Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For the	e 2018 calenda	ar year, or tax year beginning , 2018, and ending	mation.		. 20			
В	Check if	applicable:	cable: C Name of organization			,			
Ц	Address	SCHANGE SORG OPERA PEVITALIZATION CROSED II C			D Employer identification number 46-1115114				
	Name ch	ame change Number and street (or B.O. how if well is not delivered.			ephone number				
Ц	Initial ret	turn		- relep	none nu	inder			
	Final return/terminated 63 SOUTH MAIN ST					0.0104			
Ц	Amended return				Exempl	8-8194			
	Application	on pending	Middletown, OH 45044	Numb		lion			
G	Accour	nting Method:	☐ Cash ☒ Accrual Other (specify) ▶			ne organization is not			
	Websit	te: ► SORG	OPERAHOUSE.ORG			Schedule B			
J	Tax-ex	cempt status (d	check only one) - X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 507						
K	Form o	of organization:	☐ Corporation ☐ Trust ☐ Association ☐ Other		, 990-EZ	Z, or 990-PF).			
L	Add lin	es 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a						
(Pa	art II, co	olumn (B)) are \$							
P	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (see the	in atmostic	. > \$	160,122			
		Check if t	he organization used Schedule O to respond to any question in this Part I	instructio	ons for I	Part I)			
	1	Contributions	, gifts, grants, and similar amounts received	• • • • •	· · · ·				
	2	Program sen	vice revenue including government fees and contracts.		1	105,424			
	3	Membership	dues and assessments		2	49,352			
	4	Investment in	come		3				
	5a	Gross amoun	at from sale of assets other than inventory		4	1,012			
	t	Less: cost or	other basis and sales expenses						
	0	Gain or (loss)) from sale of assets other than inventory (Subtract line 5b from line 5a)		1				
	6	Gaming and	saming and fundraising events:						
	a	Gross income from gaming (attach Schedule G if greater than							
ne		\$15,000)							
Revenue	b	Gross income	e from fundraising events (not including \$ of contributions	,					
ď			ng events reported on line 1) (attach Schedule G if the	•					
		sum of such g	gross income and contributions exceeds \$15,000) 6b						
	С	Less: direct e	xpenses from gaming and fundraising events	38,668					
	d	Net income or	r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	30,000					
		line 6c)			64				
	7a	Gross sales o	f inventory, less returns and allowances		6d	(38,668)			
	b	Less: cost of	goods sold	1,685					
	С	Gross profit of	r (loss) from sales of inventory (Subtract line 7b from line 7a)	1,005	7c	(4			
	8	Other revenue	(describe in Schedule O)		8	(1,685)			
	9	l otal revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and &		9	4,334			
	10	Grants and Sil	milar amounts paid (list in Schedule O)		10	119,769			
	11	belients paid t	o or for members		11				
S	12	Galaries, Other	compensation, and employee benefits		12				
use	13	Fiblessional is	ees and other payments to independent contractors		13				
Expenses	14	Occupancy, re	nt, utilities, and maintenance		14	1,399			
ய்	15	Filling, public	ations, postage, and shipping		15	5,264			
	10	Other expense		16	36				
	17	Total expense	s (describe in Schedule O). es. Add lines 10 through 16.	_ [17	42,305			
		Excess of (del	icit) for the year (Subtract line 17 from line 9)		18	49,004			
set	19	ivet assets or i	und balances at beginning of year (from line 27, column (A)) (must agree with		10	70,765			
Net Assets		end-of-year fig	ure reported on prior year's return)		19	110 00-			
Nei	20	Other changes	In het assets of fund balances (explain in Schedule O)		20	118,307			
	21	Net assets of t	und balances at end of year. Combine lines 18 through 20		21	100 000			
or I	Paperw	ork Reduction	Act Notice, see the separate instructions.			189,072			

