Γ			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)				
			,	_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	pters,	affiliates,	Γ			
	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				11a		х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			F			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t				12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			Γ			
	on Schedule O how this was done	,			12c	х	
13	Did the organization have a written whistleblower policy?			Γ	13	Х	
14	Did the organization have a written document retention and destruction policy?			Г	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent	····· [
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization			Г	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent wi	th 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						
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized	-	-				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure			<u></u>			
17	List the states with which a copy of this Form 990 is required to be filedNY						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	1 990-	T (section 50	1(c)(3)s	onlv)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		. (.(0)(0)0	,,,		
	X Own website Another's website X Upon request Other (explain of the complexity)	on Sc	hadula ())				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	cv. and	financ	cial	
	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 book	s and	records				
	SUSAN SCHULTZ - 212-796-8620						
	330 SEVENTH AVENUE, NEW YORK, NY 10001						
232006	12-13-22				Form	990	(2022)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	pensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with List all of the organization's current officers, directors, trustees (whether individuals or organizations), regard 	0	,

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(B) (C)							(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trus	iee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	ıtiona		nploy	st cor yee	-	1000 NEO)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gamzanene
(1) MARC A. SCORCA	40.00									
PRESIDENT/CEO	0.00	х		х				322,859.	Ο.	26,404.
(2) DANIEL COOPERMAN	40.00									
CHIEF ADVANCEMENT OFFICER	0.00					x		173,904.	0.	18,099.
(3) CHRISTIAN DE GRE	40.00									
CHIEF OPERATIONS OFFICER	0.00					x		160,031.	0.	17,406.
(4) LAURA LEE EVERETT	40.00									
CHIEF PROGRAMS OFFICER	0.00					х		156,533.	0.	17,231.
(5) KEVIN SOBCZYK	40.00									
DIRECTOR OF IT	0.00					х		124,133.	0.	15,611.
(6) SUSAN SCHULTZ	40.00									
CONTROLLER	0.00					х		112,396.	0.	15,024.
(7) CAROL F. HENRY	1.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(8) SUSAN G. MARINEAU	1.00									
VICE CHAIR	0.00	Х		Х				٥.	0.	0.
(9) LEE ANNE MYSLEWSKI	1.00									
VICE CHAIR	0.00	Х		Х				٥.	0.	0.
(10) HECTOR ARMIENTA	1.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(11) MICHAEL EGEL	1.00									
SECRETARY	0.00	Х		X				0.	0.	0.
(12) IAN RYE	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(13) JAMES M. BARTON	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(14) AFTON BATTLE	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(15) ASTRID BAUMGARDNER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(16) WAYNE BROWN	1.00									
DIRECTOR	0.00	Х						٥.	0.	0.
(17) ANNIE BURRIDGE	1.00									
DIRECTOR	0.00	х						0.	0.	0.
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Form 990 (2022) OPERA AMERIC	A, INC.								20-352057	7	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st Co	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not c , unles	Pos heck ss pe	rson i	than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f org ar	npensa from th ganizat nd relat anizati	ie tion ted
(18) TASSIO CARVALHO DIRECTOR	1.00	x						0.	0.			٥.
(19) VIRGINIA CROSKERY LAURIDSEN DIRECTOR	1.00	x						0.	0.			0.
(20) KHORI DASTOOR DIRECTOR	1.00	x						0.	0.			0.
(21) ANTHONY DAVIS DIRECTOR	1.00	x						0.	0.			0.
(22) ANA DE ARCHULETA	1.00											
DIRECTOR (23) RENA DE SISTO	0.00	X			\vdash	$\left \right $		0.	0.			0.
DIRECTOR (24) DAVID B. DEVAN	0.00	х 						0.	0.			0.
DIRECTOR (25) SUE DIXON DIRECTOR	0.00 1.00 0.00	x x						0.	0.			0.
(26) CAROL E. DOMINA	1.00	x										0.
DIRECTOR 1b Subtotal								0. 1,049,856.	0.		109,	0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)		<u></u>						0.	0.		109,	0.
2 Total number of individuals (including but r compensation from the organization	not limited to th	iose	liste	d at	ove	e) wh	o re	ceived more than \$100,0	000 of reportable		1	6
3 Did the organization list any former officer											Yes	No
line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> 4 For any individual listed on line 1a, is the s	um of reportabl	le co	mpe	ensa	ition	and	oth	er compensation from th	ne organization	3		X
and related organizations greater than \$15Did any person listed on line 1a receive or										4	X	
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	nplete Schedule	e J fe	or si	ich į	<u>oers</u>	on .				5		X
1 Complete this table for your five highest co the organization. Report compensation for									<i>,</i> , ,	tion fr	om	
(A) Name and business		NO		<u> </u>				(B) Description of s			C) ensatio	'n
										-		
2 Total number of independent contractors (\$100,000 of compensation from the organ	zation		nitec	d to		se lis 0	ted	above) who received mo	ore than			
SEE PART VII, SECTION A CONTIN 232008 12-13-22	UATION SHEE	TS								Form	990 (2022)

			,,			ingin		Compensated Employe	```	(5)
(A) Name and title	(B)				C) ition			(D) Bapartabla	(E) Reportable	(F) Estimated
Name and the	Average hours	(c	heck				ly)	Reportable compensation	compensation	amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organization
(27) ANTHONY FREUD	1.00									
DIRECTOR	0.00	x						0.	0.	
(28) DAVID GOCKLEY	1.00									
DIRECTOR	0.00	x						0.	0.	
29) C. GRAHAM BERWIND III	1.00									
DIRECTOR	0.00	x						0.	0.	
(30) DENYCE GRAVES-MONTGOMERY	1.00									
DIRECTOR	0.00	x						0.	0.	
(31) NADEGE J SOUVENIR	1.00		-		-				••	
DIRECTOR	0.00	x						0.	0.	
(32) PEGGY KRIHA DYE	1.00	А						••	••	
DIRECTOR	0.00	x						0.	0.	
33) CAROL LAZIER	1.00	~	<u> </u>		<u> </u>			0.	0.	
DIRECTOR	0.00	x						0.	0.	
(34) ANH LE	1.00	^	-		-			· · ·	υ.	
								0.	0	
DIRECTOR	0.00	X	<u> </u>		<u> </u>			0.	0.	
(35) FRAYDA LINDEMANN	1.00								0	
DIRECTOR	0.00	Х						0.	0.	
(36) CHARLES MACKAY	1.00								0	
DIRECTOR	0.00	Х						0.	0.	
(37) ALEJANDRA MARTI OLBRICH	1.00									
DIRECTOR	0.00	Х						0.	0.	
(38) L. MICHELLE SMITH	1.00								0	
DIRECTOR	0.00	х						0.	0.	
(39) SUSAN MORRIS	1.00									
DIRECTOR	0.00	х						0.	0.	
(40) BETH D. MORRISON	1.00									
DIRECTOR	0.00	х						0.	0.	
(41) JOHN NESHOLM	1.00									
DIRECTOR	0.00	х						0.	0.	
(42) TIMOTHY O'LEARY	1.00								_	
DIRECTOR	0.00	х						0.	0.	
(43) MARILYN PEARSON	1.00								_	
DIRECTOR	0.00	х						0.	0.	
(44) ESTEVAN RAEL-GALVEZ	1.00									
DIRECTOR	0.00	х						0.	0.	
45) KAMALA SANKARAM	1.00									
DIRECTOR	0.00	х						0.	0.	
(46) GENE SCHEER	1.00									
DIRECTOR	0.00	Х						0.	Ο.	

