## Form **990**

### \*\* 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.

Depai ntern	rtment o al Revei	of the Treasury nue Service	Go to www	w.irs.gov/For	m990 for instructions and	the latest i	nformation.	Inspection
A F	or the	e 2023 calend	lar year, or tax year begir	nning JU:	L 1, 2023 and	d ending ເ	JUN 30, 2024	
<b>3</b> C	heck if pplicable	e: C Name o	f organization				D Employer identific	cation number
	Addre	ss VOCA	LESSENCE					
	Name chang	e Doing b	ousiness as			1	41-136384	
	Initial return Final return	1900	r and street (or P.O. box if n  NICOLLET AVE		ered to street address)	Room/suite	E Telephone number 612-547-2	
	termin ated	_	town, state or province, co	ountry, and ZIF	or foreign postal code	•	G Gross receipts \$	6,886,948.
	Ameno return	ded NATESTA		55403			H(a) Is this a group re	eturn
	Applic tion pendir	, r ivame a	and address of principal of AS C ABOVE	fficer: <b>AMY</b>	WIELUNSKI		for subordinates	? Yes X No
ΙT	ax-exe		<b>X</b> 501(c)(3) 501(c	c) ( )	(insert no.) 4947(a)(1)	or 527	7 ' '	list. See instructions
	Vebsit		VOCALESSENCE.				H(c) Group exemption	
<b>K</b> F	orm of		X Corporation Tru	ıst Asso	ciation Other	<b>L</b> Year		1 State of legal domicile; MN
Pa	rt I	Summary						
,	1	Briefly describ	oe the organization's missi	ion or most sig	gnificant activities: VOCA	LESSEN	ICE DRAWS UPO	ON THE
Governance					O NURTURE COM			
rna	2	Check this bo	x if the organiz	ation disconti	nued its operations or dispo	sed of more	than 25% of its net ass	ets.
ove	3	Number of vo	ting members of the gover	rning body (Pa	art VI, line 1a)		3	33
æ	4	Number of inc	dependent voting member	rs of the gover	ning body (Part VI, line 1b)			33
e Se	5	Total number	of individuals employed in	n calendar yea	ır 2023 (Part V, line 2a)		5	53
Activities	6	Total number	of volunteers (estimate if r	necessary)			6	150
\cti	7 a	Total unrelate	d business revenue from F	Part VIII, colur	nn (C), line 12		7a	0.
_	b	Net unrelated	business taxable income	from Form 99	0-T, Part I, line 11	·····		0.
Ф							Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line	1h)			2,083,183.	1,432,221.
eun	9	Program servi	ice revenue (Part VIII, line :	2g)			120,689.	160,764.
Revenue					nd 7d)		33,082.	241,224.
ш	11	Other revenue	e (Part VIII, column (A), line	es 5, 6d, 8c, 9	c, 10c, and 11e)		21,705.	-14,925.
	12	Total revenue	- add lines 8 through 11 (r	must equal Pa	art VIII, column (A), line 12)		2,258,659.	1,819,284.
	13	Grants and si	milar amounts paid (Part I)	X, column (A),	lines 1-3)		0.	13,500.
	14	Benefits paid	to or for members (Part IX		0.	0.		
es			er compensation, employee		965,860.	1,032,233.		
Su.			fundraising fees (Part IX, co				0.	0.
Expenses			sing expenses (Part IX, colu		· —		1 100 000	1 1 4 4 1 0 0
ш					1f-24e)		1,129,060.	1,144,182.
					column (A), line 25)		2,094,920.	2,189,915.
		Revenue less	expenses. Subtract line 1	8 from line 12			163,739.	-370,631.
Net Assets or und Balances							eginning of Current Year	End of Year
sset Sala	20	•					8,221,817.	8,601,781.
et A ind l	21						112,678. 8,109,139.	83,864. 8,517,917.
_	rt II	Net assets or Signature		ine 21 from lin	e 20		8,109,139.	0,317,917.
		_		d this return in	cluding accompanying schedule	and atatam	anta and to the heat of my	knowledge and holiaf it is
					is <u>based o</u> n al <u>l i</u> nfo <u>rmation</u> of w			knowledge and beller, it is
iue,	COLLEC		BIC DISC		IRE COPY	illicii preparei	lias any knowledge.	
>:	_	Signature of o		LUSU	INL COF I		I Date	
Sigr		~	LUNSKI, EXECU	ות אגדעו	PECTOR		2410	
Here	E	Type or print r		, <u>, , , , , , , , , , , , , , , , , , </u>				
		, ,		n	ranarar'e eignatura		Date Check	PTIN
aid		Print/Type pre	LLSBURY		reparer's signature ATT PILLSBURY	l l	L0/23/24 of self-employe	<b></b>
	arer	Firm's name			ASSOCIATES, L'			1-1534805
	Only		5 7760 FRANCE			٠٠.	FIIIII S EIN 4.	<u> </u>
	Jiiiy	i ii iii s auui ess	BLOOMINGTON,				Phone no (9)	52) 831-0085
		1	/	,			i i ilollo ilo. ( 🥏 i	,