Form 990-EZ (2018) SORG OPERA REVITALIZ	ZATION GROUP LLC		46-1	1115	114 0
Part II Balance Sheets (see the instructions for Pa	ort II)		40	TTT2	114 Page
Check if the organization used Schedule O	to respond to any questi	ion in this Part II			ব্য
	and the same queen		Beginning of year	· · ·	
22 Cash, savings, and investments		(A) B		20	(B) End of year
23 Land and buildings			59,860	22	56,836
24 Other assets (describe in Schedule O)			225,229	23	299,503
25 Total assets			0	24	0
26 Total liabilities (describe in Schedule O)			285,089	25	356,339
27 Net assets or fund balances (line 27 of column (B) must	agree with line 21)		166,782	26	167,267
Part III Statement of Program Service Accompli	shments (see the instru	ictions for Part III)	118,307	27	189,072
Check if the organization used Schedule O	to respond to any quest	tion in this Part III			Expenses
What is the organization's primary exempt purpose? REVITAL	IZATION OF SORG O	DEDA HOUGE		(Red	uired for section
					c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for as measured by expenses. In a clear and concise manner, describes the profited and other relevant in factors.	or each of its three largest p	rogram services,		1	nizations; optional for
persons benefited, and other relevant information for each progra	ibe the services provided, t	the number of		othe	
28 DURING THE 12 MONTHS OF 2018 SORG HELD	12 CONCEDES MEET				
PROCEEDS TO FURTHER THE RENOVATION OF	THE HIGHORICA ORDE				
HOUSE. CONCERTS RANGED FROM ROCK TO BL	THE HISTORICA OPE	RA -			
(Grants \$ 98 247) If this amount	untingludes ferring annuts	CAL.			
29	unt includes foreign grants,	check here	▶ 📙	28a	38,667
(Grants \$	makin alauta da a				
) II this amou	unt includes foreign grants,	check here	▶ 📙	29a	
(Grants \$					13.4
Other program services (describe in Schedule O)	unt includes foreign grants, o	check here	▶ 📙	30a	
(Grants \$			_		
(Grants \$	int includes foreign grants	shock horo		31a	
(Grants \$) If this amount of the second of	ınt includes foreign grants, o	check here	▶□	32	38,667
Grants \$) If this amount of the service expenses (add lines 28a through 3 Part IV List of Officers, Directors, Trustees, and Key E	Int includes foreign grants, on the includes foreign grants, on the includes (list each one e	check here	▶ ☐	32 uction	s for Part IV)
(Grants \$) If this amount of the companies of the compan	Int includes foreign grants, on the includes foreign grants, on the includes (list each one e	even if not compensat	▶□	32 uction	s for Part IV)
Total program service expenses (add lines 28a through 3 Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	int includes foreign grants, of the includes foreign grants, o	even if not compensate Part IV (c) Reportable	dd) Health benefits,	32 uction	s for Part IV)
2 Total program service expenses (add lines 28a through 3 Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title	int includes foreign grants, of the control of the	even if not compensat	ted - see the instr	32 uction	s for Part IV)
Grants \$) If this amount of the second of t	int includes foreign grants, of the includes foreign grants, o	even if not compensate Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	dd) Health benefits,	32 uction	s for Part IV)
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title See 990 OFOV CHARLES MILLER	ant includes foreign grants, of the control of the	even if not compensate Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	ied - see the instri	32 uction	s for Part IV)
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title See 990 OFOV CHARLES MILLER PRESIDENT	int includes foreign grants, of the control of the	even if not compensate Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	ied - see the instri	32 uction	s for Part IV)
Grants \$) If this amount of the composition of the	int includes foreign grants, of ta)	even if not compensate Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	ied - see the instri	32 uction	(e) Estimated amount of other compensation
Grants \$) If this amount of the control of the con	ant includes foreign grants, of the control of the	even if not compensate Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) STMA01	ied - see the instri	32 uction	(e) Estimated amount of other compensation
Grants \$) If this amount of the composition of the	int includes foreign grants, of ta)	even if not compensate Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) STMA01	ied - see the instri	32 uction	s for Part IV)
Grants \$) If this amount of the composition of the	int includes foreign grants, of ta)	check here even if not compensate Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) STMA01 STMA02	ied - see the instri	32 uction	s for Part IV)
Grants \$) If this amount of the composition of the	int includes foreign grants, of ta)	check here even if not compensate Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) STMA01 STMA02	ied - see the instri	32 uction	(e) Estimated amount of other compensation
Grants \$) If this amount of the program service expenses (add lines 28a through 3 Part IV List of Officers, Directors, Trustees, and Key Expenses (add lines 28a through 3 Part IV List of Officers, Directors, Trustees, and Key Expenses (a) Name and title See 990 OFOV CHARLES MILLER PRESIDENT DENISE BRODSKY SECRETARY SEEN BOWMAN PREASURER JARY ARMSTRONG IRECTOR	int includes foreign grants, of ta)	check here	ied - see the instri	32 uction	s for Part IV)
Carants \$) If this amount of the program service expenses (add lines 28a through 3 Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to respond to the program and title (a) Name and title (b) Part IV Charles MILLER (c) Part IV Charles MILLER	int includes foreign grants, of ta)	check here	ied - see the instri	32 uction on 0	(e) Estimated amount of other compensation
Grants \$) If this amount of the composition of the	int includes foreign grants, of ta)	check here even if not compensate Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) STMA01 STMA02 STMA03 OSTMA04	ied - see the instri	32 uction on 0	s for Part IV)
Grants \$) If this amount of the composition of the	int includes foreign grants, of ta)	check here even if not compensate Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) STMA01 STMA02 STMA03 OSTMA04	ied - see the instri	32 uction 0 0 0	s for Part IV)
Grants \$) If this amount of the composition of the	int includes foreign grants, of ta)	check here	ied - see the instri	32 uction 0 0 0	s for Part IV)
Grants \$) If this amount of the composition of the	int includes foreign grants, of ta)	check here	ied - see the instri	32 uction	s for Part IV)
Grants \$) If this amount of the composition of the	int includes foreign grants, of ta)	check here	ied - see the instri	32 uction	s for Part IV)
Grants \$) If this amount of the composition of the	int includes foreign grants, of ta)	check here	ied - see the instri	32 uction O O O O O	s for Part IV)
Grants \$) If this amount of the composition of the	int includes foreign grants, of ta)	check here	ied - see the instri	32 uction O O O O O	s for Part IV)
Grants \$) If this amount of the composition of the	int includes foreign grants, of 1a)	Check here	ied - see the instri	32 uction 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	s for Part IV)
Grants \$) If this amount is a service expenses (add lines 28a through 3 Part IV	int includes foreign grants, of 1a)	Check here	ied - see the instri	32 uction 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	s for Part IV)
Grants \$) If this amount is a service expenses (add lines 28a through 3 Part IV	int includes foreign grants, of 1a)	Check here	ied - see the instri	32 uction 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	s for Part IV)
Grants \$) If this amount is a service expenses (add lines 28a through 3 Part IV List of Officers, Directors, Trustees, and Key Expense (add lines 28a through 3 Check if the organization used Schedule O to respond to the organization used Schedule O to respond	int includes foreign grants, of 1a)	Check here	ied - see the instri	32 uction 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	s for Part IV)
Grants \$) If this amount is a service expenses (add lines 28a through 3 Part IV	int includes foreign grants, of 1a)	Check here	ied - see the instri	32 uction 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ss for Part IV)
Grants \$) If this amount is a service expenses (add lines 28a through 3 Part IV	int includes foreign grants, of ta)	Check here	ied - see the instri	32 uction 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	s for Part IV)
CGrants \$) If this amount of the composition of th	int includes foreign grants, of 1a)	Check here	ied - see the instri	32 uction 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	s for Part IV)
Grants \$) If this amount is a service expenses (add lines 28a through 3 Part IV List of Officers, Directors, Trustees, and Key Expense (add lines 28a through 3 Check if the organization used Schedule O to respond to the organization used Schedule O to respond	ant includes foreign grants, of 1a)	Check here	ied - see the instri	32 uction 0	s for Part IV)
CGrants \$) If this amount of the program service expenses (add lines 28a through 3 Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to respond title (a) Name and title (b) Part IV Check if the organization used Schedule O to respond title (a) Name and title (b) Part IV Check if the organization used Schedule O to respond title (a) Name and title (b) Part IV Check if the organization used Schedule O to respond title (b) Part IV Check if the organization used Schedule O to respond title (a) Name and title (b) Part IV Check if the organization used Schedule O to respond title (a) Name and title (b) Part IV Check if the organization used Schedule O to respond title (a) Name and title (b) Part IV Check if the organization used Schedule O to respond title (a) Name and title (b) Part IV Check if the organization used Schedule O to respond title (a) Name and title (b) Part IV Check if the organization used Schedule O to respond title (a) Name and title (b) Part IV Check if the organization used Schedule O to respond title (b) Part IV Check if the organization used Schedule O to respond title (b) Name and title (c) Name and title (int includes foreign grants, of ta)	Check here	ied - see the instri	32 uction 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	s for Part IV)