232201 04-01-22

Form 990 OPERA AMER:	,							20-3520577					
Part VII Section A. Officers, Directors, (A)	Trustees, Key Er (B)	nplo	yee		<u>nd H</u> C)	ligh	est (Compensated Employe (D)	ees <u>(continued)</u> (E)	(F)			
Name and title	Average hours	ge Position					ly)	Reportable compensation	Reportable compensation	Estimated amount of			
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
(47) MATTHEW SHILVOCK DIRECTOR	1.00	x						0.	0.	0			
(48) KAREN STONE	1.00							°.	••				
DIRECTOR	0.00	х						0.	0.	(
(49) RYAN TAYLOR	1.00												
DIRECTOR	0.00	х						0.	0.	(
(50) ALEJANDRA VALARINO BOYER	1.00												
DIRECTOR	0.00	х						0.	0.	(
(51) ROGER WEITZ	1.00												
DIRECTOR	0.00	х						0.	0.	(
(52) CAROLE YALEY	1.00												
DIRECTOR	0.00	х						0.	0.				
						-							
						-							
	1			1	1	1	1	1					

04-01-22

_	t VIII	Statement of Re								_
		Check if Schedule O o	conta	ains a resp	onse	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - {
s	1 a	Federated campaigns 1a								
and Other Similar Amounts	b	Membership dues		1b						
Ĕ	с	Fundraising events		1c						
ar	d	Related organizations		1d						
Ē	е	Government grants (contr	ibutio	ons) 1e		427,000.				
0	f	All other contributions, gifts,	grant	s, and						
une		similar amounts not included	abov	e 1f		3,675,908.				
D	g	Noncash contributions included in	lines 1	a-1f 1g	\$	16,993.				
an	h	Total. Add lines 1a-1f					4,102,908.			
		NATIONAL OPERA CENTER OPERATIONS		Business Code						
	2 a			711190	993,240.	993,240.				
1	b	MEMBERSHIP DUES				711190	812,472.	812,472.		
ind	с	SEMINARS WORKSHOPS	AND	ANNUAL	MEE	611430	439,777.	439,777.		
eve	d	PUBLICATION AND WEB	٨D١	/ERTISIN	G	541800	123,279.	1,750.	121,529.	
Hevenue	е									
	f	All other program service	rever	nue						
	g						2,368,768.			
	3	Investment income (includ								
		other similar amounts)				399,887.			399,8	
	4	Income from investment c								
	5	Royalties		· · · · · · · · · · · · · · · · · · ·						
		,		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		- · · · · // · · ·	6c							
		Gross amount from sales of	/	(i) Secur		(ii) Other				
		assets other than inventory	7a	6,129,	211.					
	b	Less: cost or other basis								
		and sales expenses	7b	6,154,	266.					
	с	Gain or (loss)								
		Net gain or (loss)					-25,055.			-25,0
		Gross income from fundraisi								
		including \$								
		contributions reported on								
		Part IV, line 18			8a					
	b	Less: direct expenses								
		Net income or (loss) from								
		Gross income from gamin		-						
		Part IV, line 19								
	b	Less: direct expenses								
		Net income or (loss) from								
.		Gross sales of inventory, I								
		and allowances			10a					
	b	Less: cost of goods sold								
		Net income or (loss) from								
t				2	· / ··	Business Code				
	11 a	MISCELLANEOUS				900099	5,265.			5,2
Kevenue	b						, ,			, -
Nel	c									
μ		All other revenue								
		Total. Add lines 11a-11d					5,265.			
	12						6,851,773.	2,247,239.	121,529.	380,0
	16	Total revenue. See instruction	6110				-,,,,,,,,,		,325.	Form 990 (2

21400513 721252 1014630-1014630

12 2022.05090 OPERA AMERICA, INC.

OPERA AMERICA, INC.

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 respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	626,915.	626,915.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	199,000.	199,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	573,153.	341,992.	70,467.	160,694
6	Compensation not included above to disgualified				· · ·
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,170,552.	1,749,719.	317,443.	103,390
8	Pension plan accruals and contributions (include				
0		65,966.	48,203.	15,001.	2,762
0	section 401(k) and 403(b) employer contributions)	267,332.	206,571.	40,775.	19,986
9 10	Other employee benefits	320,916.	250,371.	40,775.	27,947
10	Payroll taxes	520,510.	250,715.	=2,23=.	27,517
11	Fees for services (nonemployees):				
	Management				
	Legal	44, 600		44, 600	
	Accounting	44,622.		44,622.	
	Lobbying	7,500.	7,500.		
е	Professional fundraising services. See Part IV, line 17				
f	e	125,172.		125,172.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	417,626.	402,250.	7,675.	7,701
12	Advertising and promotion	28,493.	28,493.		
13	Office expenses	229,445.	128,417.	68,217.	32,811
14	Information technology	41,146.	37,698.	3,339.	109
15	Royalties				
16	Occupancy	1,107,850.	1,011,859.	60,733.	35,258
17	Travel	247,373.	133,511.	34,963.	78,899
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	295,691.	295,691.		
20	Interest	4,740.		4,740.	
21	Payments to affiliates	,		,	
22	Depreciation, depletion, and amortization	313,866.	291,806.	22,060.	
22 23		21,372.	17,247.	4,125.	
23 24	Other expenses. Itemize expenses not covered	,•		-,•	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	282,986.	62,969.	11,214.	208,803
a L	DUES & MEMBERSHIP FEES	282,988.			10,780
b		,	12,426.	2,300.	10,780
c	PROFESSIONAL DEVELOPMEN	5,615.	3,974.	1,641.	
d		06.000			
е	· · · ·	86,390.	43,849.	36,437.	6,104
25	Total functional expenses. Add lines 1 through 24e	7,509,227.	5,900,805.	913,178.	695,244
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	a description of a second structure of the second structure of the testing				
	educational campaign and fundraising solicitation.			I	

2022.05090 OPERA AMERICA, INC.

OPERA AMERICA, INC.

		Check if Schedule O contains a response or not	e to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,490,536.	1	536,767
	2	Savings and temporary cash investments			571,616.	2	672,528
	3	Pledges and grants receivable, net			339,676.	3	548,890
	4	Accounts receivable, net			225,858.	4	340,681
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial contr	ibutor, or 35%			
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disquali	s (as defined				
		under section 4958(f)(1)), and persons described	in section	4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net	Notes and loans receivable, net				
Assets	8	Inventories for sale or use					
ά	9	Prepaid expenses and deferred charges			122,818.	9	147,933
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		6,540,082.			
	b	Less: accumulated depreciation		3,957,610.	2,893,448.		2,582,472
1	11	Investments - publicly traded securities			14,185,670.	11	13,893,665
1	12	Investments - other securities. See Part IV, line 1				12	
1	13	Investments - program-related. See Part IV, line	····· -		13		
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11		····· -	132,170.	15	5,879,696
1	16	Total assets. Add lines 1 through 15 (must equ			19,961,792.	16	24,602,632
1	17	Accounts payable and accrued expenses			522,983.	17	362,857
	18	Grants payable	1,371,612.	18	1,298,744		
	19	Deferred revenue			394,940.	19	83,751
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s 2	22	Loans and other payables to any current or form					
≣∣		trustee, key employee, creator or founder, subst		ibutor, or 35%			
Liabilities		controlled entity or family member of any of thes	-		<u> </u>	22	
4	23	Secured mortgages and notes payable to unrela	-		69,990.	23	69,990
	24	Unsecured notes and loans payable to unrelated	-		500,000.	24	
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). Co	mplete Part X	1 616 056		7 201 115
		of Schedule D		·····	1,616,056.		7,291,115
2	26	Total liabilities. Add lines 17 through 25	<u></u>	X	4,475,581.	26	9,106,457
ي ي		Organizations that follow FASB ASC 958, che	ck here				
2 S	~-	and complete lines 27, 28, 32, and 33.			1,854,492.	07	1,611,686
alai v alai	27				13,631,719.	27	13,884,489
20 00 00	28			·····	15,051,719.	28	15,004,405
ŝ		Organizations that do not follow FASB ASC 9	58, Check r				
5	~	and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
ssi ss	30 34	Paid-in or capital surplus, or land, building, or ec				30	
÷	31	Retained earnings, endowment, accumulated in			15,486,211.	31	15,496,175
	32	Total net assets or fund balances			19,961,792.	32	24,602,632
3	33	Total liabilities and net assets/fund balances			1,901,192.	33	Eorm 990 (202