X Yes

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	VOCALESSENCE CHAMPIONS CHORAL MUSIC OF ALL GENRES, CELEBRATING THE	
	VOCAL EXPERIENCE THROUGH INNOVATIVE PERFORMANCES COMMISSIONING OF I	
	MUSIC, AND ENGAGING WITH DIVERSE CONSTITUENCIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		Yes X No
	If "Yes," describe these new services on Schedule O.	
3		Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	s, and
	revenue, if any, for each program service reported.	
4a		0,764.
	ARTISTIC SERIES -	
	THE ARTISTIC SERIES FEATURED 6 CONCERTS INVOLVING OUR 32-MEMBER	
	PROFESSIONAL ENSEMBLE SINGERS, OUR 120-VOICE VOLUNTEER CHORUS, OUR	
	45-MEMBER TEENAGE CHOIR (SOTA), OUR 60-MEMBER VINTAGE VOICES OLDER	
	ADULT CHOIR, GUEST ARTISTS OF CULTURALLY DIVERSE BACKGROUNDS, AND	
	PROFESSIONAL ORCHESTRAL MUSICIANS, ALL LED BY THE VOCALESSENCE ART	
	STAFF. THE CONCERTS WERE PERFORMED AT NOTABLE VENUES AROUND THE TWO	TN
	CITIES INCLUDING ORCHESTRA HALL, TED MANN CONERT HALL, NORTHROP AUDITORIUM, CENTRAL LUTHERAN CHURCH, AND THE AMERICAN SWEDISH	
	INSTITUTE.	
	INDITIOIE.	
	SEE SCHEDULE O FOR ADDITIONAL PROGRAM LANGUAGE.	
4b	(Code: ) (Expenses \$ 632,138 • including grants of \$ 13,500 • ) (Revenue \$	,
	LEARNING AND ENGAGEMENT PROGRAMS -	
	OUR LEARNING AND ENGAGEMENT PROGRAMS ARE FOCUSED IN SEVERAL AREAS.	
	WITNESS CELEBRATES AFRICAN AMERICAN CULTURE AND MUSIC, REACHING 4,	
	STUDENTS IN 38 SCHOOLS THROUGHOUT THE GREATER TWIN CITIES METRO AR	
	AND ENGAGING THE VOCALESSENCE SINGERS AND 8 WITNESS TEACHING ARTIST	<u>rs</u>
	TRAINED IN MUSIC, DANCE, AND THEATER. CANTARE CONNECTS MEXICAN	
	COMPOSERS WITH TWIN CITIES METRO AREA SCHOOLS WHERE PARTICIPANTS LI	
	ABOUT MEXICAN CULTURE AND MUSIC THROUGH REHEARSING AND PERFORMING I	
	CHORAL WORKS. TEACHING RESOURCES AND VIDEOS ARE ALSO MADE AVAILABLE A TEACHERS' PORTAL ON THE VOCALESSENCE WEBSITE.	E ON
	A TEACHERS PORTAL ON THE VOCALESSENCE WEDSITE.	
	SEE SCHEDULE O FOR ADDTIONAL PROGRAM LANGUAGE.	
40	(Code:) (Expenses \$	,
	SPECIAL PROGRAMS -	
	INTERNATIONALLY RECOGNIZED AS A LEADER IN CHORAL PERFORMANCE AND	
	ORGANIZATIONAL MANAGEMENT, VOCALESSENCE IS ENGAGED IN OTHER SPECIAL	L
	PERFORMANCES AND WORKSHOPS THROUGHOUT THE YEAR. IN 2023-24,	
	VOCALESSENCE ENGAGED IN 24 ADDITIONAL PERFORMANCES, REACHING AN	
	AUDIENCE OF 31,065, AND 3 ADDITIONAL WORKSHOPS, REACHING AN AUDIENCE	
	110. ADDITIONAL PERFORMANCES INCLUDE A SPOTLIGHT PERFORMANCE AT THE	
	ACDA MIDWEST REGIONAL CONFERENCE, AS WELL AS MUSIC FESTIVALS, CORPO	ORATE
	APPEARANCES, FUNDRAISING EVENTS, SENIOR RESIDENCES, OTHER	
	ORGANIZATIONS' PERFORMING SEASONS, AND NOTABLY, THE USA GYMNASTICS	
	OLYMPIC TEAM TRIALS IN MINNEAPOLIS.	
4d	Other program services (Describe on Schedule O.)	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 1,687,982.	
-44-	LUIGU DUDUIGU SELVICE EAUEUSES T. CO.L. J. CO.L.	

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## Form 990 (2023) VOCALESSENCE 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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
•	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		
•	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> '-		1
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?			37
	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 a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		X
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,	<del>  17</del> 4		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
16	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	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		77	
	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) VOCALESSENCE
Part IV Checklist of Required Schedules (continued)

22 Dd the organization organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, coloniar (A), line 27 in "Free," complete Schedule I. Part I and all III and III				Yes	No
24 Did the organization answer "Nes" to Part VII, Section A, Iira 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? "#"Yes," complete Schedule II" A variable of the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the sist day of the year, that value sissued after December 31, 2002? #"Yes," answer lines 25 through 224 and complete Schedule II" "No." yo to line 25a.  24a Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds?  d Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds?  d Did the organization acts as an 'on behalf off issuer for bonds outstanding at any time during the year?  d Did the organization acts as an 'on behalf off issuer for bonds outstanding at any time during the year?  d Did the organization acts as an 'on behalf off issuer for bonds outstanding at any time during the year?  d Did the organization acts as an 'on behalf off issuer for bonds outstanding at any time during the year?  d Did the organization acts as an 'on behalf off issuer for bonds outstanding at any time during the year?  d Did the organization acts as an 'on behalf off issuer for bonds outstanding at any time during the year?  d Did the organization according to engaged in an excess benefit transaction with a disqualled person during the year?  d Did the organization according to engaged in an excess benefit transaction with a disqualled person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 900 E27 if "Yes," complete Schedule L. Part II "Yes," controlled artity or family member of any of these persons? if "Yes," complete Schedule	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, direction, business, key employees, and highest compensated employees? If "Yes, "complete Schedule L. Part IV.  24a Did the organization have a tax-esempt bonds issue with an outstanding principal amount of more than \$10,0000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No," go to line 25a  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization makes an excrew account other than a refunding sectory at any time during the year to defease any tax-exempt bonds?  25d Did the organization are assert as a "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  25d Did the organization are as a "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  25d Did the organization with a disqualified person in the principle of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have the propriet of any off through 3 fire? The year of 900 ECT If "Yes," complete Schedule L, Part I If 25b Did the organization reported 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 or through persons? If "Yes," complete Schedule L, Part IV If		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
Schedule / Part / Post	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
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 Docember 31, 2002? If "Yes," arrower lines 24b through 24d and complete Schedule K. If "No," go to line 25a.  5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the conganization markinal an ascrow account other than a refunding scrow at any time during the year to defease any tax-exempt bonds?  25a 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 in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction prior disqualified person disqualified person in a prior year, and the transaction with a disqualified person in a prior year, and the transaction with a disqualified person in a prior year, and the transaction with a disqualified person in a prior year, and the disqualified person in a prior year, and the prior disqualified person in a prior year, and the disqualified person in a prior year, and the prior disqualified person in a prior year, and the prior disqual		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
schedule K. If "No." go to line 25a  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d		Schedule J	23	X	
Schedule K. If "No." po to line 25a	24a				
b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  24d 25a 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?  25a 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?  25b Is the organization aware that the engage in an excess benefit transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // 11" 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 of rounder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? // 11" yes, "complete Schedule L, Part II    27c 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 35% controlled entity (including an employee thereof) or family member of any of these persons? // 11" yes, "complete Schedule L, Part II    28d Was the organization severe thereofficer, director, trustee, key employee, creator or founder, or substantial contributor? // 11" yes, "complete Schedule L, Part II    28d A 14 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // 11" yes, "complete Schedule L, Part II    28d A 24 X and yes organization receive contributions of art, historical and yes organization secretical in the 28a or 28b // 11" yes, "complete Schedule L, Part II    28d A 25 Did		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d   28a Section 501(c/3), 501(c/4), and 501(c/20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'yea,' complete Schedule L, Part I   55a   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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spinor forme 990 or 990E-E27 If 'Yea,' complete Schedule L, Part I   25b   X    25b Did the organization provide any amount on Part X. line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled antity or family member of any of these persons? If 'Yea,' complete Schedule L, Part II   27   X   28   X   27   28   28   28   28   28   28   28					<u> X</u>
any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d   25a Section 501(c/3), 501(c/3), 501(c/3), 501(c/3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?   1/Yes, 'complete Schedule L, Part I   25a   X    25a   X   25a   25a   X   25			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  255 Section 501(2)(3), 501(4)(4), and 501(4)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25 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 Former 950 or 990E27! If "Yes," complete Schedule L, Part I  25 Did 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 Former 950 or 990E27! If "Yes," complete Schedule L, Part II  26 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 fortuling an employee thereof) of family member of any of these persons? If "Yes," complete Schedule L, Part II    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 fling threshots, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV    b A family member of any individual described in line 28a° If "Yes," complete Schedule L, Part IV    c A 35% controlled entity of one or more individuals and/or organizations? If "Yes," complete Schedule L, Part IV    28 Did the organization receive more than 255,000 in noncast contributions? If "Yes," complete Schedule II, Part IV    29 Did the organization includicte, terminate, or dissolve and cease operations? If "Yes," complete Schedule IV, Part I    30 Did	С				
25a 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? # "Yes," complete Schedule L, Part I 25b					
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 organizations prior from \$90 or 990-EZ? If "Yes," complete Schedule I., Part I			24d		
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-E27 // 1/Yes," complete Schedule L, Part II  25 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? // 1/Yes," complete Schedule L, Part II  26 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 or family member of any of these persons? // 1/Yes," complete Schedule L, Part III.  27 X  28 Was the organization applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // 1/Yes," complete Schedule L, Part IV.  28a X  27 A 37% controlled entity or one or more individuals and/or organizations described in line 28a? // 1/Yes," complete Schedule L, Part IV.  28b A 37% controlled entity or one or more individuals and/or organizations releve more than \$25,000 in noncash contributions? // 1/Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // 1/Yes," complete Schedule M.  29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // 1/Yes," complete Schedule N, Part II.  30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.37 // 1/Yes," complete Schedule R, Part II, IIII, or IV, and Part V, line 1  38 Did the organization own 100% o	25a				\ <b>.</b>
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I			25a		<u> </u>
Schedule L, Part I  250	b				
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 I'Ves, "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 founduring an employee thereof or family member of any of these persons?" If I'Ves, "complete Schedule L, Part II 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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X  30 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M, Part I 28c X  31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X  32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, line 2		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			\ <b>.</b>
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X  28 Was 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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X  28 A Simplete Schedule L, Part IV 28b X  29 A Simplete Schedule L, Part IV 28c X  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization includate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X  32 Did 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  33 A X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section \$01(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," compl		,	25b		<u> </u>
controlled entity or family member of any of these persons?      "Yes," complete Schedule L, Part	26				
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 anny of these persons? if "ves," 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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c 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.  28b X  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  29 Did the organization or evice contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I.  31 Did the organization idjudate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1  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, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete					₩.
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? // "Yes," complete Schedule L, Part II.  27			26		
entity (including an employee thereof) or family member of any of these persons? #*Yes,* complete Schedule L, Part III	27				
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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 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 II.  32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, IIne 1  33 Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, IIne 1  34 Did the organization ordical than the meaning of section 512(b)(13)?  35 Did the organization ordical than 5% of its activities through an entity that is not a related organization?  If "Yes," complete Schedule R, Part V, IIne 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exemp					
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #  "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c 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.  28b X  28b X  28b X  28c X  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  29 X  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 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 II, III, or IV, and Part V, Iine 1  32 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization have a controlled entity within the meaning of section 512(0)(13)?  b If "Yes," to line 35a, did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Sec			27		
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c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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 I  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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations organized in complete Schedule O for Part VI, line 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Did the organization complete Schedule O line 1a. Enter				Λ	v
"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 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 II  32 X  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a IV  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(3)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  37 Did the organization complete Schedule O and provide explanati			280		
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  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  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  To 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  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  Taxable Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Taxable Did the organization complete Schedule O into applicable  Taxable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	20				
contributions? If "Yes," complete Schedule M 30			29		
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If "Yes," complete Schedule R, Part V, line 2  36	36				
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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X			36		Х
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The image of the complete Schedule O contains a response or note to any line in this Part V  The image of the complete Schedule O complete Schedule O  The image of the complete Schedule O complete Schedule O  The image of the complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  The image of the image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete	37				
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  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  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X			37		Х
Part V Statements Regarding Other IRS Filings and Tax Compliance 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 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	38	, , ,			
Check if Schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any lin		Note: All Form 990 filers are required to complete Schedule O	38	X	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 53  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a     Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a     53       b     Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1b     0       c     Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c     X		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X	1a	1			
(gambling) winnings to prize winners?	b	Enter the number of Forms W 2d included of line 1d. Enter of infortuppingsise			
	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
		(gambling) winnings to prize winners?	1c	X	

