Department of the Treasury

PUBLIC DISCLOSURE COPY \*\*

# 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.

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change THE ACADEMY OF VOCAL ARTS Name change 23-1352001 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1920 SPRUCE STREET 215-735-1685 7,822,277. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 19103 PHILADELPHIA, PA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SCOTT GUZIELEK Yes X No for subordinates? SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.AVAOPERA.ORG H(c) Group exemption number **K** Form of organization; **X** Corporation Trust Association Other L Year of formation: 1936 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: TO DISCOVER & PREPARE PROMISING Activities & Governance YOUNG SINGERS FOR SUCCESSFUL INTERNATIONAL CAREERS AS OPERA SOLOISTS if the organization discontinued its operations or disposed of more than 25% of its net assets. 31 3 Number of voting members of the governing body (Part VI, line 1a) 31 Number of independent voting members of the governing body (Part VI, line 1b) 4 90 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 2,609,098. 2,486,420. Contributions and grants (Part VIII, line 1h) 8 297,707. 337,471. Program service revenue (Part VIII, line 2g) 2,441,646. 3,499,721. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -37,541. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,858. 11 6,335,470. 5,310,910. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 299,425. 325,235. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,555,298. 2,507,628. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,899,918. 1,621,006. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,754,641. 4,453,869. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 556,269. 1,881,601. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 46,475,598. 50,209,537. Total assets (Part X, line 16) 2,781,325. 2,519,511 21 Total liabilities (Part X, line 26) 三年 43,694,273. 47,690,026 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare than officer) is based on all information of which preparer has any knowledge. Scott F. Guzielek Signature of officer Date -1B8BE5EAD12D4BF Sign SCOTT GUZIELEK, PRESIDENT & ARTISTIC DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/13/24 P01395497 DAVID M. SEKERAK Paid DAVID M. SEKERAK self-employed Firm's EIN 41-0746749Firm's name CLIFTONLARSONALLEN LLP Preparer Firm's address 150 S WARNER ROAD, SUITE 310 Use Only Phone no. (215) 643-3900 KING OF PRUSSIA, PA 19406 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Page 2

the Minty describe the organization's mission: THE MISSION OF THE ACADEMY OF VOCAL ARTS (AVA) IS TO BE THE WORLD'S PREMIER INSTITUTION FOR TRAINING YOUNG ARTISTS AS INTERNATIONAL OPERA SINGERS. THROUGH RIGGROUS INSTRUCTION AND COACHING, AND BY PRESENTATIONS OF RESIDENT ARTISTS FROM AROUND THE WORLD IN FULLY  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 950 ICZ?  If "Yes," describe these new services on Schedule O.  3 Did the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, far, for each program service exported.  40 (costs:	Pai	Statement of Program Service Accomplishments	
THE MISSION OF THE ACADEMY OF VOCAL ARTS (AVA) IS TO BE THE WORLD'S PREMIER INSTITUTION FOR TRAINING YOUNG ARTISTS AS INTERNATIONAL OPERA SINGERS. THROUGH RIGOROUS INSTRUCTION AND COACHING, AND BY PRESENTATIONS OF RESIDENT ARTISTS FROM AROUND THE WORLD IN FULLY  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-027		Check if Schedule O contains a response or note to any line in this Part III	X
PREMIER INSTITUTION FOR TRAINING YOUNG ARTISTS AS INTERNATIONAL OPERA SINGERS. THROUGH RIGOROUS INSTRUCTION AND COACHING, AND BY PRESENTATIONS OF RESIDENT ARTISTS FROM AROUND THE WORLD IN FULLY  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2?  If "Yes," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	1	,	_
SINGERS. THROUGH RIGOROUS INSTRUCTION AND COACHTING, AND BY PRESENTATIONS OF RESIDENT ARRISTS FROM ARROUND THE WORLD IN FULLY  Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-627  If "Yes," describe these new services on Schedule O.  Did the organization cases conducting, or make significant changes in how it conducts, any program services?   Ves \( \frac{\text{No}}{\text{INO}} \) No if "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses. Section 501(6); and 501(6)(6) grantications are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  (Sozie:			
PRESENTATIONS OF RESIDENT ARTISTS FROM AROUND THE WORLD IN FULLY  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E27  BY **(se, **describe these new services on Schedule 0.**)  By **(se, **describe these new services on Schedule 0.**)  By **(se, **describe these new services on Schedule 0.**)  By **(se, **describe these changes on Schedul			)PERA
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If Yes			
prior Form 990 or 990-CE?  If "Yes," describe these new services on Schedule O  If "Yes," describe these new services on Schedule O.  If "Yes," describe these changes on Schedule O.  If "Yes," describe these changes on Schedule O.  If "Yes," describe these changes on Schedule O.  Become the organization program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(S) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service reported.  4a (cose:		PRESENTATIONS OF RESIDENT ARTISTS FROM AROUND THE WORLD IN FULLY	
th "ves," describe these new services on Schedule Q.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not listed on the	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?	Yes X No
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4 Describe the organization's program services accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  40 (code:	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
section SOT(s)(3) and SOT(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  40 (Code		If "Yes," describe these changes on Schedule O.	
section SOT(s)(3) and SOT(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  40 (Code	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	enses.
4a		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expension	nses, and
4a		revenue, if any, for each program service reported.	
ADMISSION INTO AVA'S FOUR-YEAR PROGRAM IS DETERMINED BY HIGHLY COMPETITIVE ANNUAL AUDITIONS. THOSE WHO ARE ACCEPTED RECEIVE TUTION-FREE INTENSIVE TRAINING.  (CONTINUED ON SCHEDULE O.)  (Coose) (Excenses \$	4a		337,471.
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(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses 3,303,908.			
<b>4e</b> Total program service expenses 3,303,908.	4d	Other program services (Describe on Schedule O.)	
	4e	Total program service expenses 3,303,908.	