Form 990 (2022)

232011 12-13-22

Form	990 (2022) OPERA AMERICA, INC.	20-3520577	,	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,	851,	773.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,	509,	227.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	657,	454.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,	486,	211.
5	Net unrealized gains (losses) on investments	5		667,	418.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15,	496,	175.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	D.			
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 compiled or reviewed	on a 🛛			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 oversight of the	· ·			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
On an to Dublic

Open to Public Inspection

Nan	ne of t	the organization							identification number			
			AMERICA, INC.						20-3520577			
Ра	rt I	Reason for Public (Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The	organ	ization is not a private found			•							
1		A church, convention of chu	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in section	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	า 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).					
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov		aantal unit described in	soction 17	70(h)(1)(A)	60					
	x	An organization that norma	•					o gonoral r	ublic described in			
'		-	•	Initial part of its support if	on a gove	minentai		e general p				
0		section 170(b)(1)(A)(vi). (C		(1)(A)(ui) (Complete Der	• 11 \							
8	H	A community trust describe			-	d in coniu	nation with a	land arout				
9		An agricultural research org				-		-	-			
		or university or a non-land-g university:	frant college of agric	ulture (see instructions).	Enter the	lame, city	, and state of	the college	or			
10	\square	An organization that norma	llv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membershi	p fees, and	d aross receipts from			
		activities related to its exem										
		income and unrelated busir		-					-			
		See section 509(a)(2). (Cor				ses acqui	red by the org					
11		An organization organized a		ively to test for public sa	fatu Saa u	section 50	O(2)(4)					
12	H	An organization organized a			•			ny out the	nurnoses of one or			
12		more publicly supported or		•	-			•				
		lines 12a through 12d that	-									
-		Type I. A supporting orga	• •					-	aivina			
а				-	• • •	-						
		the supported organization			majonty o	i the alrea		es or the st	ipporting			
		organization. You must o	-				- 1	(-) h. h.	·			
b		Type II. A supporting org	-				-		-			
		control or management o			ame perso	ns that col	ntrol or manag	je tne supp	orted			
		organization(s). You mus	-					:	ما د			
С		J Type III functionally inte						y integrate	d with,			
		its supported organization										
d		J Type III non-functionally						-				
		that is not functionally int			•		-	an attentiv	reness			
		requirement (see instructi	,	•								
е		Check this box if the orga					Type I, Type I	I, Type III				
		functionally integrated, or		nally integrated supportion	ng organiz	ation.						
f		er the number of supported o	•									
g		vide the following information i) Name of supported	i about the supporte	ed organization(s).	(iv) Is the orga	inization listed	(v) Amount of	monetany	(vi) Amount of other			
	,	organization		(described on lines 1-10	in your governi	l	support (see in	-	support (see instructions)			
				above (see instructions))	Yes	No						
Tota	al											

Part II

OPERA AMERICA TNC

۱		
	Support Schedule for Organizations Described in Sections 170(b)(1)(A	(iv) and 170(b)(1)(A)(vi)

20-3520577

(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 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 5,105,542 5,149,375. 3,330,397 3,527,500. 4,102,908 21,215,722. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 5,149,375, 3,330,397. 5,105,542. 3,527,500. 4,102,908, 21,215,722. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 7,320,752. 13,894,970. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2020 (d) 2021 (e) 2022 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (f) Total 3,330,397. 5,105,542. 5,149,375. 3,527,500. 4,102,908. 21,215,722. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 197,189 457,759 317,680 426,366. 399,887. 1,798,881. and income from similar sources 9 Net income from unrelated business activities, whether or not the -257 -511 -349 -1,383. -2,633, -5,133. business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 55,508. 2,482. 15,059 32,519 5,265. 110,833. 23,120,303. **11 Total support.** Add lines 7 through 10 14,214,276. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 60.10 14 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % 15 Public support percentage from 2021 Schedule A, Part II, line 14 63.07 15 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 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 10% -facts-and-circumstances test - 2021. 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 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2022

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Page 2

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	022 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization'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 other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	022 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for 990	•					
check this box and stop here						
Section C. Computation of Publ						
15 Public support percentage for 2022 (column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inves						
17 Investment income percentage for 2					17	%
18 Investment income percentage from			en line 14 and lin		18	%
19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box a						1/20/ and
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che 20 Private foundation. If the organization						
	on did hot check a		a, or 190, check t	THIS DUX AND SEE INS		nedule A (Form 990) 2022
232023 12-09-22		18	3		Scr	EGUIE A (FULIII 330) 2022

2022.05090 OPERA AMERICA, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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10b Schedule A (Form 990) 2022

Schedule A (Form 990) 2022	OPERA	AMERICA,	INC
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20-3520577 Page 5

Yes No

Yes No

1

2

 Part IV
 Supporting Organizations (continued)

 11
 Has the organization accepted a gift or contribution from any of the following persons?
 Yes
 No

 11
 Has the organization accepted a gift or contribution from any of the following persons?
 Yes
 No

 11
 Has the organization accepted a gift or contribution from any of the following persons?
 Image: state of the state of

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? <i>If "No," describe in</i> Part VI <i>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</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. I	ype II Supporting	Organizations

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

	Section D.	All Typ	e III Sup	porting	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 on 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>far (</i> eee

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

20

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a ______ 2b _____ 3a _____ 3b _____

Yes No

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Schedule A (Form 990) 2022

2022.05090 OPERA AMERICA, INC.

'a	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion 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		
ect	ion 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		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
ect	ion 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		

Schedule A (Form 990) 2022

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10146301

	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
6	Other distributions (<i>describe in</i> Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	(provide details in Part VI). See instructions.	0		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
•	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
Ũ	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
7	and 4c.				
	Breakdown of line 7:				
8					
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022			_	
				Sc	hedule A (Form 990) 2022

organizations, in excess of income from activity

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D - Distributions

3

Current Year

1

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.) FORM 990, SCHEDULE A, PAGE 2, LINE 10 OTHER INCOME: OTHER INCOME REPRESENTS AMOUNTS EARNED IN THE CONDUCT OF THE ORGANIZATION'S EXEMPT MISSION.

23

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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

20-3520577

Department of the Treasury	
Internal Revenue Service	

Schedule B

(Form 990)

Name of the organization

Organization type (check one):

OPERA	AMERICA,	INC
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Filers of:	Section:
Form 990 or 990-EZ	X 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

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), 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 totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set is the set is the set in the set is t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page
Name of o	rganization	Emplo	oyer identification number
OPERA AM	MERICA, INC.	2	0-3520577
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$282,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022

B (Form 990) (2022)

26 2022.05090 OPERA AMERICA, INC.

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	B (Form 990) (2022)		Page
vame of o	organization		Employer identification number
PERA AM	MERICA, INC.		20-3520577
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

2022.05090 OPERA AMERICA, INC. 10146301

	B (Form 990) (2022)		Page 4				
Name of o	organization		Employer identification number				
OPERA AN	MERICA, INC.		20-3520577				
Part III) through (e) and the following line e	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year (Enter this info_once) \$				
	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g	gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transforsa'a nama addraaa a	(e) Transfer of g					
	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(a) Upp of gift	(d) Description of how sift is hold				
Part I	(b) Purpose of girt	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee				
223454 11-15	5-22		Schedule B (Form 990) (2022)				

21400513 721252 1014630-1014630

²⁸ 2022.05090 OPERA AMERICA, INC.

