Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

6

| A F | or th | e 2023 cale | endar year, or tax year beginning and ending | | | | | |
|--------------------------------|--------------------|--------------------------------|---|----------------------------------|----------------------------------|------------|--------------------|-----------------|
| B | | pplicable: | C Name of organization | | D Em | ployer | identification n | umber |
| | песк па | ipplicable: | GOODSPEED OPERA HOUSE FOUNDATION, INC. | | | | | |
| | Addre | ss change | Doing business as | | | | 9314 | |
| | Name | change | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Tele | ephone | e number | |
| | Initial | | P.O. BOX A | | | | 373-8664 | |
| | 4 | eturn/terminated | City or town, state or province, country, and ZIP or foreign postal code | | G Gro | ss rec | eipts \$ | |
| | 4 | ded return | EAST HADDAM, CT 06423-0281 | | | | 17,273,9 | |
| | Applic | ation pending | F Name and address of principal officer: DONNA LYNN COOPER HILTON | | Is this a group subordinates? | return foi | | X No |
| | | | P.O. BOX A, EAST HADDAM, CT 06423-0281 | | Are all subordi | | | No |
| | | empt status: | X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 | <u> </u> | | | See instructions. | |
| | Webs | | W.GOODSPEED.ORG | | Group exem | | | |
| _ | | of organizatio | | of formation: 1 | .959 M \$ | State of | of legal domicile: | CT |
| Pa | art I | Summ | • | | | | | |
| | 1 | | scribe the organization's mission or most significant activities: TO SHARE THE | | | AL I | HEATRE ; | |
| Activities & Governance | | | IGHT, INSPIRE, AND CHALLENGE AUDIENCES; TO NURTURE | | | | | |
| rna | | | BUILD AND SUPPORT A BROAD, DIVERSE, AND INCLUSIVE | | | | | |
| ove | 2 | Check this | | | | | et assets. | 0.7 |
| Ō | 3 | | f voting members of the governing body (Part VI, line 1a) | | | 3 | | 27 |
| es | 4 | | f independent voting members of the governing body (Part VI, line 1b) | | | 4 | | 27 |
| viti | 5 | | ber of individuals employed in calendar year 2023 (Part V, line 2a) | | | 5 | | 432 |
| \cti | 6 | | ber of volunteers (estimate if necessary) | | | 6 | | 75 |
| ٩ | | | lated business revenue from Part VIII, column (C), line 12 | | | 7a | 46 | 5,150. |
| | b | Net unrela | ted business taxable income from Form 990-T, Part I, line 11 | | | 7b | | NONE |
| | | | | | or Year | - | Current Y | |
| e | 8 | | ons and grants (Part VIII, line 1h) | 412,31 | | 3,619 | - | |
| Revenue | 9 | | ervice revenue (Part VIII, line 2g) | | 326,29 | | 7,732 | |
| Re | 10 | | t income (Part VIII, column (A), lines 3, 4, and 7d) | | 530,47 | | | ,664. |
| | 11 | | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 238,98 | | | ,116. |
| | 12 | | nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 508,07 | 3. | 12,089 | ,132. |
| | 13 | | d similar amounts paid (Part IX, column (A), lines 1-3) | | | DNE | | NONE |
| | 14 | | aid to or for members (Part IX, column (A), line 4) | | | DNE | | NONE |
| es | 15 | | other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 383,61 | | 7,774 | |
| Expenses | 16 a | | nal fundraising fees (Part IX, column (A), line 11e) | · | 7,27 | 75. | | , <u>255</u> . |
| Хр | b | | raising expenses (Part IX, column (D), line 25) 1,076,399. | | | | | |
| - | 17 | | enses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 956,54 | | 6,058 | |
| | 18 | | nses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 347,43 | | 13,840 | |
| - 0 | | Revenue I | ess expenses. Subtract line 18 from line 12 | | 160,63 | | -1,751 | |
| ts ol | | | | Beginning o | | | End of Ye | |
| sset | 20 | | ts (Part X, line 16) | | 145,32 | | 32,642 | |
| Net Assets or Fund Balances | 21 | | ities (Part X, line 26) | | 767,64 | | 3,674 | |
| | | | s or fund balances. Subtract line 21 from line 20 | 28, | 377,67 | 6. | 28,967 | ,716. |
| | rt II | | ure Block | | | | | |
| Une | der pe e, corre | nalties of per ect, and com | rjury, I declare that I have examined this return, including accompanying schedules and state blete. Declaration of preparer (other than officer) is based on all information of which preparer has a state of | ements, and to as any knowled | the best of lge. | my k | nowledge and b | elief, it is |
| | | Dow | na Lynn Hilton | | Ī | | | |
| Sig | n | Signature o | | | 11/1 Date | 4/2 | 024 | |
| He | | • | | | Dale | | | |
| | | | LYNN COOPER HILTON ARTISTIC DIRE | ECTOR | | | | |
| | | | nt name and title | | | | | |
| Paic | ł | | TINE BENDALL CPA | | Check | | TIN | |
| | parer | CATHER | INE BENDALL CPA (athurin E. Bendall 11/14 | 4/2024 | self-employe | | 200521196 | |
| | Only | Firm's nam | | Firm' | s EIN | | 2-2027092 | |
| | | Firm's add | | Phon | | | 2-751-91 | 00 |
| | | | ss this return with the preparer shown above? See instructions. | | | | X Yes | No |
| For | Pape | rwork Red | uction Act Notice, see the separate instructions. | | | | Form 99 | D (2023) |

| For | n 990 (2023) | Page 2 |
|------------|---|---|
| Pa | art III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | |
| | GOODSPEED MUSICALS' MISSION IS TO SHARE THE JOY OF MUSICAL THEATRE; | |
| | TO DELIGHT, INSPIRE, AND CHALLENGE AUDIENCES; TO NURTURE CREATORS; | |
| | AND TO BUILD AND SUPPORT A BROAD, DIVERSE, AND INCLUSIVE COMMUNITY. | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | Vee V |
| | · · · · · · · · · · · · · · · · · · · | 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 | Yes X No |
| | services? | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | s measured by |
| • | expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocat | |
| | the total expenses, and revenue, if any, for each program service reported. | , |
| | | |
| 4a | (Code:) (Expenses \$ 11,771,748. including grants of \$) (Revenue \$ 7,732 | ,802.) |
| | SEE SCHEDULE O | , <u>, , , , , , , , , , , , , , , , , , </u> |
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| | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ 15. | ,498.) |
| | MISCELLANEOUS REVENUE EARNED BY THE ORGANIZATION FOR ACTIVITIES | · |
| | RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE. | |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| _ | (Expenses \$ including grants of \$) (Revenue \$) | |
| | Total program service expenses 11,771,748. | |
| JSA 3E1 | 020 2.000 F | orm 990 (2023) |
| | 3430LU L44A 11/14/2024 16:01:04 V23-7.6F 9052835 | 7 |

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| | |

| Part | IV Checklist of Required Schedules | | | |
|--------|---|------------|-----|--------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 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 |
| a | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | 444 | | 37 |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d 11e | Х | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | TTe | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 12 2 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | A | |
| 120 | Schedule D, Parts XI and XII | 12a | | x |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 120 | | |
| ~ | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | I | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | L |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| JSA | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 000 | X |
| 3E1021 | 2.000 | ⊢orm | 330 | (2023) |

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| | |

| Part | 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 | | | |
| | 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 current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, | | | |
| | Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | Х | |
| С | 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 | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | 37 |
| 24 | 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," | 20 | | 37 |
| 22 | complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | X |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | v |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | 55 | | X |
| 0 -7 | or IV, and Part V, line 1. | 34 | x | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | Х | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 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 | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | - | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | - | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| JSA | reportable gaming (gambling) winnings to prize winners? | | 990 | (2023) |
| 3E1030 | 1.000 | FOUL | 330 | (2023) |

GOODSPEED OPERA HOUSE FOUNDATION, INC.

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| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No | | | | |
|-----|--|-----|-----|----|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 432 | | | | | | | |
| b | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | | | | | |
| | 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | | | | |
| | b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | | | | | |
| | a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | | | | | |
| | gifts were not tax deductible? | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | | | | | |
| | and services provided to the payor? | 7a | Х | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | | |
| | required to file Form 8282? | 7c | | X | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | | | | | |
| | Gross income from members or shareholders | | | | | | | |
| D | against amounts due or received from them.) | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | | | |
| | the organization is licensed to issue qualified health plans | | | | | | | |
| с | Enter the amount of reserves on hand | | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | X | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | | | | | |

| Section A. Governing Body and Management 1a Enter the number of volting members of the governing body at the end of the tax year | Form 9 | GOODSPEED OPERA HOUSE FOUNDATION, INC. 13-1969 | 314 | F | age 6 |
|--|--------|--|----------|--------|---------|
| Check If Schedule O contains a response or note to any line in the Part VI Type Section A. Governing Body and Management Image: Contains a response of note to any line in the Part VI. Image: Contains a response of note to any line in the Part VI. If the area matorial differences in volting rights arrong members of the governing body and thereber of volting members included on line 1a, above, who are independent. Image: Contains a response of the governing body and thereber of volting in the powering body. If the organization delogate control over management duties customarily performed by or under the direct apportance of follows. direct, director, trustee, or key employee to a management compary or dithe period? Image: Contains a response of the response of the powering body. Image: Contains a response of the governing contains in the power of the response of the governing body? Image: Contains a response of the response of the response of the response of the governing body? Image: Contains a response of the response of the governing body? Image: Contains a response of the governing body? Image: Contains and response of the governing body? Image: Contains a response of the governing body? Image: Contains a response of the governing body? Image: Contains a response of the response of the governing body? Image: Contains a response of the governing body? Image: Contai | Part | VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below | , and | for a | "No" |
| Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year | | | | | tions. |
| a Enter the number of voting members of the governing body at the end of the tax year | | | | | X |
| a Enter the number of voting members of the governing body at the end of the tax year | Sect | ion A. Governing Body and Management | | | |
| ¹¹ the governing body deletated broad authority to are executive committee or similar committee, explain on Schedule O. ¹¹ the governing body deletated broad authority to are executive committee or similar com | | | | Yes | No |
| if the governing body delegated broad authority to an executive committee or similar 1b 27 b Enter the number of voting members included on line ta, above, who are independent, | 1a | | - | | |
| b Enter time unber of volging members included on line 1a, above, who are independent | | 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 | | | |
| Did any officer, director, itustee, or key employee have a family relationship or a business relationship with any other officer, director, itustee, or key employee is a management duties customarily performed by or under the direct supervision of officers, directors, itustees, or key employees to a management company or other person? A to the organization become aware during the year of a significant diversion of the organization sesters? Did the organization become aware during the year of a significant diversion of the organization sesters? Did the organization become aware during the year of a significant diversion of the organization sesters? Did the organization become aware during the year of a significant diversion of the organization sesters? Did the organization become aware during the year of a significant diversion of the organization sesters? Did the organization become aware during the year of a significant diversion of the organization sesters? Did the organization become traits of the organization reserved to (or subject to approval by members stockholders, or persons other than the governing body? Dis there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at settom B. Policies (This Section B requests information about policies not required by the Internal Revenue Code). Did the organization have local chapters, branches, or affiliates? Did the organization nave written conflict or interest and policy interest with sero mapproxemation is a written actions are consistent with the organization secons interview bits Form 390. Did the organization have a written conflict or interest policy? Did the organization have a written conflict or interest policy? Did the organization have a written conflict or interest policy? Did the organization have a written conflict or interest policy? Did the organization have a written conflict or interest policy? Did the organiz | | committee, explain on Schedule O. | | | |
| any other officer, director, trustee, or key employees to a management duies customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 2 3 b dh de organization develoes aware duing the year of a significant dharges to its governing body: 3 3 3 3 4 | | | - | | |
| Bit the organization decome aware during the year of a significant diversion of officers, directors, trustees, or key employees to a management company or other person? 3 X A A X D di the organization have any significant changes to its governing documents such the prof Form 900 wes file?? 5 X A A A X A A A A X B Did the organization have members stockholders? 5 X A Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or momes for the governing body? 7 X B Did the organization nave members or stockholders? 7 X B Did the organization nave members or stockholders? 7 X B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 8 8 8 X B Stetice any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization rowerning body? 8 8 X B Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization rowerning body? 8 <t< th=""><td>2</td><td></td><td>2</td><td></td><td>v</td></t<> | 2 | | 2 | | v |
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| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemportaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Be there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization negative interaction making address? Be there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have local chapters, branches, or afiliates? Bit "Yes," provide the names and addresses on Schedule 0, Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code). Section B. Policies (This Section Chapters, branches, or afiliates? Bit "Yes," (did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Ha is the organization regulary and consistently monitor and enforce compliance with the policy? If "Yes," doi: the organization have a written continct of interest policy? Did the organization have a written whistlebiower policy? Did the organization ing out weak and contemporaneous ubstantiation of the deliberation and decision? Did the organizati | | | | | X |
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| 9 is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations mailing address? If 'Yes,' provide the names and addresses on Schedule O. y 9 is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at y y 9 is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at y y 9 is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at y y 10a Did the organization have local chapters, branches, or affiliates? 10a 10a 11a Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization nevel a written conflict of interest policy? If 'No,'' go to line f3 12a 12a 12 Did the organization nevel a written whistleblower policy? 11a 12a 12a 13 Did the organization have a written document retention and destruction policy? 14 14 14 Did the organization have a written whistleblower policy? 15b 14 14 14 Did the organization have a written whistleblower poli | а | The governing body? | 8a | Х | |
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| Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(a (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polici and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. DONNA LYNN COOPER HILTON P.O. BOX A EAST HADDAM, CT 06423-0281 Form 990 (202 3E1042 2.000 | 17 | List the states with which a copy of this Form 990 is required to be filedCT, FL, NY, | | | |
| (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polici and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. <u>DONNA LYNN COOPER HILTON P.O. BOX A EAST HADDAM, CT 06423-0281</u> 360-873-8664 Form 990 (202 | | | Г (sec | tion 5 | 01(c) |
| 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. <u>DONNA LYNN COOPER HILTON P.O. BOX A EAST HADDAM, CT 06423-0281</u> 360-873-8664 Form 990 (202 | | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | . , |
| and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. DONNA LYNN COOPER HILTON P.O. BOX A EAST HADDAM, CT 06423-0281 360-873-8664 JSA 3E1042 2.000 Form 990 (202 | | Own website X Another's website X Upon request Other (explain on Schedule O) | | | |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records. DONNA LYNN COOPER HILTON P.O. BOX A EAST HADDAM, CT 06423-0281 860-873-8664 JSA 3E1042 2.000 | 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of | of inter | est p | olicy, |
| DONNA LYNN COOPER HILTON P.O. BOX A EAST HADDAM, CT 06423-0281 860-873-8664 JSA 3E1042 2.000 | | | | | |
| 860-873-8664 Form 990 (202 JSA 3E1042 2.000 | 20 | | ls. | | |
| JSA 3E1042 2.000 | | | F - | 000 | (0000) |
| | | | ⊢orm | 390 | (2023) |
| | 3E1042 | 2.000 3430LU L44A 11/14/2024 16:01:04 V23-7.6F 9052835 | | 11 | |

Page 7

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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 Pos | C) | | | (D) | (E) | (F) |
|------------------------------|------------------------|-----------------------------------|-----------------------|-----------|--------------|---------------------------------|--------|----------------------------------|-----------------------------------|------------------------------|
| Name and title | Average | | | | | | one | Reportable | Reportable | Estimated amount |
| Name and the | hours | box, unless person is both | | | | | an | compensation | compensation | of other |
| | per week | office | er and | lad | lirect | or/trust | ee) | from the | from related | compensation |
| | (list any hours for | Ind or o | Ins | Officer | Kej | Hig | For | organization (W-2/ 1099-MISC/ | organizations (W-2/ 1099-MISC/ | from the organization and |
| | related | Individual trustee or director | Institutional trustee | icer | Key employee | hest | Former | 1099-NEC) | 1099-NEC) | related organizations |
| | organizations | tor tr | ona | | ploy | e con | | | | - |
| | below dotted line) | uste | trus | | ee | nper | | | | |
| | | ¢ | stee | | | Highest compensated employee | | | | |
| | | | | | | | | | | |
| (1) DAVID BYRD | 40.00 | | | | | | | | | |
| MANAGING DIR., THRU 9/24 | NONE | Х | | Х | | | | 195,075. | NONE | 9,735. |
| (2) DONNA LYNN COOPER HILTON | 40.00 | | | | | | | | | |
| ARTISTIC DIRECTOR | NONE | Х | | Х | | | | 194,034. | NONE | 9,735. |
| (3) FRANK STILWAGNER | 40.00 | | | | | | | | | |
| DIRECTOR OF DEVELOPMENT | NONE | | | | | X | | 113,056. | NONE | 24,276. |
| (4) DANIEL MCMAHON | 40.00 | | | | | | | | | |
| DIRECTOR OF MARKETING | NONE | | | | | X | | 117,555. | NONE | 10,267. |
| (5) ADAM SOUZA | 40.00 | | | | | | | | | |
| RESIDENT MUSIC DIRECTOR | NONE | | | | | X | | 100,074. | NONE | 9,181. |
| (6) JOHN F. WOLTER | 10.00 | | | | | | | | | |
| CHAIRMAN | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (7) HILA ROSEN | 10.00 | | | | | | | | | |
| PRESIDENT | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (8) JEFFREY S. HOFFMAN | 10.00 | | | | | | | | | |
| 1ST VICE PRESIDENT | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (9) ANTHONY CACACE | 10.00 | | | | | | | | | |
| VICE PRESIDENT | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (10) MEG SAKELLARIDES | 10.00 | | | | | | | | | |
| TREASURER | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (11) JENNIFER G. BROWN | 10.00 | | | | | | | | | |
| SECRETARY | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (12) FRANCIS G. ADAMS, JR. | 1.00 | | | | | | | | | |
| TRUSTEE MEMBER | NONE | Х | | | | | | NONE | NONE | NONE |
| (13) FRANK CAMPBELL | 1.00 | 1 | | | | | | | | |
| TRUSTEE MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (14) CAROLYN ROSSI COPELAND | 1.00 | | | | | | | | | |
| TRUSTEE MEMBER | NONE | X | | | | | | NONE | NONE | NONE |

| Form | aan | (2023) | |
|-------|-----|--------|--|
| FUIII | 330 | (2023) | |

| Part VII Section A. Officers, Directors, | | y Lii | ipic | | | | ngi | - | | , |
|--|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|----------|---------------------------------|------------------------------|--|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average hours per | (do i | not cl | | ition | e than c | ne | Reportable compensation | Reportable compensation from | Estimated amount of |
| | week (list any | | | | | is both | | from | related | other |
| | hours for | | - | | | or/trust | <u> </u> | the | organizations | compensation |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| 15) CHRISTOPHER DODD | 1.00 | | | | | | | | | |
| TRUSTEE MEMBER | NONE | Х | | | | | | NONE | NONE | NON |
| 16) JAMES DUNCAN | 1.00_ | - | | | | | | | | |
| TRUSTEE MEMBER | NONE | X | | | | | | NONE | NONE | NON |
| 17) ANNE EVANS | 1.00_ | - | | | | | | | | |
| TRUSTEE MEMBER | NONE | X | | | | | | NONE | NONE | NON |
| 18) MARLENE FERREIRA | 1.00_ | - | | | | | | | | |
| TRUSTEE MEMBER | NONE | X | | | | | | NONE | NONE | NON |
| 19) MURIEL FLEISCHMANN | 1.00_ | - | | | | | | | | |
| TRUSTEE MEMBER | NONE | X | | | | | | NONE | NONE | NON |
| 20) SUSAN FROST | 1.00_ | - | | | | | | | | |
| TRUSTEE MEMBER | NONE | X | | | | | | NONE | NONE | NON |
| 21) JEAN SELDEN GREENE | <u>1.00</u> | | | | | | | | | |
| TRUSTEE MEMBER | NONE | X | | | | | | NONE | NONE | NON |
| 22) ANN HOUSTON | 1.00_ | - | | | | | | | | |
| TRUSTEE MEMBER | NONE | X | | | | | | NONE | NONE | NON |
| 23) SUSAN LINK | <u>1.00</u> | | | | | | | | | |
| TRUSTEE MEMBER | NONE | X | | | | | | NONE | NONE | NON |
| 24) GAVIN LODGE | 1.00_ | | | | | | | | | |
| TRUSTEE MEMBER | NONE | X | | | | | | NONE | NONE | NON |
| 25) MARK MASSELLI | 1.00_ | | | | | | | | | |
| TRUSTEE MEMBER | NONE | Х | | | | | | NONE | NONE | NON |
| 1b Sub-total | | | | | | | | 719,794. | NONE | 63,194 |
| c Total from continuation sheets to Part VII | - | | | | | • • • | | NONE | NONE | NON |
| d Total (add lines 1b and 1c) | | | | | •• | • • • | | 719,794. | NONE | 63,194 |

| 3 | Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> |
|---|---|
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|----------------------------|
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► | | |