P	art V Other Information (Note the Schedule A and personal benefit contract statement as wisconstant in	114		Page
	the same deficition benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. [
			Yes	N
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			-
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34	-	X
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business	- 54	+	23
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
ŀ	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q		_	_^
(Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b)	_
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		X
	during the year? If "Yes," complete applicable parts of Schedule N			
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	36		X
ŀ	Did the organization file Form 1120-POL for this year?	_		
38 =	Did the organization file Form 1120-POL for this year?	37b		X
00 0	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
30 r	of If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	7		
	section 4911 ► ; section 4912 ► : section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	40b		v
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		X
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T			
41		40e		X
	The organization's hooks are in asset to a second to the s	2 1 1		
	Located at > 63 SOUTH MAIN ST, Middletown, OH Telephone no. > 513-6 45044	08-8	194	
h	At any time during the colondary year did the country of the colondary did the country of the colondary did the country of the colondary of th			
~	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	The res, enter the harne of the foreign country			21
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.			Г
	and enter the amount of tax-exempt interest received or accrued during the tax year	· · · ·		
			Yes	N.
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		165	No
	completed instead of Form 990-EZ	445		v
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		X
	completed instead of Form 990-EZ.			
С	Did the organization receive any payments for indoor tanning services during the year?	44b		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		X
_	explanation in Schedule O			
15 a	explanation in Schedule O	44d		
h	bid the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	but the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		X
EEA		_		

