PUBLIC INSPECTION COPY

Department of the Treasury

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. 1545-0047

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change The Orange Show Foundation Name change 74-2195558 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated P.O. Box 230309 713-926-6368 2,187,930. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Houston, TX 77223 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Thomas Ralph Pace III for subordinates? Yes X No same as C above H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ▶ www.orangeshow.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1980 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: To preserve, promote and Activities & Governance document visionary art environments and artistic expression. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 22 22 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 657,877. 1,743,330. Contributions and grants (Part VIII, line 1h) 8 Revenue 35,627. 167,907. Program service revenue (Part VIII, line 2g) 34. 110. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,051. -184,382. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 694,589. 1,726,965. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 286,100. 389,961. 15 Expenses 25,050. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 534,692. 984,165. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 820,792. 1,399,176. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 327,789. -126,203. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** 70 **End of Year** 3,808,237. 4,224,246 Total assets (Part X, line 16) 2,137,683. 2,225,903. 21 Total liabilities (Part X, line 26) 三年 670,554. 1,998,343 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Electronically Filed Signature of officer Date Sign Thomas Ralph Pace III, Executive Director Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name Barbara Murphy 10/27/22 P01386215 Barbara Murphy self-employed Paid Firm's name Blazek & Vetterling Firm's EIN ▶ 76-0269860 Preparer Firm's address > 2900 Weslayan, Suite 200 Use Only Houston, TX 77027 Phone no. 713 - 439 - 5739X Yes May the IRS discuss this return with the preparer shown above? See instructions

		response or note to any line in this Part	II	X
1	Briefly describe the organization's mis	sion:		
	See Schedule O			
2	Did the organization undertake any sig	nificant program services during the yea	r which were not listed on the	
2		milicant program services during the yea		Yes X No
	If "Yes," describe these new services of			
3		, or make significant changes in how it o	conducts, any program services?	Yes X No
	If "Yes," describe these changes on Se			
4		ervice accomplishments for each of its the		• •
		ations are required to report the amount	of grants and allocations to others, the	e total expenses, and
4-	revenue, if any, for each program servi	ce reported. 283,775 • including grants of \$) (-	1/8 160
4a	Schedule O (Expenses \$	203, 113 • including grants of \$		140,100.
	benedate o			
4b	(Code:) (Expenses \$	132,633. including grants of \$) (Revenue \$	14,759.
	Sechedule O	moduling grants of \$\psi\$) (Nevende # _	
	-			
4c	(Code:) (Expenses \$	98,476. including grants of \$) (Revenue \$	2,340.
	See Schedule O		, / (· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe on S	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	514,884.		

Form 990 (2021) The Orange Show Foundation 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			٦,
	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		, .
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_	Х	
_	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?	_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,	44.	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
b		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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
20a	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

Part IV	Ch	ecklist of Required Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			\ _{3,7}
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV	29	Х	125
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 21	
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t 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 1a 31			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X 000	

Form 990 (2021) The Orange Show Foundation

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	, , , , , , , , , , , , , , , , , , , ,	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		37	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_	37	
	to file Form 8282?	7c	Х	
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	Х	\vdash
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11	25	
8		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
а	Did the conservation association and a section to the distribution and association 40000	9a		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			1

Form 990 (2021) The Orange Show Foundation 74-219558 Page 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 22			
	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 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer director trustee or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ü		3		х
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		21
7a		7.		Х
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		- 21
D		-		Х
•	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	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, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Thomas Ralph Pace, III - 713-926-6368			
	P.O. Box 230309, Houston, TX 77223			

Form 990 (2021)