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		<del></del>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		
8	, ,			x
•	Schedule D, Part III	8		
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?			\ <b>.</b> .
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	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
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	<del></del>
14a		14a		х
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> a		<del></del>
D				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		<sub>V</sub>
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<b>.</b>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form **990** (2023)

Form	990 (2023) THE ACADEMY OF VOCAL ARTS 23-135	2001	Р	age 4
Pai	t 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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	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?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See 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?   ## The contributor is approached by the contributor is a contributor in the contributor is approached by the contributor is a contributor in the contributor in the contributor is a contributor in the contributor in the contributor is a contributor in the contributor i			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	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		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
-	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?	1555		
- •	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х

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

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

	Check if Schedule O contains a response or note to any line in this Part V						
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	48				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming				
	(gambling) winnings to prize winners?			10	. 1		

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Form 990 (2023) THE ACADEMY OF VOCAL ARTS

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continued)			
٥-	Establishment and continue to the form WO Towns Well (West and To Obstance)		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 90			
	, , , , , , , , , , , , , , , , , , , ,	01.	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Λ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		х
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Λ
Ь	If "Yes," enter the name of the foreign country  See instructions for filing year imports for FinCFN Form 114. Beneat of Foreign Bank and Financial Accounts (FBAR)			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		21
C 62	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
6a		6a		Х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		21
b		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD		
и 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		7b	X	
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0	21	
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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		Х
	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		Х
	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		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA, NJ, NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 215-735-1685			
	1920 SPRUCE STREET, PHILADELPHIA, PA 19103			

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

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

- 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.

(list any hours for related organizations below line)  (1) K. JAMES MCDOWELL  PRES/ARTISTIC DIR TO AUG 2023  (2) CHRISTOFER MACATSORIS  MUSIC DIRECTOR  (3) SCOTT GUZIELEK  PRES/ARTISTIC DIR EFF AUG 2023  (4) SUSAN L. MOCK  FORMER CFO (OFFICER)  (5) BRYAN J. HYMEL  VP, GLOBAL/ARTISTIC OUTREACH  (Ilist any hours for related organizations below line)  1989	(A)  Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
Resident		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	compensation from the organization and related organizations
Carristofer Macatsoris		40.00			x				110 000	n	26,464.
MUSIC DIRECTOR		40 00							110,000.	0.	20,101.
SCOTT GUZIELEK		40.00	1				x		150 000.	0.	37,545.
NESTARTISTIC DIR EFF AUG 2023   X		40.00							230,0001		37,73231
A	PRES/ARTISTIC DIR EFF AUG 2023				х				159,000.	0.	16,998.
STATE   STAT	(4) SUSAN L. MOCK	40.00							,	-	,
VP, GLOBAL/ARTISTIC OUTREACH   VP, GLOBAL/ARTISTIC OUTREACH   VP, GLOBAL/ARTISTIC OUTREACH   VR, GLOBAL/ARTISTIC OUTREACH   VR, GLOBAL/ARTISTIC OUTREACH   VR, GLOBAL/ARTISTIC OUTREACH   VR, T	FORMER CFO (OFFICER)							Х	55,665.	0.	9,445.
CFO	(5) BRYAN J. HYMEL	40.00									-
X	VP, GLOBAL/ARTISTIC OUTREACH						Х		112,800.	0.	0.
CATEMAN   X   X   X   X   X   X   X   X   X	(6) CONSTANTINA CHRISTOU	40.00									
X   X   X   X   X   X   X   X   X   X	CFO				Х				131,737.	0.	14,751.
No.   No.	(7) HAROLD F. PITCAIRN II	2.00									
VICE CHAIR & TREASURER	CHAIRMAN		Х		Х				0.	0.	0.
NEAL W. KROUSE   2.00	(8) SUSAN E. KANE	2.00							_	_	_
VICE CHAIR & SECRETARY			X		Х				0.	0.	0.
DIRECTOR		2.00	l								
DIRECTOR   X			X		X				0.	0.	0.
Column		2.00	ļ								
DIRECTOR   X			X						0.	0.	0.
Column		2.00								•	•
DIRECTOR   X		2 00	X						0.	0.	0.
(13) BARBARA DONNELLY BENTIVOGLIO   2.00		2.00	₹.						_	0	0
DIRECTOR   X   0. 0.		2 00	Α						0.	0.	0.
(14) JUDITH BROUDY         2.00           DIRECTOR         X           (15) DR. DANTE CERZA         2.00		2.00	v						<u></u>	0	0.
DIRECTOR X 0. 0. (15) DR. DANTE CERZA 2.00		2 00	22						0.	0.	<u></u>
(15) DR. DANTE CERZA 2.00		2.00	x						0.	0.	0.
		2,00	<u> </u>								
			x						0.	0.	0.
(16) ALICE CHASE 2.00	(16) ALICE CHASE	2.00							-	-	-
DIRECTOR X 0. 0.	DIRECTOR		Х						0.	0.	0.
(17) KRISTIN DAVIDSON 2.00	(17) KRISTIN DAVIDSON	2.00									
DIRECTOR X 0. 0.	DIRECTOR		X						0.	0.	0.