Form 990-EZ	Z (2018) SORG OPERA RE	VITALIZATION GROUP	LLC	46	-1115114		Page
46 Did	the organization and a discoult with the				1113114	Yes	
to c	the organization engage, directly or indirect	ly, in political campaign activ	vities on behalf of or in o	pposition			
Part VI	andidates for public office? If "Yes," comple Section 501(c)(3) Organization	te Schedule C, Part I			46		X
	All section 501(c)(3) organization 50 and 51. Check if the organization used 5	ns must answer quest					;
47 5:1						Yes	No
year	the organization engage in lobbying activities r? If "Yes," complete Schedule C, Part II				47	1.00	
40 IS III	le organization a school as described in sec	tion 170(b)(1)(A)(ii)?	" complete Schedule F		40		X
49a Dia	the organization make any transfers to an ex	xempt non-charitable related	organization?		40-	_	X
D II I	es, was the related organization a section 5	527 organization?			401-		- 1
50 0011	iplete this table for the organization's five hig	hest compensated employee	s (other than officers dir	ootore tweeters ! !	100		
emp	ployees) who each received more than \$100,	000 of compensation from the	ne organization. If there	is none, enter "None."			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other cor		
NONE							
HONE							
	-						
f Total							
51 Com	I number of other employees paid over \$100 plete this table for the organization's five high 0,000 of compensation from the organization.	nest compensated independe	ent contractors who each	received more than			
	(a) Name and business address of each independent cor	ntractor	(b) Type of service	е	(c) Compensation	1	
NONE							
			1				
4							
2 Did th	number of other independent contractors eane organization complete Schedule A? Note	: All section 501(c)(3) organ	nizations must attach a				
	leted Schedule A				► X Yes	□ N	lo
ue, correct, a	es of perjury, I declare that I have examined this reand complete. Declaration of preparer (other than	officer) is based on all info	schedules and statements, a	ind to the best of my knowled	edge and belief,	it is	
	G R DANIEL	onicer) is based on all informat	ion of which preparer has a	ıy knowledge.			
ign	Signature of officer			Date			
lere	G R DANIEL, CURRENT PRES	IDENT				1	
	Print/Type preparer's name	Preparer's signature	Date		DTIN		
aid	ANITA L EISTHEN			Check if self-employed	PTIN		
reparer	Firm's name ► ANITA L EISTHEN	, CPA LLC	01-14-202		P0207877	1	
se Only	Firm's address ▶ 9826 CINCINNATI			Firm's EIN ▶			
	CINCINNATI OH 4	5241		Phone no. 513 -	630-7733		
ay the IRS	discuss this return with the preparer shown	above? See instructions			Yes [□ No	
A					Form 990-		
						- 1	-/

List of Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the	your oven if they wer			
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAWN WAMSLEY	STN	(A14	deferred compensation	
DIRECTOR	5.00		,	
SYLVIA MCINTOSH		(A15) (0
DIRECTOR	8.00			
	0.00) (0
	-			
	-			
	-			
	-			
	-			
	-			
		The second second		
	-			
				La
				71 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
A				