JSA 3E1055 1.000

Yes No

3

4

5

| Part VII Section A. Officers, Directors | , Trustees, Ke | y En | plo | yees | s, a | nd Hi | igł | nest Compensat | ed Employees (| continued) |
|--|--|-----------------------------------|----------------------------|-----------------|-----------------------------------|---------------------|---------|--|--|--|
| (A) Name and title | (B) Average hours per week (list any hours for | box, office | not ch unless er and | s pers a dir | ion nore t son is rector | han on both a | n e) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| 26) MICHAEL POLO TRUSTEE MEMBER | <u>1.00</u> NONE | x | | | | | | NONE | NON | E N |
| 27) KRISTEN ROBERTS | 1.00 | | | | | | | | | |
| TRUSTEE MEMBER | NONE | X | | | | | | NONE | NON | e n |
| 28) BLAIR RUSSELL | 1.00 | | | | | | | | | |
| TRUSTEE MEMBER | NONE | x | | | | | | NONE | NON | e n |
| 29) KAREN SHERRY | 1.00 | | | | | | | | | |
| TRUSTEE MEMBER | NONE | x | | | | | | NONE | NON | e n |
| 30) JOSEPH SMITH | 1.00 | | | | | | | | | |
| TRUSTEE MEMBER | NONE | x | | | | | | NONE | NON | e n |
| 31) LEONARDO H. SUZIO | 1.00 | | | | | | | | | |
| TRUSTEE MEMBER | NONE | x | | | | | | NONE | NON | e n |
| 32) JOHN VOEGE | 1.00 | | | | | | | | | |
| TRUSTEE MEMBER | NONE | x | | | | | | NONE | NON | e n |
| 33) AMY CAMPBELL | 1.00 | | | | | | | | | |
| TRUSTEE MEMBER | NONE | X | | | | | | NONE | NON | e n |
| | | - | | | | | | | | |
| | | - | | | | | | | | |
| | | - | | | | | | | | |
| 1b Sub-total | | | • • • | | • • | | | | | |
| c Total from continuation sheets to Part V | | | | | • • | | | | | |
| d Total (add lines 1b and 1c) | | | | | ••• | who | | acived mare then | ¢100.000 of | |
| 2 Total number of individuals (including but reportable compensation from the organiz | | 1056 | iistet | | ove) | who | ie | | φ100,000 0i | |
| | | | | | | | | | | Yes |
| Did the ergenization list only former | officer directo | r or | +=== | | 100 | | ~ ~ 1 | lovoo or highoo | taampapaatad | 103 |
| B Did the organization list any former employee on line 1a? If "Yes," complete So | | | | | | | | | | 3 |
| For any individual listed on line 1a, is | the sum of rer | ortah | le c | omn | ens | ation | an | nd other compens | sation from the | |
| organization and related organizations | greater than | \$15 | 50,00 |)0? | lf | "Yes,' | " Ο | complete Schedu | le J for such | A 37 |
| individual | | | | | | | | | | 4 X |
| 5 Did any person listed on line 1a receive for services rendered to the organization? | | | | | | | | | | 5 |
| Section B. Independent Contractors | | | | | | | | | | |
| I Complete this table for your five highest compensation from the organization. Rep | | | | | | | | | | |
| year. | | | | | | | | | | |
| (A) | | | | | | | | (B) | | (C) |

| | (A) SEE SCHEDULE O Name and business address | (B) Description of services | (C) Compensation |
|---|---|---------------------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2 | Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► | | |

Form 990 (2023)

GOODSPEED OPERA HOUSE FOUNDATION, INC.

Γ

| 1 01111 0 0 0 (201 | -0) | 000 |
|--------------------|--------------|---------|
| Part VIII | Statement of | Revenue |

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

| | | Check II Concade C contai | | | ly line in the late t | | | <u> </u> |
|---|--------|---------------------------------------|----------------|---------------|-----------------------------|---|---|---|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ώ. Ο | 1a | Federated campaigns | 1a | | | | | |
| anta | b | Membership dues | | 1,321,585. | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | c | Fundraising events | | 242,892. | | | | |
| | d | Related organizations | | | | | | |
| | | Government grants (contributions) | | 753,446. | | | | |
| | f | All other contributions, gifts, grant | | | | | | |
| | ' | and similar amounts not included abo | | 1,301,627. | | | | |
| the | | Noncash contributions included in | | _, | | | | |
| | g | lines 1a-1f | | \$ 78,839. | | | | |
| a Ĉ | h | | | + | 3,619,550. | | | |
| | | | | Business Code | | | | |
| 8 | 20 | ADMISSION | | 711110 | 6,291,038. | 6,291,038. | | |
| ž. | 2a | ENHANCEMENT INCOME | | 711110 | 1,159,931. | 1,159,931. | | |
| Se | b | WARDROBE RENTAL INCOME | | 532000 | 75,293. | 29,143. | 46,150. | |
| an | c d | THEATRE TOUR EVENTS | | 711110 | 97,023. | 97,023. | | |
| 2g2 | | CONCESSION INCOME | | 711110 | 109,517. | 109,517. | | |
| Program Service Revenue | e f | All other program service revenue | | | | | | |
| | g T | Total. Add lines 2a-2f | | | 7,732,802. | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | 619,413. | | | 619,413. | |
| | 4 | Income from investment of tax-e | | NONE | | | | |
| | 5 | Royalties | • | • | 193,618. | | | 193,618. |
| | | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | | |
| | b | Less: rental expenses 6b | | | | | | |
| | c | Rental income or (loss) 6c | NONE | e none | | | | |
| | d | Net rental income or (loss) | | | NONE | | | |
| | 7a | | | | | | | |
| | | sales of assets | | | | | | |
| | | other than inventory 7a | 5,023,639. | | | | | |
| P | b | Less: cost or other basis | | | | | | |
| Revenue | | and sales expenses 7b | 5,115,388. | | | | | |
| sev | c | Gain or (loss) 7c | -91,749. | | | | | |
| erF | d | Net gain or (loss) | <u></u> | | -91,749. | | | -91,749. |
| Othe | 8a | Gross income from fundra | aising | | | | | |
| 0 | | events (not including \$242 | ,892. | | | | | |
| | | of contributions reported on | line | | | | | |
| | | 1c). See Part IV, line 18 | <u>8a</u> | 69,456. | | | | |
| | b | Less: direct expenses | 8b | 69,456. | | | | |
| | c | Net income or (loss) from fundrai | sing events | | | | | |
| | 9a | | ming | | | | | |
| | | activities. See Part IV, line 19 | 9a | NONE | | | | |
| | b | Less: direct expenses | | NONE | | | | |
| | c | Net income or (loss) from gamin | g activities. | | NONE | | | |
| | 10a | Gross sales of inventory, | less | | | | | |
| | | returns and allowances | ••• <u>10a</u> | NONE | | | | |
| | b | Less: cost of goods sold | | NONE | | | | |
| | c | Net income or (loss) from sales of | inventory. | | NONE | | | |
| sne | | | | Business Code | | | | |
| Miscellaneous Revenue | 11a | MISCELLANEOUS | | 711110 | 15,498. | 15,498. | | |
| ven | b | | | | | | | |
| Re | c | | | | | | | |
| Mi | d | All other revenue | | L | 15 400 | | | |
| | | Total. Add lines 11a-11d | | | 15,498. | 7,702,150. | 46,150. | 721,282. |
| | 14 | | | | 14.007.134. | 1.704.150. | 40.100. | 141,007. |

| - | | OPERA HOUSE FOU | NDATION, INC. | 13-19 | 69314 Page 10 |
|-------------|---|-----------------------|-----------------------------|---------------------------------|-------------------------|
| | Statement of Functional Expenses <i>n</i> 501(c)(3) and 501(c)(4) organizations mus | | All other organization | ns must complete colum | nn (A) |
| 00000 | Check if Schedule O contains a respo | | | | |
| Do no | t include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) | (C) | (D) Fundraising |
| | , and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 Gr | rants and other assistance to domestic organizations | | | | |
| an | nd domestic governments. See Part IV, line 21 | NONE | | | |
| 2 G | rants and other assistance to domestic | | | | |
| in | dividuals. See Part IV, line 22 | NONE | | | |
| | rants and other assistance to foreign | | | | |
| | ganizations, foreign governments, and | NONE | | | |
| | reign individuals. See Part IV, lines 15 and 16 | NONE | | | |
| | enefits paid to or for members | NONE | | | |
| | ompensation of current officers, directors, ustees, and key employees | 408,577. | 267,251. | 99,316. | 42,010 |
| | | 408,577. | 207,251. | 99,310. | 42,010 |
| | ompensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and | | | | |
| | ersons described in section 4958(c)(3)(B) | NONE | | | |
| | ther salaries and wages | 6,060,468. | 5,260,027. | 221,176. | 579,265 |
| | ension plan accruals and contributions (include | 415,719. | 415,719. | 22171701 | 3,77203 |
| | ection 401(k) and 403(b) employer contributions) | | 120,720 | | |
| | ther employee benefits | 422,472. | 373,445. | 16,687. | 32,340 |
| | ayroll taxes | 467,155. | 443,334. | 12,165. | 11,656 |
| | ees for services (nonemployees): | | | | |
| | lanagement | NONE | | | |
| | egal | 84,970. | | 84,970. | |
| | ccounting | 74,504. | | 74,504. | |
| | obbying | 4,000. | | 4,000. | |
| | rofessional fundraising services. See Part IV, line 17. | 7,255. | | | 7,255 |
| f In | vestment management fees | 29,731. | | 29,731. | |
| gΟ | ther. (If line 11g amount exceeds 10% of line 25, column | | | | |
| (A) |), amount, list line 11g expenses on Schedule O.) | 403,455. | 190,752. | 206,748. | 5,955 |
| 12 A | dvertising and promotion | 814,134. | 754,926. | | 59,208 |
| | ffice expenses | 52,791. | 35,508. | 3,768. | 13,515 |
| | formation technology | 69,297. | 50,400. | 3,061. | 15,836 |
| | oyalties | 159,337. | 159,337. | | |
| | ccupancy | 803,135. | 689,661. | 39,797. | 73,677 |
| | | NONE | | | |
| | ayments of travel or entertainment expenses | NONT | | | |
| | or any federal, state, or local public officials | NONE | 252 041 | 42 001 | 40 E 4 4 |
| | onferences, conventions, and meetings | 435,586. | 353,041. | 42,001. | 40,544 |
| | | NONE NONE | | | |
| | ayments to affiliates | 495,261. | 424,770. | 23,801. | 46,690 |
| | epreciation, depletion, and amortization | 384,868. | 328,912. | 18,893. | 37,063 |
| | surance ther expenses. Itemize expenses not covered | 501,000. | 520,912. | 10,095. | 57,005 |
| | pove. (List miscellaneous expenses on line 24e. If | | | | |
| | ne 24e amount exceeds 10% of line 25, column | | | | |
| | .), amount, list line 24e expenses on Schedule O.) | | | | |
| аP | PRODUCTION EXPENSE | 1,164,950. | 1,158,423. | | 6,527 |
| | ARTISTIC FEES | 582,891. | 582,891. | | • |
| | ELEPHONE, CABLE & INTERNET | 77,436. | 76,819. | 203. | 414 |
| d D | DUES AND SUBSCRIPTIONS | 49,053. | 18,915. | 28,316. | 1,822 |
| e A | Il other expenses | 373,228. | 187,617. | 82,989. | 102,622 |
| | otal functional expenses. Add lines 1 through 24e | 13,840,273. | 11,771,748. | 992,126. | 1,076,399 |
| or fro | bint costs. Complete this line only if the ganization reported in column (B) joint costs om a combined educational campaign and ndraising solicitation. Check here if | | | | |