332007 12-21-23 Form **990** (2023)

Form 990 (2023) THE ACADI	EMY OF V	70C	'AL	ιA	RT	'S			23-135	2001	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st Co	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		<b>)</b> than o	nne	Reportable	Reportable	E	stimate	ed
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	ar	nount	
	week	_	cer ar	la a a	recio	r/trus	iee)	from	from related		other	
	(list any hours for	director						the	organizations		pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		rom th janizat	
	organizations	trustee or	l trus		ee/	mpen		1099-NEC)	1033-1120)	٠ '	d relat	
	below	Individual 1	Institutional trustee	 	Key employee	sst co	er	,			anizati	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18) JULIE FAIRMAN	2.00											
DIRECTOR		Х						0.	0	•		0.
(19) LILY FERRY	2.00											
DIRECTOR		Х						0.	0	•		0.
(20) SCOTT HICKMAN	2.00											
DIRECTOR		Х						0.	0	•		0.
(21) I. GAIL HOWARD	2.00											
DIRECTOR		Х						0.	0	•		0.
(22) DR. RICHARD KENT	2.00											
DIRECTOR		Х						0.	0			0.
(23) MARK KERSCHNER	2.00											
DIRECTOR		Х						0.	0	•		0.
(24) ROCHELLE MAGARICK	2.00											
DIRECTOR		Х						0.	0	•		0.
(25) DR. DOUGLAS MANION	2.00							_	_			
DIRECTOR		Х						0.	0	•		0.
(26) JOSEPH W. MCGUIRE, ESQ.	2.00	1						_	_			
DIRECTOR		Х						0.	0			0.
1b Subtotal								719,202.	0		5,2	
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								719,202.	0	.  10	5,2	03.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable			_
compensation from the organization											1.,	<u> 5</u>
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	•		•		•		_	·	•			
line 1a? If "Yes," complete Schedule J for s										3	Х	
4 For any individual listed on line 1a, is the su			-					•	-		77	
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a												37
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch <u>i</u>	oers	on .				5		Х
Section B. Independent Contractors							41-	-1	1100 000 - 1	-1: 6:		
Complete this table for your five highest contains the appropriation. Barnet as a properties for the appropriation for the appr	•	•							•	ation tr	om	
the organization. Report compensation for	the calendar ye	ear e	nair	ıg w	ith C	or wi	tnin T	-	ear.		21	
(A) Name and business	address	NIC	ONE	7				<b>(B)</b> Description of s	ervices	Compe	C) ensatio	ın
Traine and Submission		TAC	\T\I				$\dashv$	2 23011121111111111111111111111111111111		20.1100		
							$\dashv$					

Total number of independent contractors (including but not limited to those listed above) who received more than 

Form **990** (2023)

	DEMY OF V	7OC	:AL	<u> A</u>	RT	S			23-135	2001	
Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			((				(D)	(E)	(F)	
Name and title	Average		Position					Reportable	Reportable	Estimated	
	hours	(c	check all th			that apply)		compensation	compensation	amount of	
	per					Γ		from	from related	other	
	week	_				yee		the	organizations	compensation	
	(list any	or director				em plc		organization	(W-2/1099-MISC)	from the	
	hours for	ordi	99			sated		(W-2/1099-MISC)		organization	
	related organizations	rustee	l trust		ee ee	u beu s				and related organizations	
	below	Individual trustee	Institutional trustee	_	nploy	stcor	-			Organizations	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				
(27) MARLENE MILNER	2.00										
DIRECTOR		Х						0.	0.	0.	
(28) LATONIA MOORE	2.00										
DIRECTOR		Х						0.	0.	0.	
(29) DR. SUZANNE ROOT, ESQ.	2.00								-	-	
DIRECTOR		Х						0.	0.	0.	
(30) DR. RUTH RYAVE	2.00										
DIRECTOR		Х						0.	0.	0.	
(31) COREY SMITH	2.00										
DIRECTOR		Х						0.	0.	0.	
(32) WALTER M. STRINE, JR. ESQ.	2.00										
DIRECTOR		Х						0.	0.	0.	
(33) RICHARD TROXELL II	2.00										
DIRECTOR		Х						0.	0.	0.	
(34) MARIA G. VOGIATZI, M.D.	2.00										
DIRECTOR		Х						0.	0.	0.	
(35) P. JEFFERY WARDEN	2.00										
DIRECTOR		Х						0.	0.	0.	
(36) GORDON M. WASE, ESQ.	2.00										
DIRECTOR		Х						0.	0.	0.	
(37) CHARLOTTE H. WATTS	2.00										
DIRECTOR		Х						0.	0.	0.	
(38) PETER GOULD	2.00										
DIRECTOR TO JUL 2023		Х						0.	0.	0.	
(39) ANTHONY P. JANNETTA	2.00										
DIRECTOR TO JUL 2023		Х						0.	0.	0.	
		1									
		-									
		-									
			_								
		-									
	<u> </u>	1									
			$\vdash$		_	$\vdash$	-				
	<u> </u>	1									
			_		_						
	<u> </u>	}									
				<u> </u>			<u> </u>				
Total to Part VII, Section A, line 1c											