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

2018

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

OMB No. 1545-0047

SO	RG (PERA REVITALIZATION GRO	IIP I.I.C				Employer identi	
	art I			organizations must	complete	e this na	rt) See instruction	114
The	orga	anization is not a private foundation be	cause it is: (For lin	es 1 through 12, check of	only one ho	x)	rt.) See mstructio	0115.
1		A church, convention of churches,	or association of cl	hurches described in se	ction 170	/λ.) (h)(1)(Δ)(i)		
2		A school described in section 170(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	or 990-F	~/(' //~/('/. 7))		
3		A hospital or a cooperative hospital	service organizati	on described in section	170/b)/1)	-/·) (Δ)(iii)		
4		A medical research organization op	erated in conjunct	ion with a hospital descr	rihed in se	(^)('''). ction 170()	b)(1)(A)(iii) Enter the	
		hospital's name, city, and state:	, ,	a noopharacool	inocu iii se	011011170(1	b)(T)(A)(III). Enter the	=
5		An organization operated for the ber	nefit of a college or	university owned or one	erated by a	aovernme	ntal unit described in	
		section 170(b)(1)(A)(iv). (Complete	e Part II.)	amorony owned or ope	crated by a	governine	inai unii described in	
6		A federal, state, or local governmen		unit described in section	n 170(b)(1	1)(A)(v)		
7		An organization that normally receiv	es a substantial pa	rt of its support from a d	overnment	ا)(ہ)(∨). علی pit or fm	om the general nublic	
		described in section 170(b)(1)(A)(v	vi). (Complete Parl	: II.)	Overninent	ai uiiit oi iit	om the general public	
8		A community trust described in sec	tion 170(b)(1)(A)(vi). (Complete Part II)				
9		An agricultural research organizatio	n described in sec	tion 170(b)(1)(A)(ix) or	nerated in a	conjunction	with a land grant as	llene
		or university or a non-land-grant coll	ege of agriculture	(see instructions). Enter	the name	city and eta	the of the college or	liege
		university:		(),	ino name, t	oity, and sie	ate of the college of	
10	X	An organization that normally receive	es: (1) more than 3	3 1/3% of its support fro	m contribu	tions mem	hershin fees and aro	88
		receipts from activities related to its	exempt functions -	subject to certain excen	otions and	(2) no more	e than 33 1/3% of its	55
		support from gross investment incon	ne and unrelated b	usiness taxable income	(less section	on 511 tax)	from husinesses	
		acquired by the organization after J	une 30, 1975. See	section 509(a)(2). (Cor	mplete Par	t III)	nom businesses	
11		An organization organized and oper	ated exclusively to	test for public safety. S	ee section	n 509(a)(4)		
12		An organization organized and opera	ated exclusively for	the benefit of, to perforn	n the functi	ons of, or to	o carry out the numos	202
		of one or more publicly supported or	rganizations descr	ibed in section 509(a)(1	l) or section	on 509(a)(2	2). See section 509(a)(3)
		Check the box in lines 12a through 1	2d that describes t	he type of supporting or	ganization	and comple	ete lines 12e, 12f, and	112a
	а	Type I. A supporting organization	on operated, super	vised, or controlled by it	s supporte	d organiza	tion(s), typically by gi	ivina
		the supported organization(s) the	e power to regularl	y appoint or elect a majo	ority of the	directors o	r trustees of the	9
		supporting organization. You m	ust complete Par	t IV, Sections A and B.				
	b	Type II. A supporting organization	on supervised or c	ontrolled in connection v	with its sup	ported orga	anization(s), by havir	na
		control or management of the su	pporting organizati	on vested in the same p	ersons that	control or	manage the supporte	d
		organization(s). You must com	plete Part IV, Sec	tions A and C.				
	С	☐ Type III functionally integrated	 A supporting org 	anization operated in co	onnection v	vith, and fu	inctionally integrated	with,
		its supported organization(s) (se	e instructions). Yo	u must complete Part	IV, Sectio	ns A, D, ar	nd E.	
	d	☐ Type III non-functionally integ	rated. A supportin	g organization operated	in connect	tion with its	supported organizat	tion(s)
		that is not functionally integrated.	The organization	generally must satisfy a o	distribution	requiremen	nt and an attentivenes	s
	_	requirement (see instructions). Y	ou must complet	te Part IV, Sections A a	and D, and	Part V.		
	е	Check this box if the organization	received a written	determination from the I	RS that it is	s a Type I,	Type II, Type III	
	f	functionally integrated, or Type II	I non-functionally in	ntegrated supporting org	anization.			
		Enter the number of supported organ						
		Provide the following information about Name of supported organization			_			
	('/	realite of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization	(v) Amount of monetary	(vi) Amount of
				above (see instructions))	docum	ur governing nent?	support (see instructions)	other support (see instructions)
							,	matractions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(D)								
(E)								
(-)		V						
Total								

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

	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					(3) = 0.10	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						,
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support			i ka			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4					(-)	(1) 10141
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's firs	t, second, third, fou	rth or fifth toy was		1/01	. □
Sec	and the state of t	phoir Leiceil	lade				
14	Public support percentage for 2018 (line 6, co	olumn (f) divided	by line 11, column (f))		14	%
15	Public support percentage from 2017 Schedu	ıle A, Part II, line	14			15	%
16a	33 1/3% support test - 2018. If the organiza	ation did not che	ck the box on line 1	3 and line 14 is 3	3 1/3% or more ob	ook this	
	box and stop nere. The organization qualifie	es as a publicly s	supported organizat	ion			▶ □
b	oo non support test - 2017. If the organiza	ation did not ched	ck a box on line 13	or 16a and line 14	5 is 33 1/3% or mar	o chook	
4	this box and stop here. The organization qu	alifies as a publi	cly supported organ	nization			▶ □
17a	1070 lacts and circumstances test - 2018.	if the organization	on did not check a	00x on line 13 16	a or 16h and line	1 / io	
	10% of more, and if the organization meets t	the "facts-and-cii	cumstances" test	check this how and	ston here Evelsi	n in	
	rait villow the organization meets the "facts	s-and-circumstan	ces" test. The organ	ization qualifies as	a publicly support	24	
	organization						▶ □
b	1070-lacts-and-circumstances test - 2017.	if the organization	on did not check a l	20x on line 13 16:	16h or 17a and	line	
	13 is 10% of more, and if the organization m	eets the "facts-a	nd-circumstances"	test, check this bo	x and ston here		
	explain in Part VI now the organization meets	s the "facts-and-o	ircumstances" test.	The organization	qualifies as a public	ly	
8	supported organization						▶ □
	i in the organization did n	ot check a box o	n line 13, 16a, 16b	17a, or 17b, chec	ck this box and see		
	instructions						