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Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	2b 3a 3b 4a 5a 5b 5c	X	X X X					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	3a 3b 4a 5a 5b 5c	X	X					
<ul> <li>Did the organization have unrelated business gross income of \$1,000 or more during the year?</li> <li>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</li> <li>At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</li> <li>If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</li> </ul>	3a 3b 4a 5a 5b 5c	Х	X					
<ul> <li>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</li> <li>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</li> <li>b If "Yes," enter the name of the foreign country</li></ul>	3b 4a 5a 5b 5c 6a		X					
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a 5a 5b 5c 6a		Х					
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a 5b 5c		Х					
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a 5b 5c		Х					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5b 5c 6a							
<u>-</u>	5b 5c 6a							
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
	5c 6a		_ <u>X</u>					
, , , , , , , , , , , , , , , , , , , ,	6a							
, , , , , , , , , , , , , , , , , , , ,								
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37					
,	6h		<u> </u>					
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	6b							
7 Organizations that may receive deductible contributions under section 170(c).	7-							
h. Killy Carll a that the association and the state of th	7a							
, , , , , , , , , , , , , , , , , , , ,	7b							
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.							
	7c							
	7e							
	7f							
	7g							
	7h							
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7							
sponsoring organization have excess business holdings at any time during the year?	8							
9 Sponsoring organizations maintaining donor advised funds.								
a Did the sponsoring organization make any taxable distributions under section 4966?								
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10 Section 501(c)(7) organizations. Enter:								
a 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								
11 Section 501(c)(12) organizations. Enter:								
a Gross income from members or shareholders								
<b>b</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.								
· · · · · · · · · · · · · · · · · · ·	13a							
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the								
organization is licensed to issue qualified health plans								
c Enter the amount of reserves on hand 13c			v					
* * * * * * * * * * * * * * * * * * * *	14a 14b		X					
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х					
excess parachute payment(s) during the year?								
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?								
If "Yes," complete Form 4720, Schedule O.	16		X					
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	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	1a	33							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	33							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any ot	her							
	officer, director, trustee, or key employee?			2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the									
				3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's asset		F	5		Х				
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap		Г							
	more members of the governing body?			7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		I							
	persons other than the governing body?	•		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea									
а	The governing body?	-	- 1	8a	Х					
b	Each committee with authority to act on behalf of the governing body?		[	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	renue Code	)							
	(This decising regulate information about policies not required by the internal ne	ronac coac	-/		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.		I							
				10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х					
b										
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
	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									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	Х					
	Other officers or key employees of the organization			15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a								
	taxable entity during the year?			16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		Г							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'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 MN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (se	ction 501(c)(3)s	only) a	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.	•								
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	financ	cial					
	statements available to the public during the tax year.		<del>-</del> -							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and reco	rds							
	AMY WIELUNSKI - 612-547-1451									
	1900 NICOLLET AVENUE, MINNEAPOLIS, MN 55403									

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## 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.