23-1352001

Form 990 (2023) THE ACA
Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
() ()	1 .	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
ij d			380,993.				
fts,		9	300,333.				
ija ija		d Related organizations 1d	11,560.				
ns, Sim		e Government grants (contributions) 1e	11,500.				
utio er (	1	f All other contributions, gifts, grants, and	2 002 067				
듗뙲		similar amounts not included above 1f	2,093,867.				
ont od (		g Noncash contributions included in lines 1a-1f 1g \$	302,301.	2 425 422			
<u>0 g</u>	<u> </u>	h Total. Add lines 1a-1f		2,486,420.			
			Business Code				
မွ	2 8		711110	328,637.	328,637.		_
e <u>Š</u>	ı	b HCW THEATER RENTALS	531190	8,834.	8,834.		
Program Service Revenue	(	с					
eve	(	d					
oga	•	e					
Ā	1	f All other program service revenue					
	9	g Total. Add lines 2a-2f		337,471.			
	3	Investment income (including dividends, inter					
		other similar amounts)		1,513,636.			1513636.
	4	Income from investment of tax-exempt bond					
	5	Royalties	•				
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a 3,299,424					
			. 22,000.				
o l	•	b Less: cost or other basis and sales expenses 7b 1,335,339	. 0.				
ž							
eve		()		1 006 005			1006005
her Revenue		d Net gain or (loss)		1,986,085.			1986085.
ig H	8 8	a Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188	1				
	ŀ	b Less: direct expenses8	b 151,468.				
	•	c Net income or (loss) from fundraising events		11,815.			11,815.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199	а				
	ŀ	b Less: direct expenses9	b				
	•	c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances10	)a				
	ŀ	b Less: cost of goods sold 10	)b				
		c Net income or (loss) from sales of inventory					
			Business Code				
snc	11 a	a MISCELLANEOUS	900099	43.			43.
Miscellaneous Revenue		b					
ella		c					
SC.		d All other revenue					
Σ		e Total. Add lines 11a-11d		43.			
	12	Total revenue. See instructions		6,335,470.	337,471.	0.	3511579.

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Form **990** (2023)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 325,235. 325,235. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 34,286. 382,684. 348,398. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,763,648. 1,420,987. 97,390. 245,271. Other salaries and wages 7 Pension plan accruals and contributions (include 75,968. 4,625. 7,192. 64,151. section 401(k) and 403(b) employer contributions) 96,434. 4,305. 120,665. 19,926. Other employee benefits 9 164,663. 112,449. 32,665. 19,549. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 71,640. 71,640. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 61,927. 286,111. 224,184. column (A), amount, list line 11g expenses on Sch O.) 118,715. 118,715. Advertising and promotion 12 34,152. 5,078. 29,074. Office expenses 13 91,444. 46,687. 17,034. 27,723. Information technology 14 15 Royalties 91,327. 91,327. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 47,643. 47,643. Conferences, conventions, and meetings 19 94,867. 4,435. 99,302. 20 Payments to affiliates 21 242,254. 178,695. 34,600. 28,959. Depreciation, depletion, and amortization 22 66,163. 56,198. 9,965. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 337,372. 337,372. OTHER PRODUCTION EXP. OTHER FUNDRAISING EXP. 35,331. 35,331. С d 99,552. 97,243. 2,309. All other expenses 4,453,869. 3,303,908. 766,010. 383,951. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

Form 990 (2023)

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X | Balance Sheet

Par	<u>t X</u>	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this P	art X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		165,086.	1	54,958.
	2	Savings and temporary cash investments		125,503.	2	121,473.
	3	Pledges and grants receivable, net		177,587.	3	183,578.
	4	Accounts receivable, net		2,277.	4	4,279.
	5	Loans and other receivables from any current or former officer, direct				
		trustee, key employee, creator or founder, substantial contributor, or	35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defin				
		under section 4958(f)(1)), and persons described in section 4958(c)(3	)(B) L		6	
က္က	7	Notes and loans receivable, net	L		7	
Assets	8	Inventories for sale or use			8	
۲	9	Prepaid expenses and deferred charges	ı	33,148.	9	19,012.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 8,62	7,391.			
	b	Less: accumulated depreciation 10b 4,76	2,400.	4,089,662.	10c	3,864,991. 36,698,643.
	11	Investments - publicly traded securities	L	33,366,468.	11	36,698,643
	12	Investments - other securities. See Part IV, line 11	L		12	
	13	Investments - program-related. See Part IV, line 11	L		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		8,515,867.	15	9,262,603
	16	Total assets. Add lines 1 through 15 (must equal line 33)		46,475,598.	16	50,209,537
	17	Accounts payable and accrued expenses		29,705.	17	22,103
	18	Grants payable	L		18	
	19	Deferred revenue		51,326.	19	7,629
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	› L		21	
န	22	Loans and other payables to any current or former officer, director,				
≝∣		trustee, key employee, creator or founder, substantial contributor, or	35%			
Liabilities		controlled entity or family member of any of these persons			22	
-	23	Secured mortgages and notes payable to unrelated third parties		2,577,271.	23	2,409,056
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related thir				
		parties, and other liabilities not included on lines 17-24). Complete Pa	art X	100 000		00 500
		of Schedule D		123,023.		80,723.
	26	Total liabilities. Add lines 17 through 25		2,781,325.	26	2,519,511.
ر د		Organizations that follow FASB ASC 958, check here				
Š		and complete lines 27, 28, 32, and 33.		17 141 110		10 (15 (60
lar 	27	Net assets without donor restrictions		17,141,110.	27	18,615,662.
ğ	28	Net assets with donor restrictions	<u></u>	26,553,163.	28	29,074,364.
ğ		Organizations that do not follow FASB ASC 958, check here	$\sqcup$			
느		and complete lines 29 through 33.				
jg	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		12 601 272	31	17 600 006
ž	32	Total net assets or fund balances		43,694,273.	32	47,690,026.
	33	Total liabilities and net assets/fund balances		46,475,598.	33	50,209,537.