SCHEDULE C Political Campaign and Lobbying Activities						OMB No. 1545-0047			
(Form 990)	(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527					2022			
Department of the Treasury Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.						Open to Public			
Internal Revenue Service	Go	o to www.irs.gov/Form990 for in	structions and the lat	test information.		Inspection			
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, line	e 46 (Political Campa	aign Activ	vities), then			
	•	plete Parts I-A and B. Do not com	•						
.,,,		1(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part	I-B.				
 Section 527 organiza 									
		Form 990, Part IV, line 4, or For							
	•	have filed Form 5768 (election und		•					
	•	nave NOT filed Form 5768 (election	. ,	<i>,</i> ,		•			
Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	istructions) or Form	990-EZ,	Part V, line 35C (Proxy			
		ions: Complete Part III.							
Name of organization	,, or (o) or gameat				Employe	r identification number			
C C	OPERA AMERI	ICA, INC.				20-3520577			
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) o	or is a section 52	7 orgar	nization.			
1 Provide a description	on of the organiz	ation's direct and indirect politica	l campaign activities in	Part IV.					
2 Political campaign a					\$				
3 Volunteer hours for	political campai	gn activities							
				-					
Part I-B Comple	ete if the org	anization is exempt unde		-					
		incurred by the organization unde			\$				
		incurred by organization manager							
		n 4955 tax, did it file Form 4720 fo				Yes No			
						Yes No			
b If "Yes," describe in Part I-C Comple		anization is exempt unde	r section $501(c)$	excent section 5	01(c)(3)				
		l by the filing organization for sect ization's funds contributed to othe							
exempt function ac			-		\$				
•		. Add lines 1 and 2. Enter here an			Ψ				
•	•				\$				
						Yes No			
0 0		ployer identification number (EIN				e filing organization			
		tion listed, enter the amount paid							
	•	omptly and directly delivered to a			parate se	gregated fund or a			
political action com	mittee (PAC). If a	additional space is needed, provid	de information in Part I	V.					
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid f filing organization funds. If none, ente	n's co er-0	(e) Amount of political intributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
For Paperwork Reducti	ion Act Notice,	see the Instructions for Form 99	0 or 990-EZ.		Sche	edule C (Form 990) 2022			

LHA 232041 11-08-22

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals (b) Affiliated group totals
A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing organization's organization's totals
expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing organization's (The term "lowned it wood" granization's totals
B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing organization's (b) Affiliated group totals
Limits on Lobbying Expenditures (a) Filing organization's totals
Limits on Lobbying Expenditures organization's totals
(The term leve and it was a second second and in a second of the second of the second of the second se
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)
b Total lobbying expenditures to influence a legislative body (direct lobbying)
c Total lobbying expenditures (add lines 1a and 1b)
d Other exempt purpose expenditures
e Total exempt purpose expenditures (add lines 1c and 1d)
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:
Not over \$500,000 20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000 \$1,000,000.
g Grassroots nontaxable amount (enter 25% of line 1f)
h Subtract line 1g from line 1a. If zero or less, enter -0-
i Subtract line 1f from line 1c. If zero or less, enter -0-
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720
reporting section 4911 tax for this year?
4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)
Lobbying Expenditures During 4-Year Averaging Period
Calendar year (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total
(or fiscal year beginning in)
2a Lobbying nontaxable amount
b Lobbying ceiling amount
(150% of line 2a, column(e))
c Total lobbying expenditures
d Grassroots nontaxable amount
e Grassroots ceiling amount
(150% of line 2d, column (e))
f Grassroots lobbying expenditures

Schedule C (Form 990) 2022

232042 11-08-22

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(t))
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?		x		
a h	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	x			
с	Media advertisements?	X			
	Mailings to members, legislators, or the public?	X			
	Publications, or published or broadcast statements?		X	ļ	
	Grants to other organizations for lobbying purposes?		X		10 000
-	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	x		10,239.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		x		
-	Other activities?		A		10,239.
	Total. Add lines 1c through 1i		x		10,239.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		А		
	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4	ļ	
5	Taxable amount of lobbying and political expenditures. See instructions		5	<u> </u>	
Prov instru PARI	t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. e II-B, LINE 1, LOBBYING ACTIVITIES: ETIONAL INFORMATION	list); Part II	A, lines 1 a	nd 2 (See	
OPEF	A AMERICA EMPLOYS A PART-TIME GOVERNMENT AFFAIRS DIRECTOR, WHO IS A				
REGI	STERED LOBBYIST, BASED IN WASHINGTON, D.C. ADDITIONALLY, OPERA				
AMEF	ICA IS A FOUNDING MEMBER OF THE PERFORMING ARTS ALLIANCE, A				
LOBE	YING ORGANIZATION BASED IN WASHINGTON, D.C. OPERA AMERICA'S		Schedu	ıle C (Form	990) 2022

232043 11-08-22

OPERA AMERICA, INC.

PRESIDENT/CEO

SERVES ON THE BOARD OF THE PERFORMING ARTS ALLIANCE. OPERA AMERICA IS

NOT INVOLVED IN ANY DIRECT OR INDIRECT POLITICAL CAMPAIGN ACTIVITIES.

Schedule C (Form 990) 2022

232044 11-08-22

32 2022.05090 OPERA AMERICA, INC.

SCHEDU	JLE D	Supplementa	al Financial	Statements		OMB No. 1	1545-0047
(Form 990)			20	22			
Department of the				o Public			
Internal Revenue		Go to www.irs.gov/Form990	0 for instructions an	d the latest information		Inspec	
Name of the	organizatio	n OPERA AMERICA, INC.			Em	ployer identificatio 20-352057	
Part I	Organiza	tions Maintaining Donor Advised	d Funds or Othe	r Similar Funds or	Accour		
		answered "Yes" on Form 990, Part IV, line					
			(a) Donor ad	vised funds	(b) Fur	nds and other acco	unts
1 Total n	umber at en	d of year			.,		
		contributions to (during year)					
		grants from (during year)					
		end of year					
		n inform all donors and donor advisors in v	writing that the assets	s held in donor advised fu	unds		
	-	n's property, subject to the organization's e	-			Yes	No
		n inform all grantees, donors, and donor a					
		uses and not for the benefit of the donor or					
imperm	nissible priva	te benefit?	· · · · · · · · · · · · · · · · · · ·			Yes	No No
Part II	Conserva	tion Easements. Complete if the org					
		ervation easements held by the organization					
F	Preservation	of land for public use (for example, recreat	tion or education)	Preservation of a hi	storically	important land are	a
F	Protection of	natural habitat		Preservation of a ce	ertified his	storic structure	
F	Preservation	of open space					
2 Comple	ete lines 2a t	hrough 2d if the organization held a qualif	ied conservation con	tribution in the form of a	conserva	tion easement on t	he last
day of	the tax year.					Held at the End of t	he Tax Year
a Total n	umber of co	nservation easements			2a		
b Total a	creage restri	cted by conservation easements			2b		
c Numbe	er of conserv	ation easements on a certified historic stru	ucture included in (a)		2c		
d Numbe	er of conserv	ation easements included in (c) acquired a	ifter July 25,2006, an	d not on a			
historic	structure lis	ted in the National Register			2d		
3 Numbe	er of conserv	ation easements modified, transferred, rele	eased, extinguished,	or terminated by the orga	anization	during the tax	
year _							
4 Numbe	er of states w	here property subject to conservation eas	ement is located				
5 Does th	ne organizati	on have a written policy regarding the peri	iodic monitoring, insp	pection, handling of			
violatio	ns, and enfo	rcement of the conservation easements it	holds?			Yes	No
6 Staff ar	nd volunteer	hours devoted to monitoring, inspecting, I	handling of violations	s, and enforcing conserva	tion ease	ements during the y	/ear
7 Amoun	t of expense	s incurred in monitoring, inspecting, hand	ling of violations, and	d enforcing conservation	easemen	ts during the year	
		ation easement reported on line 2(d) above	e satisfy the requirem	nents of section 170(h)(4)	(B)(i)		
	ction 170(h)(No
		e how the organization reports conservation					
		include, if applicable, the text of the footn	ote to the organizatio	on's financial statements	that desc	cribes the	
Part III	Organiza	unting for conservation easements. tions Maintaining Collections of	Art Historical 1	Treasures or Other	Simila	r Accote	
		the organization answered "Yes" on Form			Omma	- A35013.	
	0	elected, as permitted under FASB ASC 95	•				
		asures, or other similar assets held for pub			ance of	public	
	•	Part XIII the text of the footnote to its finan				worke of	
	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
			exhibition, education	i, or research in furtherar	ice of pul	DIC SERVICE,	
-		g amounts relating to these items:				¢	
		ed on Form 990, Part VIII, line 1				\$	
• •		I in Form 990, Part X eceived or held works of art, historical trea		ar assats for financial gair		\$	
	ganization	eceived of their works of art, filstonCal trea	asures, or other simila	ai assets for infantial gall	i, provide	5	

21400513	721252	1014630-1014630	2

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

Assets included in Form 990, Part X

b

232051 09-01-22

the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

33 022.05090 OPERA AMERICA, INC.