(A)  Name and title	(B) Average hours per	(do r box,		Posi heck i ss per	ition	than o	one n an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARY ANN AUFDERHEIDE EXECUTIVE DIRECTOR, ENDING 6/17/24	40.00			х				159,238.	0.	9,442.
(2) PHILIP BRUNELLE	40.00			22				133,230.	0.	J, 114.
ARTISTIC DIRECTOR	40.00			х				154,204.	0.	543.
(3) G. PHILLIP SHOULTZ III	40.00							,	-	
ASSOCIATE ARTISTIC DIRECTOR				Х				92,621.	0.	7,079.
(4) AMY WIELUNSKI	40.00									
EXECUTIVE DIRECTOR, BEGINNING 6/17/24				Х				6,690.	0.	0.
(5) AMANDA STORM	2.00									
DIRECTOR		Х						0.	0.	0.
(6) AMBER CALES	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) ANN BURAN	2.00									
LIFETIME BOARD MEMBER		Х						0.	0.	0.
(8) ANN BARKELEW O'HAGAN	2.00									_
LIFETIME BOARD MEMBER		Х						0.	0.	0.
(9) ANNA BOYLE	2.00									
DIRECTOR		Х						0.	0.	0.
(10) AUTUMN GURGEL	2.00									
VOLUNTEER CHORUS REPRESENTATIVE		Х						0.	0.	0.
(11) BENJAMIN BRUNNETTE	2.00								•	
ENSEMBLE SINGER REPRESENTA	0 00	Х						0.	0.	0.
(12) BOB THACKER	2.00								0	
DIRECTOR	2 00	Х						0.	0.	0.
(13) CAROLINA MARANON-COBOS CHAIR	2.00	Х		х				0.	0	_
(14) CASSIE GARNETT	2.00	Λ		Λ				0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(15) DAN DRESSEN	2.00	Λ						0.	0.	· ·
DIRECTOR	2.00	Х						0.	0.	0.
(16) DANIEL FERNELIUS	2.00							0.	0.	<u></u>
SECRETARY		Х		х				0.	0.	0.
(17) DANIEL KANTOR	2.00					$\vdash$			•	<del>`</del>
DIRECTOR		х						0.	0.	0.
332007 12-21-23	1								3.0	Form <b>990</b> (2023)

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

Form 990 (2023) VOCALES	SENCE								41-1363	849	Page 8
Part VII Section A. Officers, Directors, Tr	ustees, Key Emp	oloy	ees,	anc	l Hig	ghes	t Co	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)	(F)	)
Name and title	Average hours per week (list any hours for related organizations below line)	box	not cl	ss per	more rson i irecto	Highest compensated highest highest compensated highest compensated highest compensate	an tee)	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	Estima amoui othe compen from organiz and rel organiza	nt of er sation the zation lated
(18) DAVID MONA	2.00										
LIFETIME BOARD MEMBER		Х						0.	0.		0.
(19) DON SHELBY	2.00										
LIFETIME BOARD MEMBER		Х						0.	0.		0.
(20) DORENE WERNKE	2.00										
LIFETIME BOARD MEMBER		Х						0.	0.		0.
(21) DOUG PARISH	2.00										
DIRECTOR		X						0.	0.		0.
(22) ELIZABETH TRUESDELL SMITH	2.00										
DIRECTOR		Х						0.	0.		0.
(23) FRED MOORE	2.00										
LIFETIME BOARD MEMBER		Х						0.	0.		0.
(24) JEFF SMITH	2.00										
DIRECTOR		Х						0.	0.		0.
(25) JIM ODLAND	2.00										
DIRECTOR		Х						0.	0.		0.
(26) JOANNE REECK	2.00										
DIRECTOR		X						0.	0.		0.
1b Subtotal								412,753.	0.	17,	064.
c Total from continuation sheets to Part	VII, Section A							0.	0.		0.
d Total (add lines 1b and 1c)								412,753.	0.	17,	064.
2 Total number of individuals (including bu								ceived more than \$100,	000 of reportable		
compensation from the organization											2
										Ye	s No
2 Did the examination list any former office	or director truct	- I		mnl	01/0		hial	boot componented own	lovos on		

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4				
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

### **Section B. Independent Contractors**

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

	(A) Name and business address NONE	(B) Description of services	(C) Compensation					
2	2 Total number of independent contractors (including but not limited to those listed above) who received more than							

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Part VII Section A. Officers, Directors, Tr (A)  Name and title	Average hours per week (list any hours for related	(cl		(C	C) ition		est (	Compensated Employe (D) Reportable	ees (continued) (E) Reportable	(F)
(A)	(B) Average hours per week (list any hours for	(cl		(C Posi	C) ition			(D)	(E)	
	Average hours per week (list any hours for			Posi	ition					
	hours per week (list any hours for								nebortable	Estimated
	week (list any hours for				uidt	app	ly)	compensation	compensation	amount of
	(list any hours for					Г	,	from	from related	other
	hours for					yee		the	organizations	compensation
	I	ector				old m		organization	(W-2/1099-MISC)	from the
	volotod	ordirector	e e			rted e		(W-2/1099-MISC)		organization
			truste		g.	ben S				and related
	organizations	ual tru	ional		ploye	tcom				organizations
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
27) KRISTEN HOESCHLER O'BRIEN	2.00									
REASURER		Х		Х				0.	0.	0.
28) KRISTINE OBERG	2.00									
IRECTOR		Х						0.	0.	0.
29) LISA LEWIS	2.00									
IRECTOR		Х						0.	0.	0.
30) MARGARET CHUTICH	2.00									
IRECTOR		Х						0.	0.	0.
31) MARTHA DRIESSEN	2.00								_	_
IRECTOR		Х		Ш	Ш			0.	0.	0.
32) MIRELLA CEJA-OROZCO	2.00	٦,							0	0
IRECTOR	2 00	Х		$\vdash$	Ш			0.	0.	0.
33) NIKKI LEWIS	2.00	37						_	0	•
IFETIME BOARD MEMBER	1 2 00	Х		$\vdash\vdash$	$\vdash\vdash$			0.	0.	0.
34) RHODA MHIRIPIRI-REED IRECTOR	2.00	Х						0.	0.	^
35) RICHARD NEUNER	2.00	Λ		Н	Н			0.	0.	0.
IRECTOR	2.00	Х						0.	0.	0.
36) TANYA BRANSFORD	2.00	Λ		Н	$\vdash$			0.	0.	0.
IRECTOR	2.00	Х						0.	0.	0.
37) TIMOTHY TAKACH	2.00			Н	Н				0.	•
IRECTOR		х						0.	0.	0.
38) TORRIE ALLEN	2.00							<u> </u>		<u> </u>
ICE CHAIR		Х		х				0.	0.	0.
39) VALTON HENDERSON	2.00									
IRECTOR		Х						0.	0.	0.
				Ш	Ш					
	-			$\vdash$	$\sqcup$					
	+			Н	$\vdash\vdash$					
					H					
		1								
				П	П					
		L		L						
					П					