Form **990** (2023)

Pai	rt XI   Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		35,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,4	<u>53,8</u>	<u> 369.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1,8	81,6	<u>501.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,6	94,2	<u> 273.</u>
5	Net unrealized gains (losses) on investments	5	1,3	38,1	<u> 154.</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	7	75,9	98.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	47,6	90,0	26.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	X	$\perp$
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	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?		<u>3</u>	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		31	b	
			Fo	m <b>990</b>	(2023)

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#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE ACADEMY OF VOCAL ARTS

Employer identification number 23 – 1352001

		IDE .	ACADEMI OF	AOCAL AKID			4	3-1337001
Pa	ırt I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found						
1		A church, convention of chu					I)(A)(i).	
2	X	A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	$\Box$	A medical research organiza					•	the hospital's name,
-		city, and state:	•				CARA 7	,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
Ū		section 170(b)(1)(A)(iv). (C				, 9-		
6		A federal, state, or local gov		ental unit described in	section 17	70(h)(1)(A)	(v)	
7	H	An organization that normal	-					oublic described in
•	ш	section 170(b)(1)(A)(vi). (Co	•	itiai part of its support if	om a gove	minoritar	unit of from the general p	dablic described in
8		A community trust describe		1)(A)(vi) (Complete Part	+ II \			
9	H	•			•	nd in coni	unction with a land grant	collogo
9	ш	An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	iame, city	, and state of the college	e Or
40		university:	Illy receives (1) more	than 22 1/20/ of its supp	out from o	ontribution	as mambarabin foca an	d areas ressints from
10		An organization that normal						
		activities related to its exem		· ·				-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor	•					
11		An organization organized a	•		•			_
12		An organization organized a	•	•	-		•	
		more publicly supported org	-					Check the box on
		lines 12a through 12d that o	• •					
а			anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting
		organization. You must c	complete Part IV, Se	ctions A and B.				
b	· L		anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by have	ring
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
C	:	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	uirement and an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.		
f	Ente	er the number of supported o						
g		ride the following information	about the supporte	d organization(s).				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
<b>T</b>	-1							

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

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

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	` '	
	membership fees received. (Do not						
	include any "unusual grants.")	2494031.	4023725.	2778453.	2609098.	2486420.	14391727.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2494031.	4023725.	2778453.	2609098.	2486420.	14391727.
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)						763,475.
6	Public support. Subtract line 5 from line 4.						13628252.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2494031.	4023725.	2778453.	2609098.	2486420.	14391727.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1400469.	1052025.	1402236.	1679405.	1513636.	7047771.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	4,012.	10,700.				14,712.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	253.	252.	1,520.	304.	43.	
11	Total support. Add lines 7 through 10						21456582.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 1	,202,011.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stor	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	vided by line 11, c	olumn (f))		14	63.52 %
15	Public support percentage from 2022	Schedule A, Part	I, line 14			15	63.91 <u>%</u>
16a	33 1/3% support test - 2023. If the d	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	<b>op here.</b> Explain in	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
						Schedule A	(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	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  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 the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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# Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
_		
3a		
3b		
3с		
4a		
4b		
4c		
F		
<u>5a</u>		
5b		
5c		
50		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
104		
10b		
	m 990)	2023

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Pai	TIV 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?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$	<del>,,</del>	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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,			
		2		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	7	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			
_	and organization maintained a close and commission many relationship man and capported organization (o).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard.   3 tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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			
	and the state of the significant	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
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.	Bb		

Schedule	Δ	(Form	aan)	2022

5

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

5

6

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

7 Excess distributions carryover to 2024. Add lines 3j and 4c.

8 Breakdown of line 7:

a Excess from 2019

b Excess from 2020

c Excess from 2021

Schedule A (Form 990) 2023

**b** Applied to 2023 distributable amount

Part VI. See instructions.

d Excess from 2022e Excess from 2023

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.
 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Schedule A (Form 990) 2023

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

OMB No. 1545-0047

2023

**Employer identification number** 

23-1352001 THE ACADEMY OF VOCAL ARTS Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

# THE ACADEMY OF VOCAL ARTS

23-1352001

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	Total contributions  \$ 133,265.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	\$ 104,586.	Person X Payroll S Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3_		\$ 100,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$60,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$60,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2023)

Name of organization Employer identification number

# THE ACADEMY OF VOCAL ARTS

23-1352001

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$53,758.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

# THE ACADEMY OF VOCAL ARTS

23-1352001

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
2	418 SHARES ORCL						
		\$82,196.	07/25/23				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
2	109 SHARES APL						
		\$3,054.	02/14/24				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
7	120 SHARES VOO						
		\$50,308.	12/05/23				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		•					
		\$					

Schedule B (Form 990) (2023) Page **4** 

Name of organization **Employer identification number** THE ACADEMY OF VOCAL ARTS 23-1352001 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE ACADEMY OF VOCAL ARTS

**Employer identification number** 23-1352001

organization answered "Yes" on Form 990, Part IV, line 6.	
	and other accounts
	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 funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	L 165 L 140
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area
Protection of natural habitat Preservation of a certified histori	ric structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
day of the tax year.	eld at the End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included on line 2a 2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	iring the tax
year	
Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	—
Countries voluntees needed to membering, inepeeting, nationing of violations, and embering ecologicalisms	onto during the your
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	blic
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service,
provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
<ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul>	
	chedule D (Form 990) 2023