JSA 3E1052 2.000

following SOP 98-2 (ASC 958-720)

Form 990 (2023)

| Page II |
|---------|
|---------|

| | | Check if Schedule O contains a response or note to any line in this P | (A) | ••• | (B) |
|--------|------|--|--------------------------|-----|----------------------|
| | | | (A) Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 381,012. | 1 | 85,937 |
| | 2 | Savings and temporary cash investments | 1,590,397. | 2 | 621,114 |
| | 3 | Pledges and grants receivable, net | 131,477. | 3 | 400,240 |
| | 4 | Accounts receivable, net | 59,959. | 4 | 123,413 |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | NONE | 5 | NON |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). | NONE | 6 | NON |
| S | 7 | Notes and loans receivable, net | NONE | 7 | NON |
| Assets | 8 | Inventories for sale or use | 39,513. | 8 | 82,172 |
| ξ | 9 | Prepaid expenses and deferred charges | 350,782. | 9 | 305,094 |
| 1 | 10 a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 22,762,527. | | | |
| | b | Less: accumulated depreciation | 10,365,919. | 10c | 10,011,480 |
| 1 | 11 | Investments - publicly traded securities | 18,829,010. | 11 | 20,371,585 |
| 1 | 12 | Investments - other securities. See Part IV, line 11 | 397,254. | 12 | 641,051 |
| 1 | 13 | Investments - program-related. See Part IV, line 11 | NONE | | NON |
| 1 | 14 | Intangible assets | NONE | 14 | NON |
| 1 | 15 | Other assets. See Part IV, line 11 | NONE | 15 | NON |
| 1 | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 32,145,323. | 16 | 32,642,086 |
| 1 | 17 | Accounts payable and accrued expenses | 862,020. | 17 | 758,741 |
| | 18 | Grants payable | NONE | 18 | NON |
| | 19 | Deferred revenue | 1,229,300. | 19 | 1,303,088 |
| | 20 | Tax-exempt bond liabilities | NONE | | NON |
| 12 | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | 21 | NON |
| s 2 | 22 | Loans and other payables to any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | NONE | 22 | NON |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 150,000. | | 150,000 |
| 1 | 24 | Unsecured notes and loans payable to unrelated third parties | NONE | | NON |
| 1 | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 1,526,327. | 25 | 1,462,541 |
| 12 | 26 | Total liabilities. Add lines 17 through 25 | 3,767,647. | 26 | 3,674,370 |
| lces | | Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. | | | |
| alar | 27 | Net assets without donor restrictions | 21,405,616. | 27 | 21,386,836 |
| ñ 2 | 28 | Net assets with donor restrictions | 6,972,060. | 28 | 7,580,880 |
| | | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. | | | |
| 5 | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 22 | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances | 28,377,676. | 32 | 28,967,716 |
| 2 | 33 | Total liabilities and net assets/fund balances | 32,145,323. | | 32,642,086 |
| | | | 5211131523. | | Form 990 (20) |
| | | | | | |

| | GOODSPEED OPERA HOUSE FOUNDATION, INC. 13-1 | 9693 | 14 | | | |
|---------|---|----------|-----|------|-----|--------------|
| Form 99 | 00 (2023) | | | | Pa | ge 12 |
| Part | XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1 | 2,0 | 89, | <u>132</u> . |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | <u>273</u> . |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | _ | 1,7 | 51, | <u>141</u> . |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | | <u>676</u> . |
| 5 | Net unrealized gains (losses) on investments | 5 | | 2,3 | 41, | <u>181</u> . |
| 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 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | 2 | 8,9 | 67, | <u>716</u> . |
| Part | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | , | | 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 O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were of | ompiled | lor | | | |
| | 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 | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were a | udited o | na | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis X 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 a | versigh | tof | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accou | ntant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year | explain | on | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth in | the | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not u | | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such | audits | | 3b | | |
| | | | | Form | 990 | (2023) |

| SCHEDULE | A |
|------------|---|
| (Earm 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.

OMB No. 1545-0047

| | | nt of the Treasury evenue Service | | Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | |
|--------|---------|---|--|--|---|--|----------------------------------|---|--|--|--|--|
| Name | e of ti | he organization | | | | Employer identifi | Employer identification number | | | | | |
| GOC | DSI | | | UNDATION, INC | | | | | | | | |
| Pai | | | | | - | | | part.) See instructior | IS. | | | |
| The | orga | | - | | is: (For lines 1 throug | - | - | | | | | |
| 1 | | | | | ion of churches desci | | | 70(b)(1)(A)(i). | | | | |
| 2 | | | | | . (Attach Schedule E | | | | | | | |
| 3 | | - | - | - | rganization described i | | | | | | | |
| 4 | | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the | | | | | | | | | | |
| | | hospital's name, city, and state: | | | | | | | | | | |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | |
| _ | | | | complete Part II.) | | | | | | | | |
| 6 | | | | | nmental unit describe | | | | · · · · · · · · · · · · · · · · · · · | | | |
| 7 | X | - | | - | | pport fro | om a go | vernmental unit or fro | om the general public | | | |
| • | | | | (1)(A)(vi). (Compl | | | | | | | | |
| 8 9 | | | | |)(1)(A)(vi). (Complete | | | Lin contunction with a | land grant callege | | | |
| 9 | | - | | - | | | - | l in conjunction with a name, city, and state o | | | | |
| | | university: | | grant college of ag | | 10115). EI | | name, city, and state o | r the college of | | | |
| 10 | | An organization receipts from support from of acquired by the | activities rela gross investm ne organizatio | ted to its exempt f ient income and ui n after June 30, 19 | unctions, subject to c | ertain ex able inco (a)(2). (C | ceptions me (less complete | , | n 331/3 % of its | | | |
| 12 | | • | • | • | • | • | | | ry out the purposes of | | | |
| a | | one or more p the box on line | ublicly suppo es 12a throug | rted organizations h 12d that describ | described in section 5 es the type of suppor | 09(a)(1) ting orga |) or sect anization | | ction 509(a)(3). Check 2e, 12f, and 12g. | | | |
| | | the supporte supporting o | ed organizatio organization. | on(s) the power to | regularly appoint or e e Part IV, Sections A | lect a ma and B. | ajority of | the directors or truste | es of the | | | |
| b | | control or m | anagement o | of the supporting o | | | | supported organizati is that control or man | | | | |
| С | | | | | | | | n with, and functional | lly integrated with, | | | |
| | | | - | | s). You must comple | | | | | | | |
| d | | | - | | | - | | ection with its suppor | | | | |
| | | | - | | | - | | ution requirement and | d an attentiveness | | | |
| | | | | , | mplete Part IV, Sect | | | | U. T | | | |
| е | | | • | | | | | nat it is a Type I, Type I | п, туре пі | | | |
| f | Fn | | | | ionally integrated sup | porting c | nganizai | юп. | | | | |
| g | | | | 0 | orted organization(s). | | | | ••••• | | | |
| | | ame of supported of | - | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | docur | ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | |
| | | | | | | Yes | No | | | | | |
| (A) | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | |
| Tota | l | | | | | | | | | | | |
| F | | | n Aat Nation a | | for Form 000 or 000 E7 | | | | a h a duila A (Farm 000) 202 | | | |

Page 2

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| <u>Sec</u> | tion A. Public Support | | | | | | |
|------------|--|------------------------|-----------------|------------------------|------------------------|------------------------|---------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,626,279. | 3,526,397. | 7,003,680. | 5,412,319. | 3,619,550. | 22,188,225. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | NONE |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | NONE |
| 4 | Total. Add lines 1 through 3 | 2,626,279. | 3,526,397. | 7,003,680. | 5,412,319. | 3,619,550. | 22,188,225. |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) SEE SUPP PAGE | | | | | | 235,577. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 21,952,648. |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 8 | Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2,626,279. 942,232. | 3,526,397. | 7,003,680. 830,966. | 5,412,319. 754,363. | 3,619,550. 813,031. | 22,188,225. 3,972,940. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | NONE |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 11,343. | 10,935. | 3,708. | 18,489. | 15,498. | 59,973. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 26,221,138. |
| 12 | Gross receipts from related activities, etc. (se | ee instructions) . | | | | 12 | 22,278,592. |
| 13 | First 5 years. If the Form 990 is for organization, check this box and stop here. | <u></u> | <u></u> | , third, fourth, | or fifth tax yea | ar as a section | 501(c)(3) |
| | tion C. Computation of Public Supp | | • | | | | |
| 14 | Public support percentage for 2023 (lin | | | | | 14 | 83.72 % |
| 15 | Public support percentage from 2022 S | | | | | | 82.55 % |
| 16a | 331/3% support test - 2023. If the org | | | | | | |
| _ | box and stop here. The organization qu | | | - | | | |
| b | 331/3% support test - 2022. If the org | | | | | | |
| 4 - | this box and stop here. The organizatio | | | - | | | |
| 17a | 10%-facts-and-circumstances test - 2 | | | | | | |
| | 10% or more, and if the organization | | | | | - | - |
| | Part VI how the organization meets t | | | - | - | | |
| L | organization | | | | | | |
| D | 10%-facts-and-circumstances test - 2 | | | | | | |
| | 15 is 10% or more, and if the organiz in Part VI how the organization meets | | | | | - | |
| | · | | | • | | • • | |
| 18 | organization Private foundation. If the organization | | | | | | |
| 10 | _ | | | | | | |
| | instructions | | | | | | <u>••••</u> |

Schedule A (Form 990) 2023

Page 3

| Schedule | А | (Form | 990 |) 2023 |
|----------|---|-------|-----|--------|
| | | | | |

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.)

| Sec | tion A. Public Support | | | | | | |
|-----------|---|-----------------|-----------------|-----------------|-----------------|----------|-------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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 performed, 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 business under section 513 . | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| _ | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| h | received from disqualified persons | | | | | | |
| b | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| с 8 | Add lines 7a and 7b Public support. (Subtract line 7c from | | | | | | |
| 0 | line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | 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 | | | | | | |
| с | 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. | 1 | | | | | |
| 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 | - | | | • | | |
| | organization, check this box and stop here | | | | | | |
| | tion C. Computation of Public Sup | | | | | 1 | |
| 15 | Public support percentage for 2023 (line 8 | | | | | 15 | % |
| 16 | Public support percentage from 2022 Sche | | | | | 16 | % |
| | tion D. Computation of Investmen | | | | | | |
| 17 | Investment income percentage for 2023 (lin | | | | | 17 | % |
| 18 | Investment income percentage from 2022 | | | | | | % |
| 19 a | 331/3% support tests - 2023. If the or | | | | | | |
| | 17 is not more than 331/3%, check this | - | - | | | | |
| b | 331/3% support tests - 2022. If the organized data and the set of | | | | | | |
| ~~ | line 18 is not more than 331/3%, check | | • | • | | | |
| 20 JSA | Private foundation. If the organization | UIU HOL CHECK a | a DUX ON NNE | 14, 19a, or 19b | , check this bo | | A (Form 990) 2023 |
| 3E122 | 1 1.000 2420111 1 445 11/14/2024 14 | C.01.04 | | 2025 | | Schedule | |
| | 3430LU L44A 11/14/2024 10 | J•UI•U4 VZ | J-1.0F 905 | 2020 | | | 21 |