10146301

Schedule D (Form 990) 2022

\$

\$

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: State Stat	Sche	dule D (Form 990) 2022 OPERA AMER						20-352		P	age 2
collection terms (check all that apply): d Loan or exchange program b Scholarly research c Other c Preservation for future generations e Other c Preservation for future generations e Other c Preservation for future generations collect or receive donations of art, historical treasures, or other similar assets to be soft to raise funds rather than to be maintained as part of the organization collection? Yes N Part IV Escrow and Custodial Arrangements. Complete in the organization answered 'Ves' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tele Image: Complete in the organization answered 'Ves' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Image: Complete in the organization answered 'Ves' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Image: Complete in the organization answered 'Ves' on Form 990, Part IV, line 10. If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete in the organization naswered 'Ves' (D) Two years back (e) Four years back (e)	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	ner Si	imilar	⁻ Assets	(contir	nued)	
a Public axhibition d Lcan or exchange program b Scholarly research e Other c Preservation for future generations e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 5 During the year, dit the organization's collection of ath, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. a Bit of organization include an amount on Form 990, Part X, line 21. It is the organization include an amount on Form 990, Part X, line 21. b If 'Yes, ''explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d 1d a Dath deprization include an amount on Form 990, Part X, line 21. Yes N Part V Endowment Funds. Complete if the organization answered Yes' for Form 990. Part X, line 10. 1e Part V Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 10. 12, 277	3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	following that make	e signif	ficant u	ise of its			
b Goldery research e Other c Preservation for future generations e Other d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Souring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to the solid to raise funds raise that frame that the tab maintained as part of the organization's collection's collect		collection items (check all that apply):									
c Provide a description of the future generations's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to esclutorial assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes N Part IV Excrow and Custocial Arrangements. Complete if the organization answered "Ves" on Form 990, Part X, line 21. Is the organization an agent, trustee, custocian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Ia Is the organization agent, trustee, custocian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Yes N b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Intermediary for each or outstocial account lability? Yes N b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes N N Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Yes N N b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Not integration in the passet accon part of passet accon pasteacon part of passet accon pa	а	a Public exhibition d Loan or exchange program									
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5 During the year, did the organization solid or receive donations of at, historical reasures, or other similar assets Yes N Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes N 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Amount Yes N c Beginning balance 4 Amount 16 16 16 16 16 17 Yes N N Part V Ending balance 11 12 16 16 16 16 16 16 16 17 20 10 Net mognization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N 11 12 21 14 20 14 10 16 16 16 17 20 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10	c Preservation for future generations										
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Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Control of Conter Control of Conter Control of Control o	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										_
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b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N 2a Did the organization include an amount on Form 990, Part X, line 10. Form 990, Part X, line 10. Yes N Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Yes 12, 802, 018. 12, 440, 410. 12, 802, 052. 12, 771, 004 b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) four years back c Cher schedult (a) Current year (b) Prior year (c) Two years back (c) four years back 1a Beginning of year balance 12, 379, 224. 14, 592, 018. 12, 440, 410. 12, 802, 952. 12, 675, 215. 12, 379, 224. 14, 592, 018. 12, 440, 410. 12, 802, 052. c Other expenditures for facilities 608, 183. 813, 500. 587, 423.	1a	Is the organization an agent, trustee, custodi	ian or other intermedia	ary for contribution:	s or other assets n	ot inclu	uded				
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f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N b If "yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes N Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	d	Additions during the year					1d				
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) 0 3,100. 2260,700. 20,800. 7,224 c Net investment earnings, gains, and losses 903,375. -1,402,394. 2,478,331. 193,271. 608,993 d Grants or scholarships 608,183. 813,500. 587,423. 575,713. 585,865 f Administrative expenses 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 g End of year balance 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 f Administrative expenses 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 g End of year balance 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 g End of year balance 98.7115 % % % % % he percentages on lines 2a,		-				-		L	Yes		No
Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 12,379,224 14,592,018 12,440,410 12,802,052 12,771,004 b Contributions 800. 3,100. 260,700. 20,800. 7,924 c Net investment earnings, gains, and losses 903,375. -1,402,394. 2,478,331. 193,271. 608,993 d Grants or scholarships 608,183. 813,500. 587,423. 575,713. 585,865 f Administrative expenses 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 g End of year balance 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
1a Beginning of year balance 12,379,224. 14,592,018. 12,440,410. 12,802,052. 12,771,004 b Contributions 800. 3,100. 260,700. 20,800. 7,924 c Net investment earnings, gains, and losses 903,375. -1,402,394. 2,478,331. 193,271. 608,993 d Grants or scholarships 608,183. 813,500. 587,423. 575,713. 585,865 f Administrative expenses 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 g End of year balance 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment 98.7115 %	Far	Endowment Funds. Complete					Three	aara baak	(a) [au		haali
b Contributions 800. 3,100. 260,700. 20,800. 7,924 c Net investment earnings, gains, and losses 903,375. -1,402,394. 2,478,331. 193,271. 608,993 d Grants or scholarships 608,183. 813,500. 587,423. 575,713. 585,865 f Administrative expenses 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 g End of year balance 98.7115 % 12 12,802,052 g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 12,802,052 g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Sa Sa(j) Xa a Board designated or quasi-endowment					()						
c Net investment earnings, gains, and losses 903,375. -1,402,394. 2,478,331. 193,271. 608,993 d Grants or scholarships 608,183. 813,500. 587,423. 575,713. 585,865 f Administrative expenses 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 g End of year balance 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment 98.7115 % % % c Term endowment 98.7115 % % % d Unrelated organizations 3a(i) x 3a(i) x i(i) Unrelated organizations 3a(ii) x 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	-							-	12,		
d Grants or scholarships	b			,	,			-			
e Other expenditures for facilities and programs 608,183. 813,500. 587,423. 575,713. 585,869 f Administrative expenses 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 g End of year balance 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	C d		303,373.	-1,402,394.	2,470,551	•	1.	33,271.		000,	995.
and programs 608,183. 813,500. 587,423. 575,713. 585,865 f Administrative expenses 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
f Administrative expenses 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е		608 183	813 500	587 423		5'	75 713	585 869		
g End of year balance 12,675,216. 12,379,224. 14,592,018. 12,440,410. 12,802,052 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % % % c Term endowment % % a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:			000,103.	010,000.	507,425	·		/3,/13.			
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% c Term endowment% a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations			12 675 216	12 379 224	14 592 018	:	12 4	40 410	12	802	052
a Board designated or quasi-endowment% b Permanent endowment	-				•	•	,-	,	,	,	
b Permanent endowment	2 9		ent year end balance								
c Term endowment	b	• • • • • • • • • • • • • • • • • • •	%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciati	c										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No. (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land Image: Complete in part and the organization of property Image: Complete in part and the organization of property 1a Land Image: Complete in part and the organization of property Image: Complete in part and the organization of property	-		-								
organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(i) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land Image: Complete in the complete	3a			ion that are held ar	nd administered for	the					
(i) Related organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value			Ũ]	Yes	No
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation depreciation 1a Land Image: Complete II and the complet		(i) Unrelated organizations							3a(i)		Х
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation 1a Land Image: Complete II and the complete II and th									3a(ii)		Х
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b								Зb		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4			ment funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par										
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line	10.				
		Description of property	. ,					d	(d) Boo	k valu	е
	1a	Land									
b Buildings		Buildings									
c Leasehold improvements 5,348,019. 2,828,217. 2,519,802				5	,348,019.	2	,828,	217.	2,	519,	802.
d Equipment 1,192,063. 1,129,393. 62,670				1	,192,063.	1	,129,	393.		62,	670.
e Other											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X	. column (B), line 1	0c.)				2,	582,	472.