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or C	ther S	imilar As	ssets	(continu	ıed)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt	purpose ir	Part 2	XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements Complet	te if the organization	answered "Yes	s" on For	m 990, Par	t IV, lir	ne 9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contribution	s or other asset	s not inc	luded			
	on Form 990, Part X?						🗀	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	stodial account	liability?		🗀	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV,					
		(a) Current year	(b) Prior year	(c) Two years b		Three years		(e) Four y	
1a	Beginning of year balance	33,366,468.	31,365,726.	37,674,9		29,217,			64,083.
b	Contributions	140,826.	205,425.	460,3		1,472,			204,456.
С	Net investment earnings, gains, and losses	4,722,174.	3,562,742.			8,285,			247,978.
d	Grants or scholarships	324,825.	299,425.	329,3	300.	338,	000.	2	262,000.
е	Other expenditures for facilities								
	and programs	1,206,000.	1,468,000.	1,085,0	000.	962,	200.	1,3	337,456.
f	Administrative expenses								
g	End of year balance	36,698,643.	33,366,468.	31,365,7	26.	37,674,	940.	29,2	217,061.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	46.5685	_%						
b	Permanent endowment 53.4315	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered	for the			_	
	organization by:							<u>_</u>	res No
	(i) Unrelated organizations?							3a(i)	<u> X</u>
								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm		D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 000 B		40			
	Complete if the organization answered		<u> </u>	<del>'</del>					
	Description of property	(a) Cost or o	, , ,	or other		ımulated		(d) Book	value
		basis (investn		(other)	depre	ciation	-	440	000
	Land	I		8,000.	1 10	2 244			,000.
	Buildings			7,602.		2,344			,258.
	Leasehold improvements			4,679.		6,850			<u>,829.</u>
	Equipment			8,209.		$\frac{3,631}{9,575}$			<u>,578.</u>
	Other			8,901.		9,575			<u>,326.</u>
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, line 10c, column	<u>(B))</u>				3,864	<i>,</i> ∃∃⊥.

Schedule D (Form 990) 2023

	OF VOCAL ART	5 25	1332001 Page
Part VII Investments - Other Securities  Complete if the organization answered "Yes" o	on Form 000 Dort IV line	11h Coo Form 000 Port V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	 of-year market value
N = 1 1 1 1 1 1 1	(b) Book value	(e) Method of Validation. Cost of Cha	51 your market value
1) Financial derivatives     2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(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)			
Fotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) <sup>[</sup>	Description		(b) Book value
(1) BENEFICIAL INTEREST IN TRU	STS		9,228,289
(2) RIGHT-OF-USE ASSETS			34,314
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			0 262 602
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities	(B))		9,262,603
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability		The of Thi. Gee Form 550, Fait X, line 25.	(b) Book value
(1) Federal income taxes		+	(a) Dook value
(1) Federal income taxes (2) LEASE LIABILITY		+	79,443
(3) GIFT ANNUITY CONTRACT PAYA	BLE		1,280
(4)	<b></b>		
(5)		1	
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2023

SCITE	edule D (Form 990) 2023 IIID 11C11DEH11 OI VOCILE 11IC				IJJZUUI Faye I
Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,554,450.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,338,154.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	800,998.		
е	Add lines 2a through 2d			2e	2,139,152.
3	Subtract line 2e from line 1			3	6,415,298.
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		71,640.		
b	Other (Describe in Part XIII.)	4b	-151,468.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	-79,828.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,	<u>,)                                    </u>		5	6,335,470.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements Wit	h Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	4,536,822.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	154,593.		
е	Add lines 2a through 2d			2e	154,593.
3	Subtract line 2e from line 1			3	4,382,229.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	71,640.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	71,640.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)		5	4,453,869.

Part XIII Supplemental Information

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.

#### PART V, LINE 4:

THE PRIMARY OBJECTIVE OF THE INVESTMENT MANAGEMENT OF THE ENDOWMENT IS TO PRESERVE OR INCREASE ITS REAL PURCHASING POWER OVER TIME WHILE PROVIDING A RELATIVELY STABLE AND CONSTANT STREAM OF CASH DISTRIBUTIONS FOR USE IN THE CURRENT OPERATIONS OF THE ACADEMY.

## PART X, LINE 2:

AVA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AVA FOLLOWS THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS. THIS APPLICATION OF THE STANDARD HAS NO EFFECT ON AVA'S FINANCIAL STATEMENTS. AVA'S FORM 990 RETURN FOR THE YEAR ENDED JUNE 30, 2014 WAS AUDITED BY THE INTERNAL REVENUE SERVICE (IRS). THE RESULT OF THE

Schedule D (Form 990) 2023 THE ACADEMY OF VOCAL ARTS	23-1352001 Page 5
Part XIII   Supplemental Information (continued)	
AUDIT WAS THE IRS ACCEPTED THE RETURN AS FILED AND AVA CONT	INUES TO
QUALIFY FOR EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION	501(C)(3) OF
THE INTERNAL REVENUE CODE.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF BENEFICIAL INTERESTS IN TRUSTS	775,998.
DONATION OF PIANO RECORDED ON PY 990	25,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	
· · · · · · · · · · · · · · · · · · ·	·
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EVENT EXPENSES	-151,468.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EVENT EXPENSES	151,468.
DEPRECIATION EXPENSE FOR DONATED PIANO RECORDED ON PY 990	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	154,593.

# **SCHEDULE E** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Schools**

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

THE ACADEMY OF VOCAL ARTS

Employer identification number 23-1352001

			001	
2a	rt I		YES	NC
1	Does the erganization have a racially pendiceriminatory policy toward students by statement in its charter		ILS	INC
•	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	-	- 21	
•	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	х	
	THE NON-DISCRIMINATION POLICIES ARE PUBLISHED IN THE AVA'S			
	STUDENT GUIDELINES, CONTAINED IN THE PUBLISHED BROCHURE AND			
	ON THE WEBSITE.			
	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	_
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
)	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	$\perp$
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	┖
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization discriminate by race in any way with respect to:			
а	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		X
b	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5b		Σ
b c	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		2
b c d	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		X X X
b c d	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		X X X
b c d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		X X X X
b c d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		2 2 2 2 2
a b c d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f		\( \frac{\fin}}}}}}}}{\firac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac}\frac{\f{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\fra
b c d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	2 2 2 2
b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.	5b 5c 5d 5e 5f 5g 5h	x	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	2 2 2