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

Schedule A (Form 990) 2023

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

JSA

| Part | Supporting Organizations (continued) | | | |
|------|--|-----|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| | provide detail in Part VI. | 11c | | |
| Sect | ion B. Type I Supporting Organizations | | | |
| | | | Voc | No |

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or |
|---|--|
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously | | | |
| | provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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? <i>If "Yes," describe in Part VI the role the organization's</i> | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | | | | | |
|---|---|-----------|-----|--|--|--|--|--|
| а | 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. | | | | | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | struction | s). | | | | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | Yes | No | | | | | |

- 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.*

2. 3b 3b 3b 30 Schedule A (Form 990) 2023

2a

2b

3a

JSA 3E1230 1.000 3430LU L44A 11/14/2024 16:01:04 V23-7.6F 9052835 1

2

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|----|----------------|--------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection | | | |
| of gross income or for management, conservation, or maintenance of | | | |
| property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors | | | |
| (explain in detail in Part VI): | | | |
| 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 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the surrent upper is the experimetion's first as a new functional | | 1 | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

| Part | V Type III Non-Functionally Integrated 509(a)(3) | Supporting Organizat | tions (continued) | | |
|------|---|------------------------------------|---------------------------------------|----|---|
| Sect | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exer | npt purposes of support | ed | | |
| | organizations, in excess of income from activity | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | zations | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - p | rovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2023 | าร | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 | | | | |
| | (reasonable cause required - <i>explain in Part VI).</i> See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| a | From 2018 | | | | |
| b | From 2019 | | | | |
| C | From 2020 | | | | |
| d | From 2021 | | | | |
| е | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2023 distributable amount | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from | | | | |
| | Section D, line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2023 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2019 | | | | |
| b | Excess from 2020 | | | | |
| C | Excess from 2021 | | | | |
| d | Excess from 2022 | | | | |
| е | Excess from 2023 | | | | |

Schedule A (Form 990) 2023

| (5) | | _ | | | | | |
|-----------------|----------|-------------|--------|----------------|-----------------|---------|--|
| (6) | | | | | | | |
| (*) | | | | | | | |
| For Paperwork R | eduction | Act Notice, | see th | e Instructions | for Form 990 or | 990-EZ. | |
| For Paperwork R | eduction | Act Notice, | see th | e Instructions | for Form 990 or | 990-EZ. | |
| For Paperwork R | eduction | Act Notice, | see th | e Instructions | for Form 990 or | 990-EZ. | |

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990)

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Nam | e of organization | Emplo | er identif | ication | number | |
|-----|--|---------|------------|---------|------------|--------|
| GOC | DSPEED OPERA HOUSE FOUNDATION, INC. | | 13-196 | 9314 | | |
| Par | t I-A Complete if the organization is exempt under section 501(c) or is a section | on 527 | organiz | ation | | |
| 1 | Provide a description of the organization's direct and indirect political campaign activi | ties in | Part IV. | See | instructio | ns for |
| | definition of "political campaign activities." | | | | | |
| 2 | Political campaign activity expenditures. See instructions | . \$ | | | | |
| 3 | Volunteer hours for political campaign activities. See instructions | | | | | |
| Par | t I-B Complete if the organization is exempt under section 501(c)(3). | | | | | |
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | . \$ | | | | |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | . \$ | | | | |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | | | | Yes | No |
| 4a | Was a correction made? | | | | Yes | No |
| b | If "Yes," describe in Part IV. | | | | | |
| Par | t I-C Complete if the organization is exempt under section 501(c), except sect | ion 50 | 1(c)(3). | | | |
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt funct | ion | | | | |
| | activities | | | | | |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for sec | ion | | | | |
| | 527 exempt function activities | . \$ | | | | |
| 2 | Tetal exempt function expanditures. Add lines 1 and 2. Enter here and an Form 1120 D | 0 | | | | |

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,

Did the filing organization file Form 1120-POL for this year? 4

Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing 5 organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
|-----------------|--------------------|---------|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | - | | |
| (6) | | | | |

No

OMB No. 1545-0047

Open to Public

Inspection

Schedule C (Form 990) 2023

31

| Sch | edule C (Form 990) 2023 GOODSPI | EED OPERA | HOUSE | FOUNDATION, | INC. | 13 | -1969314 | Page 2 |
|--------|---|--|-------------------|----------------------|-------------|-------------------------------------|----------------------------------|---------------|
| Pa | art II-A Complete if the organization section 501(h)). | on is exemp | ot under | section 501(c) | (3) and fi | led Form 5768 (ele | ction under | |
| Α | Check if the filing organization bel EIN, expenses, and share | • | • | | art IV eac | h affiliated group men | iber's name, a | iddress, |
| В | Check if the filing organization che | ecked box A a | and "limit | ed control" provis | ions apply. | | | |
| | Limits on Lobb (The term "expenditures" me | | | incurred.) | | (a) Filing organization's totals | (b) Affiliat group tot | |
| k c | Total lobbying expenditures to influence Total lobbying expenditures to influence Total lobbying expenditures (add lines 1a d Other exempt purpose expenditures Total exempt purpose expenditures (add Lobbying nontaxable amount. Enter the columns. | a legislative t a and 1b) I lines 1c and | oody (dire 1d) | ect lobbying) | | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying | nontaxabl | e amount is: | | | | |
| | not over \$500,000, | 20% of the am | nount on lir | ne 1e. | | | | |
| | over \$500,000 but not over \$1,000,000, | \$100,000 plus | 15% of t | ne excess over \$500 |),000. | | | |
| | over \$1,000,000 but not over \$1,500,000, | \$175,000 plus | 10% of th | ne excess over \$1,0 | 00,000. | | | |
| | over \$1,500,000 but not over \$17,000,000, | \$225,000 plus | 5% of the | e excess over \$1,50 | 0,000. | | | |
| | over \$17,000,000, | \$1,000,000. | | | | | | |
| ç | g Grassroots nontaxable amount (enter 25 | % of line 1f) | | | | | | |
| ŀ | n Subtract line 1g from line 1a. If zero or le | ss, enter -0- | | | | | | |
| i | Subtract line 1f from line 1c. If zero or les | ss, enter -0- <u>.</u> | | | L | | | |
| j | If there is an amount other than zero | on either lin | e 1h or | line 1i, did the c | organizatio | n file Form 4720 | | |
| | reporting section 4911 tax for this year? | | | | | | Yes | No |
| | 4 | -Year Averag | ging Peri | od Under Sectior | n 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 Exper | nditures During 4-Ye | ear Averaging Period | | 1 |
|----|--|-----------------|----------------------|----------------------|-----------------|------------------|
| | Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| с | 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) 2023

| 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 | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed | (i | a) | (b) |
|-----|--|--------|--------|--------------------|
| | cription of the lobbying activity. | Yes | No | Amount |
| 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: | | х | |
| a | Volunteers? | | X | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. | | X | |
| С | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | X | |
| е | Publications, or published or broadcast statements? | | X | |
| f | Grants to other organizations for lobbying purposes? | | X | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | Х | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Х | |
| i | Other activities? | X | | 4,000. |
| j | Total. Add lines 1c through 1i | | | 4,000. |
| 2a | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | X | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| с | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |
| Pa | rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 | (c)(5) | , or s | ection |
| | 501(c)(6). | | | Y ₂ , N |

| | | | 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? | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | | |

| | | - | | |
|------------|---|----------|-----------|------|
| Part III-B | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or s | ectio | n | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part | 't III-A | A, line 3 | , is |
| | answered "Yes." | | | |
| | | | | |

| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of | |
|--|--|
| | |
| political expenses for which the section 527(f) tax was paid). | |
| a Current year | |
| b Carryover from last year | |
| c Total | |
| 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 | |
| excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying | |
| and political expenditures next year? 4 | |
| 5 Taxable amount of lobbying and political expenditures. See instructions | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

REPRESENTATION BEFORE THE EXECUTIVE AND LEGISLATIVE BRANCHES OF THE STATE

OF CONNECTICUT AND TO PROVIDE GOVERNMENTAL CONSULTING SERVICES.

| SCHEE | DULE | D |
|-------|------|---|
| (Form | 990) | |

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

2

OMB No. 1545-0047

23

| Name of the organization | |
|----------------------------|--|
| Internal Revenue Service | |
| Department of the Treasury | |

Department of the Treasury

| Name | e or the organization | Employer identification number |
|--------|--|---------------------------------------|
| GOC | DDSPEED OPERA HOUSE FOUNDATION, INC. | 13-1969314 |
| Pa | art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A | Accounts |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year. | |
| - 5 | Did the organization inform all donors and donor advisors in writing that the assets held in | donor advised |
| 5 | funds are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant fund | |
| U | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any | |
| | conferring impermissible private benefit? | |
| Da | art II Conservation Easements | |
| 10 | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| • | | a historically important land area |
| | | a certified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the | a form of a conconvation |
| 2 | easement on the last day of the tax year. | Held at the End of the Tax Year |
| _ | | |
| a | | 2a |
| b | | 2b |
| C | | 2c |
| d | Number of conservation easements included on line 2c acquired after July 25, 2006, and | |
| _ | | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or termina | ated by the organization during the |
| | tax year | |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection | - |
| | violations, and enforcement of the conservation easements it holds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co | onservation easements during the year |
| _ | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con | servation easements during the year |
| _ | | |
| 8 | Does each conservation easement reported on line 2d above satisfy the requirements of section | |
| _ | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and e | - |
| | sheet, and include, if applicable, the text of the footnote to the organization's financial stateme | nts that describes the |
| De | organization's accounting for conservation easements. | Similar Acceto |
| Гd | Organizations Maintaining Collections of Art, Historical Treasures, or Other S Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | Similar Assels |
| | | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue a of art, historical treasures, or other similar assets held for public exhibition, education, or | statement and balance sheet works |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes the | se items. |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue stat | tement and balance sheet works of |
| | art, historical treasures, or other similar assets held for public exhibition, education, or resea | rch in furtherance of public service, |
| | provide the following amounts relating to these items: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar as | sets for financial gain, provide 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. | |
| b | Assets included in Form 990, Part X. | |
| r or i | Paperwork Reduction Act Notice, see the Instructions for Form 990. | Schedule D (Form 990) 2023 |