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	Check if Schedule O contains a response or note to any line in this Part VIII										
				(A)	(B)	(C)	(D)				
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under				
					iunction revenue	business revenue	sections 512 - 514				
SΩ	1 :	Federated campaigns 1a									
Contributions, Gifts, Grants and Other Similar Amounts		o Membership dues 1b									
င်္ခ ဗြ		Fundraising events 1c	138,037.								
ffs,		d Related organizations 1d									
ig je			191,979.								
Sir		3 \	131,313.								
utio	1	All other contributions, gifts, grants, and	1 102 205								
들됨		similar amounts not included above 1f	1,102,205.								
d d		Noncash contributions included in lines 1a-1f		1 422 221							
Og		Total. Add lines 1a-1f		1,432,221.							
			Business Code								
Se	2 8	PERFORMANCE REVENUE	711130	160,764.	160,764.						
ē <u>Š</u>	ŀ	·									
S	(										
ar eve	(	d									
Program Service Revenue	•	·									
₫	1	All other program service revenue									
		Total. Add lines 2a-2f		160,764.							
	3	Investment income (including dividends, interes	st, and								
		other similar amounts)		163,579.			163,579.				
	4	Income from investment of tax-exempt bond pr									
	5	Royalties									
		(i) Real	(ii) Personal								
	6 :	a Gross rents 6a									
		Less: rental expenses 6b									
		c Rental income or (loss) 6c									
		Net rental income or (loss)									
		Gross amount from sales of (i) Securities	(ii) Other								
	, ,	assets other than inventory <b>7a</b> 5,006,036.	(ii) Garioi								
		, <u> </u>									
ø.	•	Less: cost or other basis and sales expenses 7b 4,928,391.									
Ž											
ther Revenue				77 645			77 645				
Ä.		d Net gain or (loss)		77,645.			77,645.				
‡	8 8	Gross income from fundraising events (not									
0		including \$ of									
		contributions reported on line 1c). See	104 240								
		Part IV, line 18 8a	124,348.								
		Less: direct expenses 8b	139,273.	44.005			11.005				
		Net income or (loss) from fundraising events		-14,925.			-14,925.				
	9 a	Gross income from gaming activities. See									
		Part IV, line 199a									
		Less: direct expenses 9b									
		Net income or (loss) from gaming activities									
	10 a	Gross sales of inventory, less returns									
		and allowances10a									
	ŀ	Less: cost of goods sold10b									
	(	Net income or (loss) from sales of inventory									
,			Business Code								
oŭ.	11 a	a									
Miscellaneous Revenue	ŀ										
eve	(										
isc B	(	All other revenue									
2		Total. Add lines 11a-11d									
	12	Total revenue. See instructions		1,819,284.	160,764.	0.	226,299.				

332009 12-21-23

### 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 13,500. 13,500. 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, 271,492. 423,126. 58,674. 92,960. 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) 457,170. 293,335. 63,395. 100,440. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 16,<mark>129.</mark> 73,416. 47,106. 10,181. Other employee benefits 9 78,521. 50,382. 10,888. 17,251. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 69,400. 126,323. 22,026. 34,897. column (A), amount, list line 11g expenses on Sch O.) 16,955. 10,879. 2,351. 3,725. Advertising and promotion 12 2,803. 1,798. 389. 616. Office expenses 13 6,525. 4,186. 905. 434. Information technology 14 15 Royalties 10,120. 46,064. 29,555. 6,389. 16 Occupancy 27,365. 17,558. 3,795. 6,012. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,689. 1,084. 234. 371. Depreciation, depletion, and amortization 22 3,684. 2,363. 511. 810. 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.) 836,144. 826,174. 9,970. PERFORMANCE EXPENSE 57,174. 7,928. EQUIPMENT RENTAL 36,685. 12,561. 10,156. 6,517. 2,231. 1,408. MISCELLANEOUS 6,385. SUBSCRIPTIONS AND DUES 4,097. 885. 1,403. 2,915. 1.871. 404. 640. All other expenses 2,189,915. 1,687,982. 190,363. 311,570. 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 if following SOP 98-2 (ASC 958-720)

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Form 990 (2023)
Part X Balance Sheet

VOCALESSENCE

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			61,438.	1	34,716
	2	Savings and temporary cash investments			90,283.	2	276,675
	3	Pledges and grants receivable, net	1,000,883.	3	757,657		
	4	Accounts receivable, net			4,658.	4	10,498
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	B			55,934.	9	37,212
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	213,211.			
	b	Less: accumulated depreciation	10b	204,244.	10,656.	10c	8,967. 7,476,056.
	11	Investments - publicly traded securities			6,997,965.	11	7,476,056
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	8,221,817.	16	8,601,781
	17	Accounts payable and accrued expenses		112,678.	17	83,864	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form					
Ě		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	-			22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pages					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			110 670	25	02.064
	26	<u> </u>			112,678.	26	83,864
S		Organizations that follow FASB ASC 958, che	ck her	e X			
č		and complete lines 27, 28, 32, and 33.			2 702 177		2 000 604
<u>alar</u>	27				3,703,177.	27	3,880,694
Ä	28	Net assets with donor restrictions			4,405,962.	28	4,637,223
Ĕ		Organizations that do not follow FASB ASC 9	58, che	eck here			
F		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
ťΑ	31	Retained earnings, endowment, accumulated inc			0 100 120	31	0 517 017
Š	32	Total net assets or fund balances			8,109,139.	32	8,517,917
	33	Total liabilities and net assets/fund balances			8,221,817.	33	8,601,781.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,8	19,	284.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,1	89,	915.
3	Revenue less expenses. Subtract line 2 from line 1	3			631.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,1	09,	139.
5	Net unrealized gains (losses) on investments	5	8	15,	486.
6	Donated services and use of facilities	6			
7	Investment expenses	7	_	36,	077.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,5	17,	917.
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Ye	s 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	О.	_		
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				
	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	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for 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 Sche				
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?		3	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>99</b>	(2023)

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

Open to Public

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

Inspection
Employer identification number

OMB No. 1545-0047

							1-1363849		
Part	1	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	S.	
The or	gan	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)				
з [		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	d or operate	ed by a go	vernmental ur	nit describe	ed in
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 _	_	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from th	e general إ	public described in
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 _	_	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)				
9 _		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
_	_	university:							
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 org	anization a	after June 30, 1975.
	_	See section 509(a)(2). (Cor							
11	=	An organization organized a							
12 _		An organization organized a	•	•	•			•	•
		more publicly supported org	-						Sheck the box on
		lines 12a through 12d that o	* *					-	-1.4
а		<b>Type I.</b> A supporting orga	· · · · · · · · · · · · · · · · · · ·	•	•	_			
		the supported organization			majority o	i the aired	tors or trustee	es or the st	apporting
h		organization. You must o			tion with it	a aupporta	d organization	(a) by bay	vin a
b		Type II. A supporting orga control or management or	· ·				-		-
		organization(s). You mus			arrie persor	iis triat coi	introl of manag	je ti le supp	Jorted
С		Type III functionally inte			in connect	ion with	and functionall	v integrate	ad with
·		its supported organization						y intograte	od With,
d		Type III non-functionally		·				ted organiz	zation(s)
-		that is not functionally into						-	
		requirement (see instructi	-	•	-		-		
е		Check this box if the orga	·					I. Type III	
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., .,,	
f	Ente	er the number of supported o							
g		vide the following information							
	(	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	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
					-				
Total									