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

Schedule E (Form 990) 2023

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number THE ACADEMY OF VOCAL ARTS 23-1352001 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

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 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income of the fundraising event contributions and gross event contributions and gross event contributions and gross event contributions are grown as a fundraising event contribution event contributions are grown as a fundraising event contribution event contribution event contributions are grown as a fundraising event contribution event c

		of fundraising event contributions and gro	ss income on Form 990		vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				OPENING		(add col. (a) through
			GALA	NIGHT	2	col. (c)
4			(event type)	(event type)	(total number)	COI. (C))
Revenue						
eve	1	Gross receipts	410,163.	58,450.	75,663.	544,276.
æ						
	2	Less: Contributions	287,114.	40,915.	52,964.	380,993.
	3	Gross income (line 1 minus line 2)	123,049.	17,535.	22,699.	163,283.
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs	4,000.			4,000.
Direct Expenses						
š	7	Food and beverages	51,913.	28,124.	22,326.	102,363.
Ö						
	8	Entertainment	5,760.		9,268.	15,028.
	9	Other direct expenses	20,453.	3,746.	5,878.	30,077.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			151,468.
_	11	Net income summary. Subtract line 10 from lin				11,815.
Pa	ırt l		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		, , , , , , , , , , , , , , , , , , ,		
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
₹ev						
_	1	Gross revenue				
es	2	Cash prizes				
ens						
Direct Expenses	3	Noncash prizes				
St.		Dont/facility acets				
Ö	4	Rent/facility costs				
	_	Other direct expenses				
	_ 5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	0	Volunteer labor	NO	I NO	NO	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	′	bireet expense summary. Add lines 2 tillough	3 II1 COIGITII1 (G)			
	a	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		The garming meetine cummary. Gastraet into 7	TOTAL INTO 1, COLUMN (a)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				
	••	,				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	ear?	Yes No
		Yes," explain:		-		

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 THE ACADEMY OF VOCAL ARTS 23	T32700T	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
	ı The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	of "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
			_
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	□ vaa	□ Na
	retain the state gaming license?	· L Yes	∟ No
D	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 \$		
Pa	organization's own exempt activities during the tax year \$  It IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and a	rt III lines 9 (	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 111, 111103 3, 3	55, 105,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.		
			_

Schedule G	G (Form 990)	$\mathtt{THE}$	ACADEMY	OF	VOCAL	ARTS		23-1352001	Page 4
Part IV	(Form 990) Supplemental Info	rmation	(continued)						J
			(continued)						
·									

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

THE ACADE	MY OF VOC	AL ARTS					23-1352001
Part I General Information on Grants a	nd Assistance					_	
Does the organization maintain records criteria used to award the grants or assis		-			-		n X Yes  No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Part	V, line 21, for any
recipient that received more than S	\$5,000. Part II can	be duplicated if additi	onal space is need	_	(6) 14 - 14 - 1 - 5		
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization:	•		e line 1 table		<u></u>		

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUDENT FELLOWSHIP AWARDS	22	317,475.	0.		
TUDENT SUMMER STUDY GRANTS	5	7,350.	0.		
TUDENT GRANTS	1	410.	0.		

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

PART I, LINE 2:

MERIT-BASED FELLOWSHIPS ARE GRANTED TO RESIDENT ARTISTS TO OFFSET THE COST

OF LIVING EXPENSES WHILE ATTENDING AVA. THE AMOUNTS ARE DETERMINED ANNUALLY

AND PAID MONTHLY. SUMMER STUDY GRANTS ARE PROVIDED FOR APPROVED IMMERSION

PROGRAMS. PROOF OF ACCEPTANCE IN THE PROGRAM AND ATTENDANCE ARE PROVIDED TO

AVA. STUDENT GRANTS ARE ISSUED TO PROVIDE ADDITIONAL ASSISTANCE TO RESIDENT

ARTISTS IN HARDSHIP SITUATIONS. SPECIFICALLY IDENTIFIED EXPENSES ARE

REVIEWED AND APPROVED FOR REIMBURSEMENT.

# SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

**2023** 

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE ACADEMY OF VOCAL ARTS

 $Employer\ identification\ number \\ 23-1352001$ 

Pa	rt I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			v
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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.

	compensation				(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRISTOFER MACATSORIS	i) _	150,000.	0.	0.	7,500.	30,045.	187,545.	0.
MUSIC DIRECTOR (i		0.	0.	0.	0.	0.	0.	0.
(2) SCOTT GUZIELEK	i) _	159,000.	0.	0.	7,950.	9,048.	175,998.	0.
PRES/ARTISTIC DIR EFF AUG 2023		0.	0.	0.	0.	0.	0.	0.
(3) SUSAN L. MOCK	i) _	55,665.	0.	0.	2,783.	6,662.	65,110.	0.
FORMER CFO (OFFICER)		0.	0.	0.	0.	0.	0.	0.
	i) _							
(i								
	i) _							
(i	i)							
(1)	i) _							
(i	i)							
	i) _							
(i	i)							
(1)	i) _							
(i	i)							
	i) _							
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Part III   Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number 23-1352001

	THE ACADEMY	OF VOC	AL ARTS			23-1	.352	001	
Pai	t I 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	r	<b>(d</b> Method of d noncash contrib	etermin	_	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	13	302,301.	FMV	ON DATE	OF	GII	FT
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organization								
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>				0	
								Yes	No
30a	During the year, did the organization receive by		• • • • •		-	that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for				
	exempt purposes for the entire holding period?	)					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribu	tions?		31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is che	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE ACADEMY OF VOCAL ARTS