JSA 3E1268 1.000

| _ | dule D (Form 990) 2023 GOO rt III Organizations Maintaini | DSPEED OPERA I | | | | | -1969314 | |
|-----------|---|------------------------|-------------------|-------------------|-----------------|---------------------|--------------|------------------------|
| 3 | Using the organization's acquisitio | - | | | • | | | , |
| - | collection items (check all that appl | | | | | - | .g | |
| а | Public exhibition | | | oan or excha | nge progra | m | | |
| b | Scholarly research | | e 🔤 (| Other | | | | |
| С | Preservation for future gener | | | | | | | |
| 4 | Provide a description of the organ | nization's collections | and explain I | now they furt | ther the org | ganization's exer | npt purpos | e in Part |
| - | XIII. | !! . !! | | | | a tha a size il a a | | |
| 5 | During the year, did the organizatio | | | | | | | |
| Pa | assets to be sold to raise funds rath rt IV Escrow and Custodial A | | amed as part o | i the organiza | lition's collec | | Yes | No |
| Γa | Complete if the organiza | • | s" on Form 9 | 90 Part IV | line 9 or r | eported an amo | ount on Fo | rm |
| | 990, Part X, line 21. | | | | | - | | |
| 1a | Is the organization an agent, trust | | | | | | | |
| | included on Form 990, Part X? | | | | | | Yes | X No |
| b | If "Yes," explain the arrangement in | n Part XIII and comp | plete the followi | ng table. | | | | |
| | | | | - | - | Amou | Int | |
| c | Beginning balance | | | | 1c | | | |
| | Additions during the year | | | - | 1d | | | |
| e f | Distributions during the year | | | | 1e | | | |
| - | Did the organization include an am | | | | 1f | account liability? | Yes | No |
| | If "Yes," explain the arrangement in | | | | | | | |
| | rt V Endowment Funds | | | | n provided | | | • |
| - u | Complete if the organiza | tion answered "Ye | s" on Form 9 | 90, Part IV, | line 10. | | | |
| | | (a) Current year | (b) Prior yea | | years back | (d) Three years bac | k (e) Four | years back |
| 1a | Beginning of year balance | 5,096,122. | 5,753,6 | 19. 5,7 | 20,289. | 5,604,884. | 4,9 | 968,249. |
| b | Contributions | 18,000. | 224,7 | 27. | 35,783. | 29,000. | | 63,418. |
| с | Net investment earnings, gains, | | | | | | | |
| | and losses | 712,857. | -636,8 | 74. 2 | 32,114. | 242,087. | - | 721,061. |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities | | | | | | | |
| | and programs | 312,845. | 245,3 | 50. 2 | 34,567. | 155,682. | | 147,844. |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | 5,514,134. | 5,096,1 | 22. 5,7 | 53,619. | 5,720,289. | 5,6 | 504,884. |
| 2 | Provide the estimated percentage | | | ne 1g, column | (a)) held as | : | | |
| a L | Board designated or quasi-endowm Permanent endowment 98.000 | | % | | | | | |
| b C | Term endowment 2.0000 % | <u> </u> | | | | | | |
| C | The percentages on lines 2a, 2b, a | nd 2c should equal ' | 100% | | | | | |
| 3a | Are there endowment funds not in | | | that are held | l and admir | nistered for the | | |
| u | organization by: | | lo organization | | | | [| Yes No |
| | (i) Unrelated organizations? | | | | | | 3a(i) | X |
| | (ii) Related organizations? | | | | | | 3a(ii) | X |
| b | If "Yes" on line 3a(ii), are the relate | | | | | | . 3b | |
| 4 | Describe in Part XIII the intended u | ises of the organiza | tion's endowme | ent funds. | | | · | |
| Ра | rt VI Land, Buildings, and Equ | ipment | os" on Form (| 00 Part IV | lino 11a (| Soo Form 000 | Dort V lin | o 10 |
| | Complete if the organiza | (a) Cost or | 1 | Cost or other bas | | cumulated | (d) Book val | |
| | | (inves | | (other) | depr | eciation | | |
| 1a | Land | | | 657,47 | | | | 7,478. |
| b | Buildings | | | 18,801,96 | 7. 10,2 | 00,770. | 8,60 | 1,197. |
| C | Leasehold improvements | | | 0 646 | 0 0 - | | | <u> </u> |
| d | Equipment | | | 2,746,77 | | 50,277. | | <u>6,501.</u> |
| e Toto | Other I. Add lines 1a through 1e. <i>(Column</i> | (d) must aqual Earr | n 000 Part V 1 | 556,30 | | | | <u>6,304.</u> 1,480 |
| Tota | . Aud intes la through le. (Column | (u) must equal FOI | n 990, Part X, I | | "' (<i>D))</i> | <u></u> | IU,UI | 1,480. |

Schedule D (Form 990) 2023

Investments - Other Securities

Part VII

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) **Investments - Program Related** Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X **Other Liabilities** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)UNREDEEMED GIFT CERTIFICATES 670,990 (3)DUE TO GOODSPEED RESTAURANT INC 130,628 (4) DEFERRED COMPENSATION PLAN PAYABLE 641,051 (5)GIFT ANNUITY OBLIGATIONS 19,872 (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)). 1,462,541 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 . Х

| | IN COODSPEED OPERA HOUSE FOUNDATION, INC. | 13- | -1969314 Page 4 |
|---|--|--------------------|------------------------|
| Part | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | n | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 14,505,467. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| с | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) 2d 100,000. | | |
| е | Add lines 2a through 2d | 2e | 2,446,066. |
| 3 | Subtract line 2e from line 1 | 3 | 12,059,401. |
| 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 29, 731. | | |
| b | Other (Describe in Part XIII.) 4b | | |
| с | Add lines 4a and 4b | 4c | 29,731. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 12,089,132. |
| | | | |
| Part | | ırn | |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | ırn | |
| Part 1 | | ırn 1 | 13,896,313. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | 13,896,313. |
| 1 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | | 13,896,313. |
| 1 2 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | | 13,896,313. |
| 1 2 a | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | | 13,896,313. |
| 1 2 a b | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | | 13,896,313. |
| 1 2 a b c | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | | 13,896,313. |
| 1 2 b c d | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 1 | |
| 1 2 b c d e | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | 1 2e | 85,771. |
| 1 2 b c d e 3 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 1 2e | 85,771. |
| 1 2 b c d e 3 4 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 2e | 85,771. |
| 1 2 b c d e 3 4 a | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)Add lines 4a and 4b | 1 2e 3 4c | 85,771. |
| 1 2 d c 3 4 a b | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a29,731.4b | 1 2e 3 4c | 85,771. 13,810,542. |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 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 additional information.

SEE SUPPLEMENTAL PAGE

PART X, LINE 2:

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

PART V, LINE 4:

AS OF DECEMBER 31, 2023 INVESTMENT RETURNS ON THE ORGANIZATION'S PERMANENT ENDOWMENT FUNDS WERE RESTRICTED BY THE DONORS FOR THE FOLLOWING PURPOSES:

- 1) \$1,600,912 MICHAEL PRICE ENDOWMENT FUND
- 2) \$1,663,893 MUSICAL THEATER EDUCATION AND RELATED PROGRAMS
- 3) \$1,400,000 UNRESTRICTED
- 4) \$249,689 LIBRARY
- 5) \$71,000 OPERA HOUSE
- 6) \$50,000 INTERNSHIPS
- 7) \$37,045 NEW WORKS FUND

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATE CONSOLIDATION OF GOODSPEED RESTAURANT, INC. INCOME OF \$100,000

(EIN: 06-1390375)FORM 1120 FILED SEPARATELY.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATE CONSOLIDATION OF GOODSPEED RESTAURANT, INC. EXPENSE OF \$80,886

(EIN: 06-1390375)FORM 1120 FILED SEPARATELY.

| SCHEDULE G (Form 990) | Supplemental Complete if ti | Information Re | | | - | - | OMB No. 1545-0047 |
|--|--------------------------------|-----------------------|--------------|--------------------------------|---------------------|--|---|
| (Form 390) | | organization entered | | | | | 2023 |
| Department of the Treasury Internal Revenue Service | 60 | to www.irs.gov/Forms | | or Form 990- | | | Open to Public Inspection |
| Name of the organization | | | | | | Employer identificati | |
| GOODSPEED OPERA | HOUSE FOUNDAT | ION, INC. | | | | 13-19693 | 14 |
| Part I Fundraisin | g Activities. Comp | lete if the organ | | | Yes" on Form 99 | 90, Part IV, line 1 | 7. |
| | EZ filers are not re | · · | | | | | |
| | the organization rais | sed funds through | | - | | | |
| a Mail solicita | | е | | | non-government g | | |
| | l email solicitations | f | | | government grant | S | |
| c Phone solic | | g | Spe | cial fundra | ising events | | |
| d log In-person se | tion have a written o | r aral agraamant i | with only in | dividual (in | oluding officere | lirootoro tructoco | |
| | es listed in Form 990 | | | | | | Yes No |
| b If "Yes," list the | 10 highest paid indiv | viduals or entities | | | | | fundraiser is to be |
| compensated at | least \$5,000 by the | organization. | | | | | |
| | | | | | | | 1 |
| (i) Name and add | ress of individual | | | ndraiser have or control of | (iv) Gross receipts | (v) Amount paid to (or retained by) | (vi) Amount paid to (or retained by) |
| or entity (fu | ındraiser) | (ii) Activity | | outions? | from activity | fundraiser listed in col. (i) | organization |
| | | | Yes | No | | | |
| 1 | | | | | | | |
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| | <u></u> | | | | | | |
| | which the organizat | tion is registered of | or license | d to solicit | contributions or | has been notified | I it is exempt from |
| registration or lic | ensing. | | | | | | |
| | | | | | | | |

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | giuss receipis greater than \$5,000 | 0. | | | |
|-----------------|----------|--|--------------------------|-------------------------|----------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | GALA (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| IUe | | | | | | |
| Revenue | 1 | Gross receipts | 312,348. | | | 312,348. |
| œ | | Less: Contributions | 242,892. | | | 242,892. |
| | 3 | Gross income (line 1 minus line 2) | 69,456. | | | 69,456. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| t Expe | 7 | Food and beverages | 20,929. | | | 20,929. |
| Direc | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 48,527. | | | 48,527. |
| | 10 11 | Direct expense summary. Add lir | nes 4 through 9 in colu | umn (d) | | 69,456. |
| Ра | rt II | Net income summary. Subtract I Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin | anization answered " | Yes" on Form 990, F | Part IV, line 19, or | reported more than |
| ē | | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| Revenue | | | | bingo/progressive bingo | | col. (a) through col. (c)) |
| <u> </u> | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| birect I | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes% | |
| | 6 | Volunteer labor | No | No | No | |
| | 7 | Direct expense summary. Add lir | nes 2 through 5 in colu | umn (d) | | |
| | 8 | Net gaming income summary. S | ubtract line 7 from line | e 1, column (d) | <u></u> | |
| 9 | 1 | Enter the state(s) in which the orga | anization conducts on | ming activities: | | |
| a k | ı I | Is the organization licensed to con | | in each of these state | es? | Yes No |
| | - | | | | | |
| 10a k | | Were any of the organization's gaming If "Yes," explain: | g licenses revoked, susp | | | Yes No |
| | - | | | | | |