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D (Form 990) 2022 OTERA AMERICA, INC		20	
Part VII Investments - Other Securities.	n Farm 000 Dart IV/ lina		
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) SECURITY DEPOSIT			132,170.
(2) RIGHT-OF-USE-ASSET			5,747,526.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		5,879,696.
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	a 11e or 11f. See Form 990. Part X. line 25.	
(a) Departmention of lightlity			(b) Book value
(1) Federal income taxes			, 200
(1) Federal income taxes (2) LEASE LIABILITY			7,291,115.
(3)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(4)			
(5)			
(6)			
(7) (9)			
(8)			
(9)			7,291,115.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.)		1,491,110,

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 OPERA AMERICA, INC.			20-3520577	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	7,419,019.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	667,418.		
b	Donated services and use of facilities	2b	25,000.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	692,418.
3	Subtract line 2e from line 1			3	6,726,601.
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	. 4a	125,172.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	125,172.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,851,773.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With I	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total expenses and losses per audited financial statements			1	7,409,055.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	25,000.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	25,000.
3	Subtract line 2e from line 1			3	7,384,055.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	125,172.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	125,172.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	7,509,227.
Pa	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b a	nd 2b; Part V, line 4	; Part X, line 2;	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional informa	ation.		

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF VARIOUS DONOR-RESTRICTED FUNDS,

AND A BOARD-DESIGNATED FUND ESTABLISHED FOR THE PURPOSES OF FUNDING THE

NATIONAL OPERA CENTER AND FOR ARTISTIC PROGRAMS.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF THE FASE'S ASC TOPIC 740,

INCOME TAXES, RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN

INCOME TAXES. THE ORGANIZATION IS SUBJECT TO POTENTIAL UNRELATED BUSINESS

INCOME TAXES RELATING TO ITS ADVERTISING AND RENTAL INCOME ACTIVITIES.

HOWEVER, BECAUSE OF THE ORGANIZATION'S GENERAL NOT-FOR-PROFIT STATUS, ASC

TOPIC 740 HAS NOT HAD, AND IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON

232054 09-01-22

Schedule D (Form 990) 2022

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2022.05090 OPERA AMERICA, INC.

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Part XIII Supplemental Information (continued)

THE ORGANIZATION'S FINANCIAL STATEMENTS.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE I (Form 990)	Go	arants and Oth vernments, ar lete if the organizatio	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Comp		Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization OPERA AMERICA	, INC.						Employer identification number 20-3520577
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records							
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							N/ Page 01 (an array
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BETH MORRISON PROJECT 666 OCEAN AVE., #D1 BROOKLYN, NY 11226	20-8422447	501(C)3	0.	27,500.			OPERA GRANTS FOR WOMEN COMPOSERS COMMISSIONING
HOUSTON GRAND OPERA 510 PRESTON ST. HOUSTON, TX 77002	74-6016764	501(C)3	0.	12,000.			REPETOIRE DEVELOPMENT
LOS ANGELES OPERA 135 NORTH GRAND AVENUE LOS ANGELES, CA 90012	95-2096402	501(C)3	0.	17,500.			OPERA GRANTS FOR WOMEN COMPOSERS COMMISSIONING
PITTSBURGH OPERA 2425 LIBERTY AVENUE PITTSBURGH, PA 15222	25-1073139	501(C)3	0.	33,000.			OPERA GRANTS FOR WOMEN COMPOSERS COMMISSIONING
WHITE SNAKE PROJECTS 280 LEE ST. BROOKLINE BROOKLYN, MA 02445	26-2176762	501(C)3	0.	10,000.			OPERA GRANTS FOR WOMEN COMPOSERS COMMISSIONING
SANTA FE OPERA 301 OPERA DRIVE SANTE FE, NM 87506	85-0131810	501(C)3	0.	18,300.			CIVIC PRACTICE
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table				25.
3 Enter total number of other organization							0

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

(a) Name and address of organization or government (b) EIN (c) IPC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation assistance (g) Description of noncash assistance 0 Sta ADELES CA 90012 95-2096402 Sol(c) 3 0. 18,200. Civic Practrice VILSA, OK 72119 73-0643311 Sol(c) 3 0. 25,000. Civic Practrice VITESURGH 0PERA 425 LIBERT VINUBE 1775500001	Schedule I (Form 990) OPERA AMERI Part II Continuation of Grants and Oth	er Assistance to Dor	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	20-3520577 P
35 NORTH GRAND AVENUE 95-2096402 501(C)3 0. 18,300. CIVIC PRACTICE VLSA OEERA 73-0643311 501(C)3 0. 18,400. CIVIC PRACTICE VLSA OEERA 73-0643311 501(C)3 0. 18,400. CIVIC PRACTICE VLSA, OK 74119 73-0643311 501(C)3 0. 18,400. CIVIC PRACTICE PEERA BALTIMORE 1 73-0643311 501(C)3 0. 25,000. CIVIC PRACTICE VESA OVERA 26-4201545 501(C)3 0. 25,000. CIVIC PRACTICE VESA OLERA 25-1073139 501(C)3 0. 25,000. CIVIC PRACTICE ITTSBURGH, PA 15222 25-1073139 501(C)3 0. 25,000. CIVIC PRACTICE NEWOCKY OPERA 08 MAGAZINE STREFT 016013111 501(C)3 0. 25,000. CIVIC PRACTICE PEEA OI TAP 00 CADA FKWY., #3 20-4554125 501(C)3 0. 25,000. CIVIC PRACTICE VEGA IF AVE S 118MINGHAM 23-2007572 501(C)3 0. 25,000. CIVIC PRACTICE VEGA IF AVE S 123-7207572 <td< th=""><th></th><th>(b) EIN</th><th>(c) IRC section if applicable</th><th></th><th>noncash</th><th>valuation (book, FMV,</th><th></th><th>(h) Purpose of grant or assistance</th></td<>		(b) EIN	(c) IRC section if applicable		noncash	valuation (book, FMV,		(h) Purpose of grant or assistance
35 NORTH GRAND AVENUE 95-2096402 501(C)3 0. 18,300. CIVIC PRACTICE VUSA OPERA 73-0643311 501(C)3 0. 18,400. CIVIC PRACTICE VUSA, OFERA 73-0643311 501(C)3 0. 18,400. CIVIC PRACTICE VUSA, OFERA 73-0643311 501(C)3 0. 18,400. CIVIC PRACTICE PERA BALTIMORE 26-4201545 501(C)3 0. 25,000. CIVIC PRACTICE VITTSBURGH PA 15222 25-1073139 501(C)3 0. 25,000. CIVIC PRACTICE VITTSBURGH, PA 15222 25-1073139 501(C)3 0. 25,000. CIVIC PRACTICE VIDEA ON TAP 00 MAGAZINE STREFT 61-6013111 501(C)3 0. 25,000. CIVIC PRACTICE OPERA ON TAP 00 CANA FKY., \$3 0. 25,000. CIVIC PRACTICE CIVIC PRACTICE OPERA ON TAP 00 CANA FKY., \$3 0. 25,000. CIVIC PRACTICE OPERA NO TAP 00 CANA FKY., \$3 0. 25,000. CIVIC PRACTICE OPERA NO TAP 00 CANA FKY., \$3 0. 25,000. CIVIC PRACTICE OPERA SIMMINGRAM 13522 23-7207572 501(C)3 0. 25,000. CIVIC PRACTICE OPERA SIMMINGRAM	OS ANGELES OPERA							
TULSA OPERA 1610 SOUTH BOULDER TULSA, OK 74119 73-0643311 501(C)3 0. 18,400. CIVIC PRACTICE PPERA BALTIMORE 11 W NOUTH VERNON PL SALTIMORE, MD 21201 26-4201545 501(C)3 0. 25,000. CIVIC PRACTICE PITTSBURGH OPERA 2425 LIBERTY AVENUE 21TTSBURGH, PA 1522 25-1073139 501(C)3 0. 25,000. CIVIC PRACTICE KENTUCKY OPERA 2001 SWAGALINE STREET 2001 SVILLE, KY 40203 61-6013111 501(C)3 0. 25,000. CIVIC PRACTICE SPERA BIRMINGHAM 3601 6TH AVE S SIMULINGHAM 3601 6TH AVE S S	135 NORTH GRAND AVENUE							
1610 SOUTH BOULDER TULSA, OK 7411973-0643311501(C)30.18,400.CIVIC PRACTICESPERA BALTIMORE L1 W MOUNT VERNON PL SALTIMORE, MD 2120126-4201545501(C)30.25,000.CIVIC PRACTICEVITTSBURGH OPERA 4225 LIBERTY AVENUE PITTSBURGH, PA 1522225-1073139501(C)30.25,000.CIVIC PRACTICEKENTUCKY OPERA 708 MAGAZINE STREET JOUISVILLE, KY 4020361-6013111501(C)30.25,000.CIVIC PRACTICESPERA ON TAP 190 OCEAN PKWY., #3 ROOKLYN, NY 1121820-4554125501(C)30.25,000.CIVIC PRACTICESPERA ON TAP 190 OCEAN PKWY., #3 ROOKLYN, NY 1121820-4554125501(C)30.25,000.CIVIC PRACTICESPERA BIRMINGHAM AL 3522223-7207572501(C)30.25,000.CIVIC PRACTICEMUSICAL TRADITIONS 1446 MARKET STREET JAN FRANCISCO, CA 9410252-1055738501(C)30.8,000.PRESENTATIONMASSOPERAImage: State St		95-2096402	501(C)3	0.	18,300.			CIVIC PRACTICE
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190 OCEAN PKWY., #3 BROOKLYN, NY 1121820-4554125501(C)30.25,000.CIVIC PRACTICEOPERA BIRMINGHAM 3601 6TH AVE S BIRMINGHAM, AL 3522223-7207572501(C)30.25,000.CIVIC PRACTICEAUSICAL TRADITIONS 1446 MARKET STREET SAN FRANCISCO, CA 9410252-1055738501(C)30.8,000.PRESENTATIONMASSOPERAImage: Constraint of the street stree								
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3601 6TH AVE S BIRMINGHAM, AL 3522223-7207572501(C)30.25,000.CIVIC PRACTICEAUSICAL TRADITIONS 1446 MARKET STREET SAN FRANCISCO, CA 9410252-1055738501(C)30.8,000.PRESENTATIONMASSOPERAImage: Comparison of the second sec	NDEDY DIDWINGUNW							
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IASSOPERA	446 MARKET STREET							NEW WORKS FEATURE
	SAN FRANCISCO, CA 94102	52-1055738	501(C)3	0.	8,000.			PRESENTATION
NEW WORKS FEATU.								
SALEM, MA 01970 37-1649578 501(C)3 0. 8,000. PRESENTATION	•	27 1640570	501(C)2		0 000			