Employer identification number 23-1352001

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: STAGED PROFESSIONAL OPERA PRODUCTIONS, AS WELL AS CONCERTS, ORATORIOS PUBLIC PROGRAMS, THE ACADEMY WILL TRAIN ARTISTS WITH THE HIGHEST POTENTIAL FOR CAREER SUCCESS WHILE ENRICHING LIVES IN PHILADELPHIA AND BEYOND. THE PERFORMING EXPERIENCE IS THE KEY COMPONENT IN AVA'S TRAINING OF OUTSTANDING SINGERS AND THAT WHICH DISTINGUISHES IT FROM OTHER MUSIC/OPERA TRAINING PROGRAMS. THE SELECTED OPERAS FOR PUBLIC PERFORMANCES ARE DETERMINED BY THE UNIQUE QUALITIES OF OUR RESIDENT  ${ t ARTISTS'}$   ${ t VOICES}$  , HELPING THEM BUILD REPERTOIRE FOR A CAREER IN OPERA AND VOCAL PERFORMANCE AND PROVIDING TECHNICALLY CHALLENGING BUT ACHIEVABLE ARTISTIC GROWTH. OUR UNIQUE APPROACH GUARANTEES THAT OUR RESIDENT ARTISTS GRADUATE WITH A MINIMUM OF 8 LEAD ROLES IN THEIR REPERTOIRE. THE OVERALL QUALITY OF OUR TRAINING AND PERFORMANCE EXPERIENCE HAS ALLOWED RESIDENT ARTISTS TO STEP ONTO MAJOR OPERA HOUSE STAGES WITH GREAT CONFIDENCE IMMEDIATELY UPON GRADUATION, IF NOT BEFORE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ACADEMY OF VOCAL ARTS RETURNED TO FULL OPERA PRODUCTIONS, RECITALS,

AND EVENTS IN THE 2023-24 AVA OPERA THEATRE SEASON. OCTOBER'S NEW

ARTISTS RECITAL, WHERE SIX FIRST-YEAR RESIDENT ARTISTS WERE INTRODUCED,

STARTED THE SEASON FOLLOWED AGAIN BY THE ANNUAL GIARGIARI BEL CANTO

COMPETITION. THE SEASON OFFICIALLY OPENED WITH DONIZETTI'S ANNA BOLENA.

THE WINTER RECITAL EXPLORED ART SONG WITH A SPECIAL MULTI-SINGER FORMAT

OF SCHUBERT'S SONG CYCLE WINTERIESSE. THE WINTER OPERA WAS BENJAMIN

BRITTEN'S CHAMBER OPERA THE RAPE OF LUCRETIA. MARCH SAW TWO

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

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Name of the organization
THE ACADEMY OF VOCAL ARTS
Employer identification number
23-1352001

PERFORMANCES OF JUBILATE!, OUR POPULAR ANNUAL CONCERT OF SACRED MUSIC.

THIS YEAR'S REPERTOIRE FEATURED HIGHLIGHTS FROM MAJOR WORKS BY DVORAK,

ROSSINI'S II BARBIERE DI SIVILGIA, PERFORMED AT AVA, THE HAVERFORD

SCHOOL, CENTRAL BUCKS SOUTH HIGH SCHOOL, AND THE ZOELLNER ARTS CENTER

IN THE LEHIGH VALLEY IN APRIL AND MAY.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, REVIEWED IN

DETAIL BY THE CFO AND THEN SUBMITTED TO THE FINANCE COMMITTEE FOR REVIEW.

UPON APPROVAL BY THE FINANCE COMMITTEE, THE FORM 990 IS SUBMITTED TO THE

BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE

SERVICE.

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

EACH YEAR AT THE SEPTEMBER BOARD MEETING, A CONFLICT OF INTEREST STATEMENT

IS DISTRIBUTED TO EACH BOARD MEMBER AND KEY EMPLOYEE TO COMPLETE AND SIGN.

THE SIGNED DOCUMENTS ARE SUBMITTED TO THE DEVELOPMENT ASSOCIATE, WHO

MAINTAINS THE DOCUMENTS AND ENSURES COMPLETION BY EACH BOARD MEMBER AND KEY

EMPLOYEE. ANY ABSENT BOARD MEMBER OR KEY EMPLOYEE RECEIVES THE FORM VIA

EMAIL. POTENTIAL CONFLICTS ARE PROVIDED TO THE VICE CHAIR AND SECRETARY OF

THE BOARD TO DETERMINE WITH THE BOARD CHAIRMAN IF ANY ACTUAL CONFLICTS

EXIST. ANYONE DEEMED TO HAVE A CONFLICT SHALL NOT VOTE OR USE ANY PERSONAL

INFLUENCE IN REGARD TO THE MATTER. THE MINUTES OF THE MEETING SHALL REFLECT

THAT THE DISCLOSURE WAS MADE AND SUCH BOARD MEMBER OR KEY EMPLOYEE

ABSTAINED FROM VOTING ON THE MATTER.

FORM 990, PART VI, SECTION C, LINE 18:

AVA PUBLISHES ITS FORM 990 ON ITS WEBSITE.

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Name of the organization THE ACADEMY OF VOCAL ARTS	Employer identification number 23-1352001
FORM 990, PART VI, SECTION C, LINE 19:	
AVA MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST	POLICY AVAILABLE
UPON REQUEST AND PUBLISHES ITS FINANCIAL STATEMENTS ON ITS	WEBSITE.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTERESTS IN TRUSTS	775,998.