JSA 3E1282 1.000

| Sched | lule G (Form 990 or 990-EZ) 2023 GOODSPEED OPERA HOUSE FOUNDATION, INC. 13-1969314 Page 3 |
|-------|--|
| 11 | Does the organization conduct gaming activities with nonmembers? |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity |
| | formed to administer charitable gaming? |
| 13 | Indicate the percentage of gaming activity conducted in: |
| а | The organization's facility 13a % |
| b | An outside facility |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: |
| | Name |
| | Address ► |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gaming |
| | revenue? |
| b | |
| | amount of gaming revenue retained by the third party ► \$ |
| С | If "Yes," enter name and address of the third party: |
| | Name ▶ |
| | Address ► |
| 16 | Gaming manager information: |
| | Name |
| | Gaming manager compensation ► \$ |
| | Description of services provided |
| | Director/officer Employee Independent contractor |
| 17 | Mandatory distributions: |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to |
| | retain the state gaming license? |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations |
| | or spent in the organization's own exempt activities during the tax year 🕨 \$ |
| Par | t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). |
| | |

| SCH | EDULE J | Compen | sation Information | 0 | MB No. | 1545-0 | 047 |
|-------|---|--|--|-------------------------|----------|----------------|-----|
| (Forr | n 990) | For certain Officers, Dire | ectors, Trustees, Key Employees, and Highest | | ୬៣ | 22 |) |
| | | | mpensated Employees n answered "Yes" on Form 990, Part IV, line 2: | 3. | <u>K</u> | 20 |) |
| | nent of the Treasury Revenue Service | | Attach to Form 990. 90 for instructions and the latest information. | | pen to | o Puk ectio | |
| | of the organization | | | Employer identification | | | |
| GOOI | OSPEED OPEI | RA HOUSE FOUNDATION, INC. | | 13-196931 | 4 | | |
| Part | | ns Regarding Compensation | | | | - | |
| | | | | | | Yes | No |
| 1a | | | ovided any of the following to or for a pers | | | | |
| | | | provide any relevant information regarding | - | | | |
| | | ss or charter travel | Housing allowance or residence for | | | | |
| | | or companions emnification and gross-up payments | Payments for business use of perso Health or social club dues or initiation | | | | |
| | | onary spending account | Personal services (such as maid, ch | | | | |
| | | | | | | | |
| b | or reimburse | ment or provision of all of the ex | ne organization follow a written policy re penses described above? If "No," com | plete Part III to | 1b | | |
| 2 | Did the ora: | nization require substantiation prior | to reimbursing or allowing expenses | incurred by all | | | |
| 2 | - | | D/Executive Director, regarding the items | - | | | |
| | | | | | 2 | | |
| 3 | | | on used to establish the compensation of | the | | | |
| Ŭ | | | at apply. Do not check any boxes for metho | | | | |
| | related organ | ization to establish compensation of th | e CEO/Executive Director, but explain in P | art III. | | | |
| | X Comper | sation committee | X Written employment contract | | | | |
| | Indepen | dent compensation consultant | X Compensation survey or study | | | | |
| | Form 99 | 00 of other organizations | X Approval by the board or compensation | ation committee | | | |
| 4 | | ar, did any person listed on Form 990, or a related organization: | Part VII, Section A, line 1a, with respect to | o the filing | | | |
| а | Receive a sev | verance payment or change-of-control pa | ayment? | | 4a | | Х |
| b | - | | tal nonqualified retirement plan? | | 4b | | X |
| С | - | | sed compensation arrangement? | | 4c | | X |
| | If "Yes" to an | y of lines 4a-c, list the persons and p | rovide the applicable amounts for each it | em in Part III. | | | |
| | Only costion | E01(a)(2) E01(a)(4) and E01(a)(20) a | received a second to lines 5.0 | | | | |
| 5 | - | | rganizations must complete lines 5-9. ion A, line 1a, did the organization pa | w or occrup on | | | |
| J | | incontingent on the revenues of: | ion A, line ra, did the organization pa | ly of accide any | | | |
| а | • | - | | | 5a | | х |
| | | | | | 5b | | X |
| | - | e 5a or 5b, describe in Part III. | | | | | |
| 6 | For persons | | ion A, line 1a, did the organization pa | ay or accrue any | | | |
| а | | | | | 6a | | x |
| | | | | | 6b | | X |
| | - | e 6a or 6b, describe in Part III. | | | | | |
| 7 | | | on A, line 1a, did the organization prov | | | | |
| | | | escribe in Part III | | 7 | | X |
| 8 | - | • | paid or accrued pursuant to a contract the | • | | | |
| | | • | Regulations section 53.4958-4(a)(3)? If | | _ | | |
| • | | | | | 8 | | X |
| 9 | | | low the rebuttable presumption procee | | • | | |
| | Regulations s | ection 53.4958-0(C)? | | | 9 | | |

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

13-1969314

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 a | nd/or 1099-MISC and/or | 1099-NEC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation | |
|----------------------------|------|--------------------------|--|---|-----------------------------|----------------|----------------------|--|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 | |
| DAVID BYRD | (i) | 195,075. | NONE | NONE | | 9,735. | 204,810. | NONE | |
| 1 MANAGING DIR., THRU 9/24 | (ii) | | | | | | | | |
| DONNA LYNN COOPER HILT | (i) | 194,034. | NONE | NONE | | 9,735. | 203,769. | NONE | |
| 2 ARTISTIC DIRECTOR | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| 3 | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| 4 | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| 5 | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| 6 | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| 7 | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| 8 | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| 9 | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| 10 | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| 11 | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| 12 | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| 13 | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| 14 | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| 15 | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| 16 | (ii) | | | | | | | | |

Schedule J (Form 990) 2023

Page 2

| SCHEDULE | L |
|------------|---|
| (Earm 990) | |

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|-------------------|
| 2023 |
| |
| Open To Public |
| Inspection |

Employer identification number

\$

Department of the Treasury Internal Revenue Service Name of the organization

| | - | | | | | | | | | |
|--------|------------|------------|---------------------|-------------|-----------------------|-----------|--------------|-------------|-----------------|--------|
| GOODSP | EED OPERA | HOUSE | FOUNDATION | INC. | | | | 13- | 1969314 | |
| Part I | Excess Be | nefit Tra | nsactions (sections | n 501(c)(3) |), section 501(c)(4), | and se | ction 501(c) | (29) organi | zations only) | |
| | Complete i | f the orga | anization answer | ed "Yes" or | n Form 990, Part IV | , line 25 | a or 25b; or | Form 990-E | Z, Part V, line | ə 40b. |
| | | | | | | | | | | |

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and | (c) Description of transaction | | | | |
|-----|-------------------------------------|--|--------------------------------|-----|----|--|--|
| | | organization | | Yes | No | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| 2 | Enter the amount of tax incurred by | the organization managers or disqualified | persons during the year | | | | |
| | under section 4958 | | | | | | |
| | | | | | | | |

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons

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

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

Part III Grants of

Grants or Assistance Benefiting Interested Persons

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

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

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | Sharing of nization's renues? | |
|---------------------------------|---|---------------------------|--------------------------------|--------|-------------------------------------|--|
| | | | | Yes | No | |
| (1) JAMES WILLIAM HILTON JR | SPOUSE OF OFFICER DONNA L | 58,934. | EMPLOYEE SERVICES | | х | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | | | |
| Part V Supplemental Information | · | | · | · | | |

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

GOODSPEED OPERA HOUSE FOUNDATION, INC.

Employer identification number

| Par | Types of Property | | | | |
|--------|--|-------------------------------|---|--|---|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household | | | | |
| | goods | X | | 35,764. | FAIR MARKET VALUE |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | | | | |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, | | | | |
| | or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation | | | | |
| | contribution - Historic | | | | |
| | structures | | | | |
| 14 | contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other (IRLINE TICKETS) | X | 1 | 24,115. | FAIR MARKET VALUE |
| 26 | Other (<u>EQUIPMENT</u>) | X | 1 | 18,960. | FAIR MARKET VALUE |
| 27 | Other () | | | | |
| 28 | Other (| | | | |
| 29 | Number of Forms 8283 received | | • • | | |
| | which the organization completed I | Form 8283, | Part V, Donee Acknowledge | ement | 29 |
| | | | | | Yes No |
| 30a | During the year, did the organizat | | | | _ |
| | 28, that it must hold for at least 3 | | | | |
| L | used for exempt purposes for the e | | | | 30a X |
| | If "Yes," describe the arrangement Does the organization have a | | tanan naliov that require | a the review of env | nonotondord |
| 31 | • | • | | • | |
| 322 | contributions? Does the organization hire or use | | | | |
| JZd | contributions? | - | = | - | |
| h | If "Yes," describe in Part II. | | | | |
| 33 | If the organization didn't report an | amount in c | column (c) for a type of pro | perty for which column (a) | is checked. |
| | describe in Part II. | s.nount in t | | | |
| For Pa | aperwork Reduction Act Notice, see the Inst | ructions for Fo | rm 990. | | Schedule M (Form 990) 2023 |

JSA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



| Department of the Treasury Internal Revenue Service | Information about Sch | edule O (Form 990 or 990-EZ) and its instructions is at www.irs | s.gov/form990. | Inspection |
|--|-----------------------|---|------------------|-----------------|
| Name of the organization | | | Employer identif | fication number |
| GOODSPEED OPERA HO | OUSE FOUNDATION, | INC. | 13-1969 | 9314 |

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

A DRAFT OF FORM 990 IS SENT TO THE FULL BOARD OF TRUSTEES AND KEY

EMPLOYEES (FOR REVIEW AND APPROVAL).

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

BOARD MEMBERS AND KEY EMPLOYEES ARE REQUESTED TO COMPLETE ANNUAL

CERTIFICATIONS TO REPRESENT ADHERENCE TO THE CONFLICT OF INTEREST POLICY.

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

COMPENSATION OF KEY EMPLOYEES AND/OR OFFICERS IS APPROVED BY THE BOARD

BASED ON INDUSTRY STANDARD.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990 IS AVAILABLE ON GUIDESTAR.ORG AND THE NEW YORK STATE CHARITIES

BUREAU WEBSITE, ALL OTHERS UPON REQUEST.