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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	ection A. Public Support	aumy ander t	ne tests listed	below, please	complete Part II.)	
	Ca	lendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(a) 2018	(6) T-4-1
	1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(4) 2010	(0) 2010	(u) 2017	(e) 2018	(f) Total
	2	Gross receipts from admissions, merchandise sold or services performed, or facilities				61,874	105,424	167,29
		furnished in any activity that is related to the organization's tax-exempt purpose				27,537	49,352	76,88
	3	Gross receipts from activities that are not an unrelated trade or business under section 513 .				= 1,700,	43,332	70,88
	4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	6	Total. Add lines 1 through 5				89,411	154,776	244 105
	7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			•	37,111	134,776	244,187
		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						
	С	Add lines 7a and 7b						
	8	Public support. (Subtract line 7c from						
-	200	line 6.)						244,187
		ction B. Total Support endar year (or fiscal year beginning in)						
	9	Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
						89,411	154,776	244,187
1	I0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
			W.			5,969	1,067	7,036
	b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	C	Add lines 10a and 10b				5,969	1 067	
1	1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				3,969	1,067	7,036
1	2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
1	3	Total support. (Add lines 9, 10c, 11, and 12.)	0				55	55
14	4	First five years. If the Form 990 is for the org	anization's first	second third fount	0 h, or fifth tax year	20,000	155,898 3)	251,278
S	ес	organization, check this box and stop here . tion C. Computation of Public Sup	port Percent	200				▶ 🏻
1	5	Public support percentage for 2018 (line 8, colu	mn (f) divided by	/ line 13 column /f	1			
16	,	rubile support percentage from 2017 Schedule	A Part III line 1	5)		15	<u>%</u>
S		ion bi computation of myestinent	income Pero	centage			16	%
17		Investment income percentage for 2018 (line 1	10c, column (f), d	livided by line 13	column (f))	Ι,	17	
18	•	investment income percentage from 2017 Sch	nedule A, Part III,	line 1.7			18	<u>%</u>
19	a :	33 1/3% support tests - 2018. If the organizat	tion did not check	the how on line 4	4 11: 45:			<u>%</u>
	i	ine 18 is not more than 33 1/3%, check this bo	tion did not check ox and stop here	k a box on line 14 o	or line 19a, and line	e 16 is more than 33	1/3%, and	
20	F	Private foundation. If the organization did not	check a box on	line 14. 19a or 19	b. check this how o	and see instructions	lization	▶ ∐
FF	Δ			.,	, shook and box a	ind see mistructions.		▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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.
- 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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.)

P	art IV Supporting Organizations (continued)			ugo
4	Loo the engagination and the Market of the Community of t		Yes	N
1	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
Se	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	Ston B. Type i Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	and thrut estrations of restrictions, if any, applied to such powers during the tax year.	1		
2	and a support of the benefit of any supported of any 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.			
Se	ction C. Type II Supporting Organizations	2		
			Yes	No
1	and of garine directors of the directors			
	of trustees of each of the organization's supported organization(s)? If "No " describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
-	the supported organization(s).	1		
5 e	ction D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported association is		Yes	No
	and the supported by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	or and organization of theory, directors, or trustees either (i) appointed or elected by the curported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No " explain in Part W hour			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3		-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structio	ons)	
	The organization satisfied the Activities Test. Complete line 2 helow		0110).	
	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government and the	(see ins	tructio	ons).
۲	The state of the s		_	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported diganization(s) to which the organization was responsive? If "Ves " then in Part VI identific			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b	Did the activities described in (a) constitute activities.	2a		
-	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would be			
	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 experiention(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
а	Did the organization have the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to regularly appoint or plant a relative to the power to require to the power			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	01		
	the organization in this regard.	3b		

Schedule A	Form	990	or	990-EZ)	2018	

SORG OPERA REVITALIZATION GROUP LLC

46-1115114

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiza	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expla	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Section	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		(optional)
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or	++		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			(optional)
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionally instructional.	integrat	ed Type III supporting	organization /aca
instructions).	giat	ou Type in Supporting	organization (see

Pa	irt V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organi	zations (continued)	15114 Pag
Se	ction D - Distributions	, , , , , , , , , , , , , , , , , , ,	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	emnt nurnoses		
2	Amounts paid to perform activity that directly furthers exem	nt nurnoses of supported		
	organizations, in excess of income from activity	pr parposes or supported		
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets	ico or supported organizat	10115	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is respons	sive	
	(provide details in Part VI). See instructions.	organization to respons	SIVC	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6		110 2010	Amount for 2016
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
	From 2017			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			

e Excess from 2018

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

SORG OPERA REVITALIZATION GROUP LLC

Schedule of Contributors

OMB No. 1545-0047

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number 46-1115114

Filers	of:	Section:			
Form 990 or 990-EZ		☑ 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 9	990-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Check	if your organization is cove	ered by the General Rule or a Special Rule.			
	Only a section 501(c)(7), (8	8), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
Genera	al Rule				
X	For an organization filing F or more (in money or prop contributor's total contribut	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.			
Specia	I Rules				
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	contributor, during the year contributions totaled more to during the year for an exclusional Rule applies to the	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, contributions exclusively for religious, charitable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were received fusively religious, charitable, etc., purpose. Don't complete any of the parts unless the his organization because it received nonexclusively religious, charitable, etc., contributions fring the year			