Schedule I (Form 990) OPERA AMERICA, INC.

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
BOSTON BAROQUE							
177 HUNTINGTON AVE, 17TH FL							OPERA GRANTS FOR WOMEN
BOSTON, MA 02115	04-2530131	501(C)3	0.	5,100.			CONDUCTORS & DIRECTORS
LOS ANGELES OPERA							
135 NORTH GRAND AVENUE							OPERA GRANTS FOR WOMEN
LOS ANGELES, CA 90012	95-2096402	501(C)3	0.	9,000.			CONDUCTORS & DIRECTORS
UTAH SYMPHONY							
123 WEST SOUTH TEMPLE							OPERA GRANTS FOR WOMEN
SALT LAKE CITY, UT 84101	51-0145980	501(C)3	0.	9,000.			CONDUCTORS & DIRECTORS
ARIZONA OPERA COMPANY							
1636 NORTH CENTRAL AVE							OPERA GRANTS FOR WOMEN
PHOENIX, AZ 85004	23-7169261	501(C)3	0.	6,000.			CONDUCTORS & DIRECTORS
CHICAGO OPERA THEATER							
410 S MICHIGAN AVENUE							
CHICAGO, IL 60605	23-7354963	501(C)3	0.	22,500.			NEXT STAGE
VIRGINIA OPERA							
160 W. VIRGINIA BEACH BLVD							
NORFOLK, VA 23510	54-0985006	501(C)3	0.	22,500.			NEXT STAGE
OPERA PARALLELE							
44 PAGE ST STE 400							
SAN FRANCISCO, CA 94102	72-1584393	501(C)3	0.	34,000.			NEXT STAGE
LOS ANGELES OPERA							
135 NORTH GRAND AVENUE							
LOS ANGELES, CA 90012	95-2096402	501(C)3	0.	40,000.			NEXT STAGE
NEW ORLEANS OPERA							
935 GRAVIER ST, STE 1940							
NEW ORLEANS, LA 70112	72-0272897	501(C)3	0.	40,000.			NEXT STAGE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
PERA SOUTHWEST O BOX 27671								
LBUQUERQUE, NM 87125	23-7314812	501(C)3	0.	40,000.			NEXT STAGE	
				,				

Schedule I (Form 990) 2022

Page 2

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 noncash assistance
DIRECTOR DESIGNER SHOWCASE	4	0.	8,000.		
IDEA GRANTS	3	0.	54,000.		
IDEA RESIDENCIES	3	0.	30,000.		
COMPOSER/LIBRETTISTS	9	0.	107,000.		
Part IV Supplemental Information. Provide the information PART I, LINE 2:	equired in Part I, IIn	e∠, Part III, column	(D), and any other ac	ionional information.	
ONITORING OF GRANTS:					

THE ORGANIZATION REQUIRES WRITTEN PROPOSALS FOR REQUESTS OF GRANTS FOR

ARTISTIC PROGRAMS. THE GRANT REQUESTS ARE REVIEWED FOR COMPLIANCE WITH

PUBLISHED GRANT GUIDELINES AND ARE APPROVED BY AN INDEPENDENT PANEL OF

INDUSTRY REPRESENTATIVES.

SC	HEDULE J	Compensation Information		OMB No.	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	•
	tment of the Treasury	Attach to Form 990.		Open to Inspe		ic
	al Revenue Service 1e of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide	-		mher
Num		OPERA AMERICA, INC.	20-352		onnai	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary :	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		. <u>1b</u>		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		
2	ladiaatakiala if a					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	SHLO			
	Compensation	ation of the CEO/Executive Director, but explain in Part III.				
	·					
		compensation consultant X Compensation survey or study ther organizations X Approval by the board or compensation or	ommittoo			
			Ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?		416	Х	
с		eive payment from an equity-based compensation arrangement?				х
		nes 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 of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
				<u>5</u> a		X
b		ation?		5b		X
		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	-				v
				<u>6a</u>		X
b		ation?		6b		X
-		or 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-	х	
0		nes 5 and 6? If "Yes," describe in Part III		7	л	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		•		x
9				. 8		
9		id the organization also follow the rebuttable presumption procedure described in 1 53.4958-6(c)?		9		
ΙHΔ		eduction Act Notice, see the Instructions for Form 990.	Schedul		n 990)	2022
			Concude	(, 0,1		

232111 10-18-22

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	kdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARC A. SCORCA	(i)	322,859.	0.	0.	16,143.	10,261.	349,263.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANIEL COOPERMAN	(i)	173,904.	0.	0.	8,695.	9,404.	192,003.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTIAN DE GRE	(i)	160,031.	0.	0.	8,002.	9,404.	177,437.	0.
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LAURA LEE EVERETT	(i)	156,533.	0.	0.	7,827.	9,404.	173,764.	0.
CHIEF PROGRAMS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
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	(ii)							

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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.