FROM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT.

| Schedule O (Form 990 or 990-EZ) 2023 | | | | |
|--|--------------------------------|--|--|--|
| Name of the organization | Employer identification number | | | |
| GOODSPEED OPERA HOUSE FOUNDATION, INC. | 13-1969314 | | | |

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

JSA 3E1228 1.000

GOODSPEED MUSICALS' MISSION IS TO SHARE THE JOY OF MUSICAL THEATRE; TO DELIGHT, INSPIRE, AND CHALLENGE AUDIENCES; TO NURTURE CREATORS; AND TO BUILD AND SUPPORT A BROAD, DIVERSE, AND INCLUSIVE COMMUNITY. DEVELOPING NEW MUSICALS AND BUILDING THE FUTURE OF THE ART FORM ARE AT THE CORE OF WHAT MAKES GOODSPEED THE "HOME OF THE AMERICAN MUSICAL." OUR LONG HISTORY OF PRODUCING NEW WORKS AND OUR APPROACH TO NEW MUSICAL DEVELOPMENT IS TRIED AND TRUE. GOODSPEED'S JANUARY - DECEMBER SEASON CELEBRATES ALL FACETS OF MUSICAL THEATRE. WE PRODUCE MULTIPLE MUSICALS - NEW WORKS AND RE-IMAGINED CLASSICS AT OUR HISTORIC GOODSPEED OPERA HOUSE, AN INTIMATE 398-SEAT VICTORIAN-STYLE THEATRE. WE HAVE A LONG HISTORY OF PRODUCING PRIMARILY NEW WORKS ON OUR SECOND STAGE, THE TERRIS THEATRE IN NEARBY CHESTER, CT. IN THE 2023 SEASON, WE PRODUCED THE FOLLOWING PROGRAMS:

. IN JANUARY WE HOSTED THE 17TH FESTIVAL OF NEW MUSICALS. . THE JOHNNY MERCER FOUNDATION (JMF) WRITERS GROVE TOOK PLACE IN FEBRUARY AND MARCH.

. CONTINUED DEVELOPMENT OF OUR FIRST TWO GOODWORKS COMMISSIONS THROUGH READINGS AND WORKSHOPS.

. GOODSPEED'S 2023 SEASON BEGAN ON FRIDAY, APRIL 5TH, KICKING OFF WITH THE TONY-AWARD WINNING MUSICAL "GYPSY". IN THE SUMMER, THE NEW MUSICALS "SUMMER STOCK" AND "THE 12" FOLLOWED. WE CLOSED THE SEASON WITH A HOLIDAY PRODUCTION OF "DREAMGIRLS".

. WE RE-OPENED OUR 2ND STAGE TERRIS THEATRE FOR THE FIRST TIME POST-PANDEMIC WITH THE DEVELOPMENT OF TWO NEW MUSICALS; "HERE YOU COME AGAIN" AND "PRIVATE JONES".

. GOODSPEED'S ARTS EDUCATION COLLABORATION PROGRAM ENGAGED APPROXIMATELY 1100 STUDENTS, WHO ATTEND UNDERSERVED SCHOOLS IN COMMUNITIES ACROSS THE STATE OF CONNECTICUT, IN THE CREATIVE PROCESS OF MUSICAL THEATRE.

| Schedule O (Form 990 or 990-EZ) 2023 | | Page 2 |
|--|----------------------------|-------------------------------|
| Name of the organization | Er | nployer identification number |
| GOODSPEED OPERA HOUSE FOUNDATION, | INC. 1 | 3-1969314 |
| | | |
| FORM 990, PART VII-COMPENSATION OF THE 5 HIG | HEST PAID IND. CONTRACTORS | |
| NAME AND ADDRESS | DESCRIPTION OF SERVICE | S COMPENSATION |
| | | |
| CLIFTON LARSON ALLEN LLP | | |
| 60 E 42ND ST SUITE 5100 | | |
| NEW YORK, NY 10165 | ACCOUNTING | 159,415. |
| CAPACITY INTERACTIVE INC | | |
| | | |
| 82 NASSAU STREET, #60283 | | 107 000 |
| NEW YORK, NY 10038 | MARKETING CONSULTANT | 127,833. |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

GOODSPEED OPERA HOUSE FOUNDATION, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| | - | | | - | |
|---|--------------------------------|---|----------------------------|---------------------------|--|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g Section 5 conti ent | g) 512(b)(13) rolled ity? |
|---|--------------------------------|---|----------------------------|---|--|---------------------------------|---|
| | | | | | | Yes | No |
| (1) | - | | | | | | |
| (2) | _ | | | | | | |
| (3) | _ | | | | | | |
| (4) | _ | | | | | | |
| (5) | _ | | | | | | |
| (6) | _ | | | | | | |
| (7) | _ | | | | | | |

Schedule R (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

23

2

Employer identification number

13-1969314

Schedule R (Form 990) 2023

Part III

GOODSPEED OPERA HOUSE FOUNDATION, INC.

13-1969314

314

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| | | indie related dig | | | araieronip daning an | | | | | | | | |
|-----|--|--------------------------------|--|--|---|---------------------------------|---|---------|-----------------------------|---|-------------|----------------------------------|---------------------------------------|
| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f) Share of total income | (g) Share of end-of- year assets | Disprop | h) nortionate ations? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man | (j) eral or aging tner? | (k) Percentage ownership |
| | | | , | | | | | Yes | No | | Yes | No | |
| (1) | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (2) | | _ | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (3) | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (4) | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (5) | | _ | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (7) | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | | (h) Percentage ownership | |
|---|--------------------------------|--|-----------------|--|--|---------|--------------------------------|--------|
| | | | | | | | | Yes No |
| (1) GOODSPEED RESTAURANT, INC. 06-1390375 | _ | | | | | | | |
| P.O. BOX A EAST HADDAM, CT 06423-0281 | RESTAURANT & INN | CT | GOODSPEED OPERA | C CORP | 100,000. | 80,886. | 100.0000 | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | _ | | | | | | | |
| (5) | - | | | | | | | |
| (6) | _ | | | | | | | |
| (7) | _ | | | | | | | |

Schedule R (Form 990) 2023

Page 2

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No |
|-----|---|---------------------------|------------------------------|-------------|----------|---------|----------------|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more it | related organizations lis | sted in Parts II-IV? | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | Х | |
| | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | X |
| | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | X |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | Х |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | X |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | x |
| q | Sale of assets to related organization(s) | | | | 1g | | X |
| h | Purchase of assets from related organization(s) | | | | 1h | | X |
| i | Exchange of assets with related organization(s). | | | | 1i | | X |
| i | Lease of facilities, equipment, or other assets to related organization(s). | | | | 1j | Х | |
| , | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | x |
| i | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | | x |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | x |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | | x |
| | Sharing of paid employees with related organization(s) | | | | 10 | Х | <u> </u> |
| 0 | | | | | | | |
| p | Reimbursement paid to related organization(s) for expenses. | | | | 1p | | x |
| • | Reimbursement paid by related organization(s) for expenses | | | | 1q | | X |
| q | | | | | - 4 | | |
| _ | Other transfer of each or property to related exception(a) | | | | 1r | | x |
| r | Other transfer of cash or property to related organization(s) | | | | 1s | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete t | this line including cove | red relationships and transa | action thre | - | | |
| | (a) | (b) | (c) | | (d) | | |
| | Name of related organization | Transaction | Amount involved | Method | of dete | | ng |
| | | type (a - s) | | amou | int invo | lved | |
| | | | | | | | |
| (1) | THEATRE AND RESTAURANT SHARE CERTAIN STAFF | 0 | 40,288. | FAIR M | ועסגו | ז ידייק | (77) T |
| (1) | INEATRE AND RESTAURANT SHARE CERTAIN STAFF | 0 | 40,288. | FAIR M | IAKKI | . 17 | VAL |
| (2) | | 7 | 100 000 | | ועראו | ז רחיה | (77) T |
| (2) | THEATRE RECEIVES A MONTHLY RENTAL FEE | A | 100,000. | FAIR M | IARKI | C.T. / | VAL |
| (2) | | | 100 000 | | יזרא | -m • | с т а т |
| (3) | ORGANIZATION LEASES THE RESTAURANT A BUILDING | J | 100,000. | FAIR M | IARKI | 5T. V | VAL |
| | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (5) | | | | | | | |
| | | | | | | | |
| (6) | | | | | | | |

JSA

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (b) Primary activity | (state or foreign ind country) unre | (d) Predominant income (related, unrelated, excluded from tax under | I organizations? I | | i ordanizations? i | | (f) Share of total income | (g) Share of end-of-year assets | Disprop | ortionate | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | ount in box 20 managing Schedule K-1 partner? | | ownership |
|--------------------------------|--|---|--|--|---|--|--|--|--|--|--|--|--|-----------|
| | | sections 512 - 514) | Yes | No | | | Yes | No | | Yes | No | <u> </u> | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | (b) Primary activity | (state or foreign | (state or foreign income (related, country) unrelated, excluded from tax under | (state or foreign income (related, see country) unrelated, excluded 501 from tax under organia | (state or foreign income (related, section country) unrelated excluded 501(c)(3) | (state or foreign income (related, section total income country) unrelated, excluded 501(c)(3) from tax under organizations? | (state or foreign income (related, section total income end-of-year country) unrelated, excluder 501(c)(3) assets assets | (state or foreign income (related, section total income end-of-year country) unrelated, excluded 501(c)(3) assets alloci | (state or foreign income (related, section total income end-of-year country) urrelated, excluded 501(c)(3) assets allocations? | (state or foreign income (related, section total income end-of-year allocations? amount in box 20 country) unrelated, excluded organizations? assets of Schedule K-1 (Form 1065) | (state or foreign income (related, section total income end-of-year allocations? amount in box 20 man country) unrelated, excluded 501(c)(3) assets of Schedule K-1 part (form 1065) | (state or foreign income (related, section total income end-of-year allocations? amount in box 20 managing unrelated, excluded 501(c)(3) assets (Form 1065) amount in box 20 managing organizations? | | |

Schedule R (Form 990) 2023

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

GOODSPEED RESTAURANT, INC

DIRECT CONTORLLING ENTITY: GOODSPEED OPERA HOUSE FOUNDATION, INC

PART V, TRANSACTIONS WITH RELATED ORGANIZATIONS $% \left({{\left[{{{\left[{{{\rm{AC}}} \right]}} \right]}_{\rm{AC}}}} \right)$

NAME OF RELATED ORGANIZATIONS:

- 1) THEATRE AND RESTAURANT SHARE CERTAIN STAFF FOR ADMINISTRATIVE PURPOSES
- 2) THEATRE RECEIVES A MONTHLY RENTAL FEE FOR THE USE OF A

BUILDING/PROPERTY

3) THE ORGANIZATION LEASES THE RESTAURANT A BUILDING/PROPERTY