332021 12-21-23

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1521074.	2440554.	2316447.	2083183.	1432221.	9793479.	
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	1521074.	2440554.	2316447.	2083183.	1432221.	9793479.	
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)						1177124.	
6	Public support. Subtract line 5 from line 4.						8616355.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	1521074.	2440554.	2316447.	2083183.	1432221.	9793479.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	94,217.	93,566.	98,765.	98,141.	163,579.	548,268.	
9	Net income from unrelated business		-	-	-	-	-	
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	199,058.	71,526.	176,023.	121,527.	160,764.	728,898.	
11	<b>Total support.</b> Add lines 7 through 10	-	-	-	-		11070645.	
	Gross receipts from related activities,	etc. (see instruction	ins)			12	746,064.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	,			D1(c)(3)		
	organization, check this box and stop	-		•				
Sec	ction C. Computation of Publi							
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	77.83 %	
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	79.42 %	
	33 1/3% support test - 2023. If the					ore, check this box	k and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X	
b	stop here. The organization qualifies as a publicly supported organization  LX  b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation				
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization	-		
b	10% -facts-and-circumstances test	-		• • •	-			
	more, and if the organization meets the	-						
	organization meets the facts-and-circu				-			
18	Private foundation. If the organization						·	
			,	, ,, /	,		(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u>
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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## Schedule A (Form 990) 2023 VOCA | Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
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			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	4.4		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	<u>detail in</u> Part VI. etion B. Type I Supporting Organizations	11c		
	and 21 type i capper and cigaminations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
·	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction 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			
800	the supported organization(s). ction D. All Type III Supporting Organizations	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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	is).	
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	, , ,			
	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	Oh		
2	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3h below.	2b		
3 a	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b		Ju		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A	(Form 990) 2023	VOCALESSENCE	41-1363849	Page 6
Part V	Type III Non-Fu	nctionally Integrated 509(a)(3) Supporting Organiza	tions	

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

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ed)				
Secti	ection D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9_	Distributable amount for 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023			
_1_	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
с	From 2020							
<u>d</u>	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2023 distributable amount							
i_	Carryover from 2018 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2023 distributable amount							
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
_8_	Breakdown of line 7:							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
е	Excess from 2023							

Schedule A (Form 990) 2023

Part VI

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

# SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: **MISCELLANEOUS** 2019 AMOUNT: \$ -19,244.2020 AMOUNT: \$ 460. 780. 2021 AMOUNT: \$ 2022 AMOUNT: \$ 838. GROSS RECEIPTS FROM RELATED ACTIVITIES 2019 AMOUNT: \$ 218,302. 2020 AMOUNT: \$ 71,066. 2021 AMOUNT: \$ 175,243. 2022 AMOUNT: \$ 120,689. 160,764. 2023 AMOUNT: \$

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **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

Name of the organization

VOCALESSENCE

41-1363849

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year \$					
answer "	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 hat it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

VOCALESSENCE

41-1363849

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		I I	Person X Payroll  Noncash  Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4			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			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X  Payroll   Noncash   Complete Part II for  noncash contributions.)

Schedule B (Form 990) (2023) Page **3** 

Name of organization

Employer identification number

41-1363849

		1 2	1 1303043
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
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
323453 12-26	i-23		Schedule B (Form 990) (2023)

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

Name of organization **Employer identification number** VOCALESSENCE 41-1363849 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

VOCALESSENCE

**Employer identification number** 41-1363849

Par	t I Organizations Maintaining Donor Advised	Funds or Other S	milar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		•
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	iting that the assets he	d in donor advised fu	nds
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for an	other purpose confe	erring
_	impermissible private benefit?			
Par			" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization		1	
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribu	ition in the form of a	
	day of the tax year.			Held at the End of the Tax Year
_				4.
b				
C	Number of conservation easements on a certified historic struc			2c
d	Number of conservation easements included on line 2c acquire			
•	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, relea	isea, extinguisnea, or to	erminated by the orga	inization during the tax
4	year Number of states where property subject to conservation easer	mont is located		
5	Does the organization have a written policy regarding the period		on handling of	
3	violations, and enforcement of the conservation easements it h		_	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		d enforcing conserva	
•		aramig or molations, an	a comproming control of	non cacome as mig are year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and en	orcina conservation	easements during the vear
	3, 1 3,	3	3	3
8	Does each conservation easement reported on line 2d above sa	atisfy the requirements	of section 170(h)(4)(E	e)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's	financial statements	that describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of A	Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, $$	not to report in its reve	nue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public	e exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its financi			
b	If the organization elected, as permitted under FASB ASC 958, $$	to report in its revenue	statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or	research in furtheran	ce of public 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 treas		_	ı, provide
	the following amounts required to be reported under FASB ASC			
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions for	or Form 990.		Schedule D (Form 990) 2023

	t III Organizations Maintaining Co	llections of Art,	Historical Tre	asures, or Oth	ner S	imilar	Assets	(continu	ed)
3	Using the organization's acquisition, accession	n, and other records,	check any of the fo	ollowing that make	e signi	ficant ι	use of its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exch	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	now they further th	e organization's ex	kempt	purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other simi	ilar ass	sets			
	to be sold to raise funds rather than to be main	ntained as part of the	e organization's col	lection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrange	ements Complete	if the organization	answered "Yes" o	on Fori	m 990,	Part IV, lin	ne 9, or	
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodiar	n, or other intermedia	ary for contribution	s or other assets r	ot inc	luded			
	on Form 990, Part X?						$\square$	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For							Yes	No No
b	If "Yes," explain the arrangement in Part XIII. C								
Par	t V Endowment Funds Complete if the	ne organization ansv	vered "Yes" on For	m 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back		Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	6,997,965.	5,767,789.	6,966,446	5.	4,9	52,850.	4,7	07,979.
	Contributions	64,466.	322,373.	853,774	١.	5	10,250.	4	37,950.
С	Net investment earnings, gains, and losses	1,332,568.	687,023.	-1,200,744	١.	1,5	34,813.	3. 386,8	
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	-918,943.	-1,594,826.	851,687	·.		31,467.	- 5	79,917.
f	Administrative expenses								
g	End of year balance	7,476,056.	6,997,965.	5,767,789	٠.	6,9	66,446.	4,9	52,850.
2	Provide the estimated percentage of the currer	nt year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%	-						
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the possess	sion of the organizati	on that are held an	d administered for	r the				
	organization by:	_						[]	es No
	(1) II I I I I I I							3a(i)	X
								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the o								
Par	t VI Land, Buildings, and Equipme	nt							
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990, Part	X, line	10.			
	Description of property	(a) Cost or oth	ner (b) Cost	or other (c	) Accu	ımulate	ed	(d) Book	value
		basis (investme	ent) basis (	(other)	depre	ciation			
1a	Land								
	Buildings								
	Leasehold improvements		6	2,657.	6	2,65	57.		0.
d	Equipment			0,554.		1,58		8	,967.
	Other					-			
	. Add lines 1a through 1e. (Column (d) must eau		line 10c column	(R))				8	,967.