PART I, LINE 4B AND 6A:

THE ORGANIZATION HAS A 457(B) PLAN FOR CERTAIN EMPLOYEES. THE PLAN WILL

HAVE EMPLOYEE CONTRIBUTIONS BUT THERE WILL BE NO CONTRIBUTIONS MADE BY

THE EMPLOYER. DURING THE FISCAL YEAR 2017 THE ORGANIZATION ESTABLISHED

A 457(F) PLAN FOR CERTAIN EMPLOYEES. THE ASSETS OF THE PLAN ARE

RETAINED BY THE ORGANIZATION AND ARE PAYABLE ONLY UPON FULFILLMENT OF A

CONTRACTUAL TERM OF SERVICE. CONTRIBUTION AMOUNTS, IF ANY, ARE

DETERMINED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. NET EARNINGS

IS ONE OF THE FACTORS USED WHEN MAKING THIS DETERMINATION.

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on		OMB No. 1545-0047
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service Name of the organizatio	Go to www.irs.gov/Form990 for the latest information.	Employe	Inspection dentification number
	OPERA AMERICA, INC.	20-3	520577
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
OPERA AMERICA WAS	FOUNDED TO: (I) PROMOTE GROWTH AND EXPANSION OF THE		
OPERATIC ART FORM;	(II) FOSTER AND IMPROVE THE EDUCATION, TRAINING AND		
DEVELOPMENT OF OPP	RATIC COMPOSERS, SINGERS AND ALLIED TALENT (III)		
ASSIST IN DEVELOP	NG RESIDENT PROFESSIONAL OPERA COMPANIES THROUGH		
COOPERATIVE ARTIST	IC AND MANAGEMENT SERVICES TO ITS MEMBERSHIP; (IV)		
ENCOURAGE AND ASSI	ST IN THE IMPROVEMENT OF QUALITY OF OPERATIC		
PRESENTATION; AND	(V) ENCOURAGE GREATER APPRECIATION AND ENJOYMENT OF		
OPERA BY ALL SEGME	NTS OF SOCIETY.		
FORM 990, PART III	, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:		
PROFESSIONAL DEVEN	OPMENT PROGRAMS OFFER TOOLS AND ADVICE FOR SINGERS TO		
HONE THEIR SKILLS	AND FURTHER THEIR CAREERS.		
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:		
MEMBERSHIP SERVICE	S		
EXPENSES \$ 372,071	. INCLUDING GRANTS OF \$ 0. REVENUE \$ 812,472.		
PUBLIC RELATIONS/N	ARTKETING		
EXPENSES \$ 337,251	. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.		
LEARNING, LEADERSH	IP & ARTIST DEVELOPMENT		
EXPENSES \$ 346,620	. INCLUDING GRANTS OF \$ 3,090. REVENUE \$ 0.		
PUBLIC AFFAIRS			
EXPENSES \$ 65,420.	INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.		
LHA For Paperwork R 232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2022

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Schedule O (Form 990) 2022
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Name of the organization

OPERA AMERICA, INC.

Page 2 Employer identification number 20-3520577

INFORMATION SVCS & PUBLICATIONS

EXPENSES \$ 626,842. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PAGE 1, PART I, QUESTION 5, AND PART V, QUESTION 2B

OPERA AMERICA CURRENTLY EMPLOYS 32 INDIVIDUALS. PAYROLL AND BENEFITS

ARE PROCESSED THROUGH A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) WHICH

FILES THE FORM W-3 on opera america's behalf under the peo's federal

EIN#. THEREFORE OPERA AMERICA DOES NOT FILE A FORM W-3.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS OF OPERA AMERICA SHALL CONSIST OF THOSE OPERA COMPANIES WHICH,

IN ADDITION TO MEETING EACH OF THE REQUIREMENTS AS TO ELIGIBILITY SET FORTH

IN THE BY-LAWS, SHALL BE ELECTED TO MEMBERSHIP IN OPERA AMERICA UPON AN

AFFIRMATIVE VOTE OF NOT LESS THAN TWO-THIRDS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS, ELECTION OF MEMBERS, AND DECISIONS OF THE GOVERNING BODY:

A MAJORITY OF THE DIRECTORS IN OFFICE SHALL BE NECESSARY TO CONSTITUTE A

QUORUM FOR THE TRANSACTION OF BUSINESS, AND THE ACT OF A MAJORITY OF THE

DIRECTORS PRESENT AT A MEETING, AT WHICH A QUORUM IS PRESENT, SHALL BE THE

ACT OF THE BOARD OF DIRECTORS. IF ALL THE DIRECTORS SHALL SEVERALLY OR

COLLECTIVELY CONSENT IN WRITING TO ANY ACTION TO BE TAKEN BY THE

ORGANIZATION, SUCH ACTION SHALL BE AS VALID A CORPORATE ACTION AS THOUGH IT

HAD BEEN AUTHORIZED AT A MEETING OF THE BOARD OF DIRECTORS. VACANCIES ON

THE BOARD OF DIRECTORS, RESULTING FROM EITHER RESIGNATION, DEATH,

INCAPACITY OR REMOVAL, MAY BE FILLED BY A MAJORITY OF THE REMAINING MEMBERS

OF THE BOARD AT ANY MEETING.

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Name of the organization

OPERA AMERICA, INC.

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

REVIEW OF FORM 990:

PRIOR TO ITS ELECTRONIC FILING, A PUBLIC DISCLOSURE DRAFT OF FORM 990 IS

EMAILED TO THE MEMBERS OF THE FINANCE SUB-COMMITTEE AS AUTHORIZED BY THE

BOARD OF DIRECTORS, FOR REVIEW AND COMMENT. UPON SATISFACTORY REVIEW, THE

FILING OF THE FINAL FORM 990 IS AUTHORIZED BY THE SUB-COMMITTEE.

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

CONFLICT OF INTEREST POLICY:

ALL BOARD MEMBERS AND OFFICERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST

POLICY AT THE BEGINNING OF THEIR TERM. THERE IS AN ANNUAL ANNOUNCEMENT AT A

DESIGNATED BOARD MEETING REGARDING THE NECESSITY TO REPORT ANY SUBSEQUENT

OR POTENTIAL CONFLICTS OF INTEREST IMMEDIATELY TO THE APPROPRIATE BOARD

OFFICERS.

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

DETERMINATION OF COMPENSATION OF KEY EMPLOYEES:

THE COMPENSATION OF THE PRESIDENT/CEO IS REVIEWED BY THE OFFICERS OF OPERA

AMERICA'S BOARD OF DIRECTORS. ANOTHER BOARD MEMBER, NOT AN OFFICER, IS

RESPONSIBLE FOR ENSURING THAT A COMPARATIVE ANALYSIS OF OTHER NATIONAL ARTS

SERVICE ORGANIZATIONS' CEO SALARIES IS USED AS A POINT OF COMPARISON. ALSO

USED FOR REFERENCE, IS A STUDY OF OPERA COMPANY CEO SALARIES. A REPORT

CONCLUDING THE REASONABLENESS OF COMPARABILITY IS PRESENTED IN EXECUTIVE

SESSION AND THEN TO THE FULL BOARD OF DIRECTORS FOR APPROVAL. THE

COMPENSATION OF OTHER KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT/CEO

USING A STUDY OF OPERA COMPANY KEY EMPLOYEE SALARIES AND GUIDELINES

ESTABLISHED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS.

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BOARD OF DIRECTORS DURING THE BUDGET PROCESS AND DOCUMENTED ALONG WITH			
BUDGET APPROVAL.			
FORM 990, PART VI, SECTION C, LINE 19:			
AVAILABILITY OF ORGANIZATIONAL DOCUMENTS AND STATEMENTS:			
THE ORGANIZATION'S FINANCIAL STATEMENTS AND FORM 990 ARE PUBLICLY			
ACCESSIBLE AND ARE AVAILABLE UPON REQUEST.			
232212 10-28-22 49		Schedule O (F	
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Name of the organization

OPERA AMERICA, INC.

RECOMMENDATIONS FOR COMPENSATION OF OTHER KEY EMPLOYEES ARE RATIFIED BY THE

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Employer identification number 20-3520577