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

SORG OPERA REVITALIZATION GROUP LLC

Employer identification number

			46-1115114			
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	MIDDLETOWN COMMUNITY FOUNDATION 300 MAIN STREET Cincinnati, OH 45242	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	OHIO FACILITIES CONSTRUCTION COMMIS 30 WEST SPRING STREET, 4TH FLOOR Middletown, OH 45042	\$\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	L&L NIPPERT CHARITABLE FOUNDATION 4200 MALSBARY ROAD Cincinnati, OH 45242	\$55,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number SORG OPERA REVITALIZATION GROUP LLC 46-1115114

		46-1115114
01. Description of other revenue (Par	t I, line 8)	
Description	Amount	
MISCELLANEOUS INCOME	4,334	
02. Description of other expenses (Pa	rt I, line 16)	
Description	Amount	
Depreciation from 4562	6,387	
BANK CHARGES AND FEES	1,054	
DUES & SUBSCRIPTIONS	618	
EQUIPMENT RENTAL	2,588	
EXPENSE REIMBURSEMENTS	2,932	
INSURANCE	8,892	
MEALS & ENTERTAINMENT	179	
OFFICE SUPPLIES AND SOFTWARE	642	
OTHER BUSINESS EXPENSES	793	
PERMITS	366	
REIMBURSABLE EXPENSES	6,000	
SECURITY & FIRE PROTECTION	3,633	
SUPPLIES	841	
TAXES & LICENSES	(1,164)	
PROPERTY TAX	1,122	
TELEPHONE AND INTERNET	461	
UTILITIES	3,478	
INTEREST EXPENSE	3,336	
INVESTMENT EXPENSE	147	

Schedule O (Form 990 or 990-EZ) (2018)			Page 2
Name of the organization	6	Employer identification nu	mber
SORG OPERA REVITALIZATION GROUP LLC		46-1115114	
		20 1113111	
03. Description of total liabilities (Part II, line 26)		
Ga h a sussession			
Category	Beginning of Year	End of Year	
CURRENT AND LONG TERM LIAB.			
CORRENT AND LONG TERM LIAB.	166,782	167,267	
	× .		
		, , , , , , , , , , , , , , , , , , , ,	
		\	
	,		

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

2018

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Attachment Sequence No. 179

IVali	ie(s) shown on return			Business or activity t	o which t	his form relates			Identifying number
SC	ORG OPERA REVITALI	ZATION GF	ROUP	FORM 9	90E2	Z - 1			46-1115114
P	art I Election To Exper	nse Certain Pr	operty Unde	r Section 17	79				1 10 1110111
_	Note: If you have an	y listed property	, complete Par	t V before you	com	olete Part I.			
1	Maximum amount (see instruction	ns)						1	
2	Total cost of section 179 propert	y placed in service	(see instructions	s)				2	
3	Threshold cost of section 179 pr	operty before redu	ction in limitation	(see instructions	s) .			3	
4	Reduction in limitation. Subtract I	line 3 from line 2. If	zero or less, en					4	1
5	Dollar limitation for tax year. Subt	tract line 4 from line	e 1. If zero or les	s. enter -0 If m	arried	filina		-	
	separately, see instructions				arriou	illing		5	
6	(a) Description of	f property		(b) Cost (business t			ected cost	5	
		20		(2) 0001 (20011000)	asc orny)	(C) Ele	cied cost		
									-
7	Listed property. Enter the amoun	t from line 29 .			7				
8	Total elected cost of section 179		ounts in column (c) lines 6 and 7				8	
9	Tentative deduction. Enter the s	maller of line 5 or	line 8	o,, inico o ana 7				9	
10	Carryover of disallowed deduction	n from line 13 of vo	our 2017 Form 4					10	
11	Business income limitation. Enter	the smaller of bus	siness income (n	nt less than zero	· · ·		· · ·	11	
12	Section 179 expense deduction.	Add lines 9 and 10	. but don't enter	more than line 1	4			12	
13	Carryover of disallowed deduction	n to 2019. Add line	s 9 and 10 less	line 12	13			12	
Not	e: Don't use Part II or Part III belov	w for listed propert	v. Instead, use F	Part V	10				
Pa	rt II Special Depreciati	on Allowance	and Other I	epreciation	(Do	n't include	listed n	roport	v Coo instructions
14	Special depreciation allowance for	or qualified property	(other than liste	d property) place	ed in se	ervice	iisted pi	open	y. See instructions.)
	during the tax year. See instructio							14	
15	Property subject to section 168(f)	(1) election						15	
16	Other depreciation (including ACF	RS)						16	6 207
Pa	rt III MACRS Deprecia	tion (Don't inc	lude listed pro	perty. See ins	tructio	ne)		10	6,387
		1 1 1 1 1		tion A	. aotio	110./			
17	MACRS deductions for assets pla	ced in service in ta	ax years beginni	na before 2018				17	
18	If you are electing to group any as	ssets placed in ser	vice during the t	ax vear into one	or mor	e general		- 17	
	asset accounts, check here								
	Section B - Assets	Placed in Servi	ice During 20	18 Tax Year L	Isina	the Genera	l Depr	eciati	on System
	(a) Classification of property	(b) Month and year	(c) Basis for depre	eciation		and Comore	и вери	Colati	on System
	(a) Classification of property	service	(business/investme only-see instruct	ill dae ' '		c) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
c	7-year property								
d	10-year property								
e	15-year property								
f	20-year property								
g	25-year property			25 yr			S/I		
h	Residential rental			27.5 y		MM	S/L	_	
	property			27.5 y		MM	S/L	_	
i	Nonresidential real			39 yr		MM	S/L		
	property					NANA	0/1		
	Section C - Assets Pla	ced in Service	During 2018	ax Year Usin	a the	Alternativ	o Donr	ociati	on Cuetom
20a	Class life		3	The roan contract	g the	Aitemativ	S/L		on System
b	12-year	1		12 yr					
С	30-year			30 yr		ММ	S/L	_	
d	40-year						S/L	_	
Par	t IV Summary (See insti	ructions.)		40 yr:	5.	MM	S/L		
21	Listed property. Enter amount from								
22	Total. Add amounts from line 12,		7 lines 10 and 3	0 in column (-)			• • •	21	
	here and on the appropriate lines of	of your return Partr	nershine and S	o in column (g),	and III	etions			
23	For assets shown above and place	ed in service during	the current vec	enter the	ınstru	cions	• •	22	6,387
	portion of the basis attributable to s	section 263A costs		The second secon	22				
For D	aperwork Reduction Act Notice, s	ee congrate instr	· · · · · · ·		23				Form 4562 (2018)
FOR P	apol work Reduction Act Notice.	SEE SEDALAIR INCIR							