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" o		T	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
II. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			_
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets			
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets  Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets  Complete if the organization answered "Yes" (a) [	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets  Complete if the organization answered "Yes" (a) [		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets  Complete if the organization answered "Yes" (a) [ (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) [ (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets  Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  art IX Other Assets  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col.	Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  art IX Other Assets  Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)  al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities	Description  (B))		
art IX Other Assets Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, column answered "Yes" of (a) [2]  Complete if the organization answered "Yes" of (a) [2]  Complete if the organization answered "Yes" of (a) [2]  Complete if the organization answered "Yes" of (a) [2]	Description  (B))		
I. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Other Assets  Complete if the organization answered "Yes" of (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, col. art X  Other Liabilities  Complete if the organization answered "Yes" of (a) Description of liability	Description  (B))		
II. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  The art IX Other Assets  Complete if the organization answered "Yes" (a) [1]  [2]  [3]  [4]  [5]  [6]  [7]  [8]  [9]  al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" (a) Description of liability  [1]  [1]  [1]  [2]  [3]	Description  (B))		
II. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Other Assets  Complete if the organization answered "Yes" of (a) [  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)	Description  (B))		
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  art IX Other Assets  Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	Description  (B))		
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  art IX Other Assets  Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description  (B))		
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  art IX Other Assets  Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description  (B))		
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  art IX Other Assets  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description  (B))		
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  art IX Other Assets  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Description  (B))		
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  art IX Other Assets  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description  (B))		(b) Book value

Schedule D (Form 990) 2023

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

Pai	Reconciliation of Revenue per Audited Financial Staten		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			1	2,647,212.
1				1	2,041,212.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	815,486.		
a b	Net unrealized gains (losses) on investments  Donated services and use of facilities		48,519.	-	
C	Recoveries of prior year grants		40,313.	-	
d	Other (Describe in Part XIII.)			-	
u e				2e	864,005.
3	Add lines 2a through 2d Subtract line 2e from line 1			3	1,783,207.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,077.		
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	36,077.
					36,077. 1,819,284.
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Retur	n ,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	2,238,434.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	48,519.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	48,519.
3	Subtract line 2e from line 1			3	2,189,915.
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			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,189,915.
	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P			; Part )	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional inforn	nation.		
PAI	T V, LINE 4:				
πо	GUDDODE ANDULA AND GDEGIETS DDOTESE ADEL	CET C 3 CE			
TO	SUPPORT ANNUAL AND SPECIFIC PROJECT ARTI	STIC ACT	TIVITIES.		
D 3 T	M V I TND 1.				
PAF	T X, LINE 2:				
TNI	IOME HAY				
TIM	COME TAX				
7700	ALESSENCE HAS A TAX-EXEMPT STATUS UNDER	CECTTON	501(C)(3)	<b>∩</b> ₽ '	דטם
<u>v 0 0</u>	ADESSENCE HAS A TAX-EXEMPT STATES ONDER	BECTION	301(0)(3)	OI.	11117
TNT	ERNAL REVENUE CODE AND HAS ADOPTED ACCOU	NTING FO	OR TINCERTAT	אידע	TN TNCOME
<u> </u>	ENNAL REVENUE CODE AND HAD ADOLLED ACCOU	NIING PC	ON UNCERTAL	1111	IN INCOME
ТАХ	ES, ASC 740-10. THE ORGANIZATION'S POLI	CY IS TO	EVALUATE	UNC	ERTAIN TAX
				02.00	
POS	SITIONS, AT LEAST ANNUALLY, FOR THE POTEN	TIAL FOR	R INCOME TA	X E	XPOSURE
	,				
FRO	M UNRELATED BUSINESS INCOME OR FROM LOSS	OF NONE	PROFIT STAT	US.	THE
ORC	ANIZATION CONTINUES TO OPERATE CONSISTEN	T WITH I	TS ORIGINA	L E	XEMPTION

### **SCHEDULE G** (Form 990)

### **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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

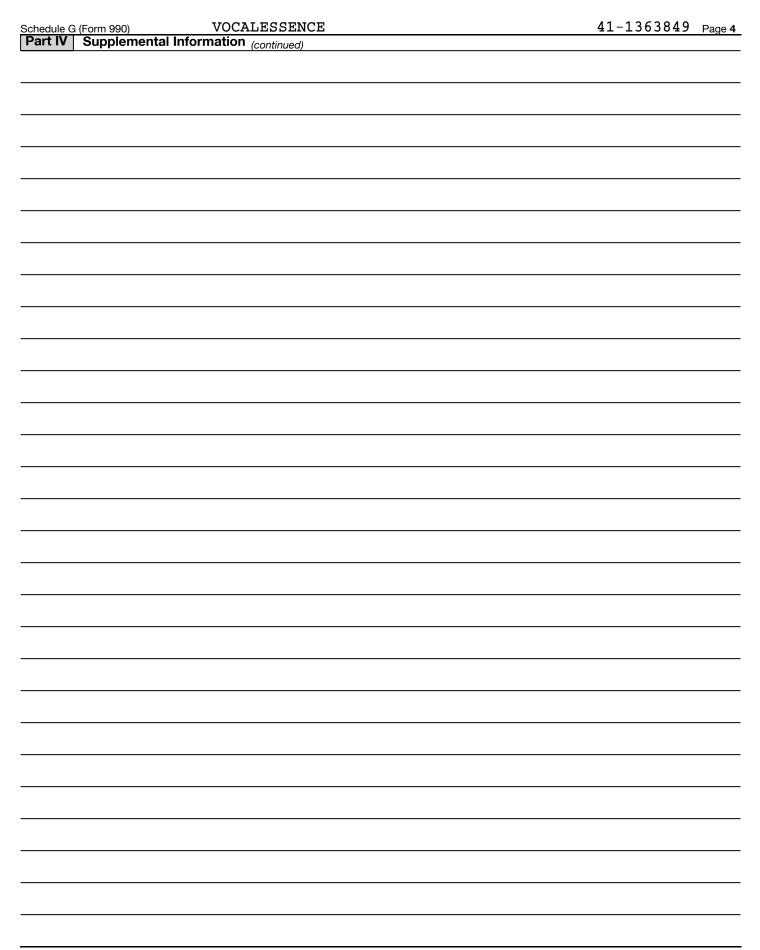
Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization						Employer ide	ntification number
VOCALES						41-1363	
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais     a	eed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual  art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includanted)	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration 
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-E	Z.			Schedule	G (Form 990) 2023

	rt II Fundraising Events. Complete if the of fundraising event contributions and growth.	e organization answered		t IV, line 18, or reported	
		(a) Event #1 VOCALESSENCE GALA	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne	-	(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	262,385.			262,385.
	2 Less: Contributions	138,037.			138,037.
	3 Gross income (line 1 minus line 2)	124,348.			124,348.
	4 Cash prizes				
S	5 Noncash prizes				
bense	6 Rent/facility costs	30,247.			30,247.
Direct Expenses	7 Food and beverages	43,878.			43,878.
ā	8 Entertainment	20,730.			20,730.
	9 Other direct expenses	44,418.			44,418.
	10 Direct expense summary. Add lines 4 through				139,273. -14,925.
Pa	11 Net income summary. Subtract line 10 from line III Gaming. Complete if the organization a		990, Part IV, line 19, or r		-14,923.
	\$15,000 on Form 990-EZ, line 6a.			•	
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
se	2 Cash prizes				
rect Expenses	3 Noncash prizes				
Direct E	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % No	Yes % No	Yes % No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7 f	from line 1, column (d)			
_	Enter the state (a) in a bigh the second state and a				
а	Enter the state(s) in which the organization conduct is the organization licensed to conduct gaming act of "No," explain:	tivities in each of these s	states?		Yes No
10a	Were any of the organization's gaming licenses rev	/oked, suspended, or te	rminated during the tax v	/ear?	Yes No
	If "Yes," explain:				

Sch	edule G (Form 990) 2023 VOCALESSENCE	<u> </u>	<u> 363849</u>	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility		13a	%
	An outside facility		13b	%
	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?	l	Yes	☐ No
		4		
D	of "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	ınt		
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
_	organization's own exempt activities during the tax year \$			
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part	III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				
_				



### 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

VOCALESSEN	NCE						41-136384	19
Part I General Information on Grants an	nd Assistance					<u>.</u>		
1 Does the organization maintain records to	substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection		
criteria used to award the grants or assist							Yes X	No
2 Describe in Part IV the organization's prod								
Part II Grants and Other Assistance to D					anization answered "\	es" on Form 990, Part I	V, line 21, for any	
recipient that received more than \$		· ·	· ·		(f) Mothod of	Т		
1 (a) 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) an	-	*	le line 1 table					

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

VOCALESSENCE 41-1363849 Schedule I (Form 990) 2023 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance EDUCATIONAL SUPPORT 0. 13,500. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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### SCHEDULE J (Form 990)

**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.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

VOCALESSENCE

VOCALESSENCE

Part I Questions Regarding Compensation

Employer identification number
41-1363849

			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	Х	
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  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	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		X
	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:	_		77
a	The organization?	5a		X
b	Any related organization?	5b		
_	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:			Х
a	The organization?	6a		X
D	Any related organization?	6b		
7	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	_		Х
Q	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Sittle control of the standard to Develop on the standard SO 4050 4(-)(0)0 If IIV as II standard to Develop	8		х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	r		-23
9	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.

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MARY ANN AUFDERHEIDE	(i)	159,238.	0.	0.	0.	9,442.		0.	
EXECUTIVE DIRECTOR, ENDING 6/17/24	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) PHILIP BRUNELLE	(i)	154,204.	0.	0.	0.	543.	154,747.	0.	
ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(II)							<u> </u>	

Page 2

### **SCHEDULE L**

Department of the Treasury Internal Revenue Service

(Form 990)

### **Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	
	VOCALESSENCE

Employer identification number 41-1363849

Part I Excess Benefit Tran	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) organizations only)				
Complete if the organization	n answered "Yes" on Form 990, Part IV, I	ine 25a or 25b; or Form 990-EZ, Part V, line 40b.				
1	(b) Relationship between disqualified	(a) Description of transaction	(d) Correct			
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2 Enter the amount of tax incurred by	y the organization managers or disqualifie	d persons during the year under				
section 4958		\$ <u></u>				
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$						
Part II Loans to and/or Fro	m Interested Persons					
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization						

reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of loan	(d) Lo fron organi	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	( <b>h)</b> Ap by bo comm	proved ard or iittee?	(i) W agreer	ritten nent?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						\$							

### Part III Grants or Assistance Benefiting Interested Persons

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

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

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

Schedule L (Form 990) 2023

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No.	
TIMOTHY TAKACH	BOARD MEMBER	455.	PAYMENT FOR		Х	
<u> </u>						
<u> </u>						
)						
art V Supplemental Information						
Provide additional information for r	esponses to questions on Schedule L. See in	nstructions.				
II I DADE IV DUGINIEGG	mp 22102 cm 10210 T2701 17721		ID DEDGOMG.			
H L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	3 INTERESTE	D PERSONS:			
) NAME OF PERSON: TIMO	<b>ΤΗΥ ΤΆΚΑ</b> CΗ					
NAME OF TERROOM, TIMO	IIII IMMOII					
) DESCRIPTION OF TRANS	ACTION: PAYMENT FOR SU	BSTITUTE EN	SEMBLE SING	ER		

### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Employer identification number 41 – 1363849

VOCALESSENCE	41-1363849
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
AFFIRM THE VALUE OF ALL PERSONS, AND EXPAND THE INFLUENCE	OF CHORAL
MUSIC.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:
VOCALESSENCE ALSO COMMISSIONED AND PREMIERED THE WORK OF F	OUR COMPOSERS
THROUGHOUT THE SEASON. EACH CONCERT IS VIDEO RECORDED FOR	LATER RELEASE
TO SERVE THE DIFFERING PREFERENCES OF OUR AUDIENCE.	
CONCERT VIDEOS WERE PROFESSIONALLY RECORDED AND EDITED AND	HOSTED ON
THE VOCALESSENCE WEBSITE FOR FREE VIEWING. 6,127 PEOPLE AT	TENDED
IN-PERSON CONCERTS; CONCERT VIDEOS RECEIVED 2,100 VIEWS; 4	5,700 PEOPLE
INTERACTED WITH VOCALESSENCE VIA ELECTRONIC AND SOCIAL MED	IA PLATFORMS,
AND RADIO BROADCASTS REACHED 1,690,000.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:
OUR VINTAGE VOICES CHOIRS ARE IN THREE LOCATIONS AND ENGAG	
ADULTS THROUGH SIX 13-WEEK SESSIONS OF CREATING, REHEARSIN	
PERFORMING A PROGRAM OF MUSIC, POETRY, AND PERSONAL REFLEC	
PRESENTED TO AUDIENCES TOTALLING 655 PEOPLE. THE VOCALESSE	
OF THIS AGE (SOTA) BROUGHT TOGETHER 45 TEENAGE STUDENTS OF	
CULTURAL BACKGROUNDS FROM 15 HIGH SCHOOLS IN MINNEAPOLIS,	

AN INTRODUCTION TO MULTIPLE MUSICAL STYLES THROUGH GUEST PRESENTERS.

INSTRUCTION IN MUSICIANSHIP, MOVEMENT, CHOREOGRAPHY, DRAMA, LYRICS, AND

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 41-1363849 VOCALESSENCE SOTA PERFORMED ON ALL VOCALESSENCE ARTISTIC SERIES CONCERTS AS WELL 17 ADDITIONAL COMMUNITY PERFORMANCES IN THE TWIN CITIES. FORM 990, PART VI, SECTION B, LINE 11B: LINE 11B EXPLANATION - REVIEWED BY THE BOARD AS PART OF THE AUDIT REVIEW PROCESS. FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS REVIEWED ANNUALLY BY THE BOARD. THE BOARD AND STAFF MEMBERS UPDATE THEIR POTENTIAL CONFLICTS OF INTEREST AT THAT TIME. FORM 990, PART VI, SECTION B, LINE 15: SALARY LEVELS ARE COMPARED AND DETERMINED OFF THE MN COUNCIL OF NON-PROFITS SALARY REPORTS. ALSO ARTS NONPROFIT INDUSTRY STANDARDS AND PERFORMANCE REVIEW DOCUMENTATION. SALARY LEVELS ARE COMPARED AND DETERMINED OFF THE MN COUNCIL OF NON-PROFITS SALARY REPORTS. ALSO ARTS NONPROFIT INDUSTRY STANDARDS AND PERFORMANCE REVIEW DOCUMENTATION.

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

ANNUAL REPORT AND AUDIT DOCUMENTS AVAILABLE VIA WEBSITE

FORM 990, PART XII, LINE 2C:

REVIEWED BY THE FINANCE COMMITTEE AND THEN APPROVED BY THE FULL BOARD AS PART OF THE AUDIT REVIEW PROCESS.