Federal Supporting Statements 2018 PG01 Name(s) as shown on return Tax ID Number SORG OPERA REVITALIZATION GROUP LLC 46-1115114 Form 990EZ - Part IV Statement #A01 Compensation Explanation Name CHARLES MILLER Explanation NONE PG01 Form 990EZ - Part IV Statement #A02 Compensation Explanation Name DENISE BRODSKY Explanation NONE PG01 Form 990EZ - Part IV Statement #A03 Compensation Explanation Name KEN BOWMAN Explanation NONE

STATMENT.LD

Federal Supporting Statements 2018 PG01 Name(s) as shown on return Tax ID Number SORG OPERA REVITALIZATION GROUP LLC 46-1115114 Form 990EZ - Part IV Statement #A04 Compensation Explanation Name GARY ARMSTRONG Explanation NONE PG01 Form 990EZ - Part IV Statement #A05 Compensation Explanation Name NORMA ARMSTRONG Explanation NONE PG01 Form 990EZ - Part IV Statement #A06 Compensation Explanation Name BOB MELLOH Explanation NONE

Federal Supporting Statements 2018 PG01 Name(s) as shown on return Tax ID Number SORG OPERA REVITALIZATION GROUP LLC 46-1115114 Form 990EZ - Part IV Statement #A07 Compensation Explanation Name JEFF JOHNSON Explanation NONE PG01 Form 990EZ - Part IV Statement #A08 Compensation Explanation Name G R DANIEL Explanation NONE PG01 Form 990EZ - Part IV Statement #A09 Compensation Explanation Name NANCY GRIFFITH Explanation NONE

Federal Supporting Statements 2018 PG01 Name(s) as shown on return Tax ID Number SORG OPERA REVITALIZATION GROUP LLC 46-1115114 Form 990EZ - Part IV Statement #A10 Compensation Explanation Name WALT MCREE Explanation NONE PG01 Form 990EZ - Part IV Statement #A11 Compensation Explanation Name LINDA MOORMAN Explanation NONE PG01 Form 990EZ - Part IV Statement #A12 Compensation Explanation Name DAN SCHAUB Explanation NONE

STATMENT.LD

Federal Supporting Statements 2018 PG01 Name(s) as shown on return Tax ID Number SORG OPERA REVITALIZATION GROUP LLC 46-1115114 Form 990EZ - Part IV Statement #A13 Compensation Explanation Name CHRIS RIVA Explanation NONE PG01 Form 990EZ - Part IV Statement #A14 Compensation Explanation Name DAWN WAMSLEY Explanation NONE PG01 Form 990EZ - Part IV Statement #A15 Compensation Explanation Name SYLVIA MCINTOSH Explanation NONE