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

(A)	Check this box if neither the organization nor any related or (A) (B)							(D)	(E)	(F)		
Name and title	Average	/-I.	(C) Position (do not check more than one					Reportable	Reportable	Estimated		
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of		
	week		cer an	d a di	irecto	r/trus	tee)	from	from related	other		
	(list any	rector						the	organizations	compensation		
	hours for related	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization		
	organizations	ruste	ıl trus		ee/	m pen		1099-NEC)	1099-NEO)	and related		
	below	ndividual trustee or director	Institutional trustee	Ji.	Key employee	Highest compensated employee	er	1300 1.20,		organizations		
	line)	Indiv	Instit	Officer	Key e	Highe empl	Former					
(1) Thomas Ralph Pace, III	40.00											
Executive Director	0.00			Х				141,775.	0.	5,453.		
(2) Marilyn Oshman	4.00											
Chair	0.00	Х		Х				0.	0.	0.		
(3) Bob Schultz	10.00											
President	0.00	Х		Х				0.	0.	0.		
(4) Paige Johnson	5.00											
Vice President	0.00	Х		Х				0.	0.	0.		
(5) Caroline Fant	8.00								_	_		
Treasurer	0.00	Х		Х				0.	0.	0.		
(6) Karen Desenberg	8.00									_		
Secretary	0.00	Х		Х				0.	0.	0.		
(7) Beverly Braden	0.50											
Trustee	0.00	Х						0.	0.	0.		
(8) Carolyn Colias	0.50									•		
Trustee	0.00	Х						0.	0.	0.		
(9) Samina Farid	0.50								•	•		
Trustee	0.00	Х						0.	0.	0.		
(10) Franny Koelsch-Jeffries	0.50	.,								•		
Trustee	0.00	X						0.	0.	0.		
(11) Richard Finger	0.50	37							0	0		
Trustee (12) Lefauntha Warring	0.00	Х						0.	0.	0.		
(12) Lafayette Herring Trustee	0.00	Х						0.	0.	0.		
(13) Sharon Kopriva	0.50	Λ						0.	0.	<u> </u>		
Trustee	0.00	Х						0.	0.	0.		
(14) Ashley Langley	0.50	Λ						0.	0.	0.		
Trustee	0.00	Х						0.	0.	0.		
(15) Tracy Levit Larner	1.00	21						•	0.			
Trustee	0.00	x						0.	0.	0.		
(16) Andrew Lubetkin	1.00							· ·	•	•		
Trustee		х						0.	0.	0.		
(17) Jack Massing	0.50											
Trustee	0.00	х	l					0.	0.	0.		

Form 990 (2021) The Orang									74-21	95	558	Р	age 8
Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C	compensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(do not check more than one box, unless person is both an		(D) Reportable compensation from	(E) Reportable compensation from related	1		(F) stimate nount other	of	
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISO 1099-NEC)	D/	fr org an	pensa om th anizat d relat anizati	ation e tion ted
(18) Lynn Mathre Trustee	0.50	х						0.		ο.			0.
(19) Sue Payne	2.00												
Trustee	0.00	Х						0.		0.			0.
(20) Thomas P. Williams Robinson Trustee	1.00	х						0.		0.			0.
(21) Ricky Polidore	0.50												•
Trustee (22) Lauren Waddell	1.00	Х						0.		0.			0.
Trustee	0.00	х						0.		0.			0.
(23) Alvia Wardlaw	0.50	3,7											^
Trustee	0.00	Х						0.		0.			0.
1b Subtotal							▶	141,775.		0.		5,4	
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)							>	141,775.		0.		5,4	<u>0.</u> 53.
2 Total number of individuals (including but no compensation from the organization							io re	eceived more than \$100,	000 of reportable			•	1
										,		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	•		•	•	•		_		•		3		Х
4 For any individual listed on line 1a, is the su	m of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	•				•			· ·			5		Х
Section B. Independent Contractors	Dioto Concant	, ,	<u> </u>	,	<i></i>	<i></i>							
Complete this table for your five highest conthe organization. Report compensation for the organization.	•	•							•	ensat	ion fro	om	
(A) Name and business	address	N	ONE	3				(B) Description of s	services	С	ompe		n
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nited	d to	thos	_	ted	above) who received mo	ore than				
\$ 100,000 of componential from the organiz					•	-					Form	990 (2021)

		Check if Schedule O co	ontains a	response	or note to any line	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
9		Fundraising events		1c	799,145.				
ffs,				1d	777,2101				
ig ig		Related organizations			220,443.				
Sir.		Government grants (contrib		1e	220,445.				
utio	T	All other contributions, gifts, g			722 742				
^듩		similar amounts not included a		1f	723,742.				
ont	_	Noncash contributions included in lir		1g \$	278,983.	1 742 220			
O g	n	Total. Add lines 1a-1f				1,743,330.			
					Business Code	150.010	150.010		
<u>e</u>	2 a				713990	150,010.	150,010.		
erv	b	O Show Monument			713990	8,587.	8,587.		
ı S.	С	Beer Can House			713990	6,970.	6,970.		
Program Service Revenue	d	Smither Park			713990	2,340.	2,340.		
F	е								
<u>a</u>	f	All other program service re	evenue						
	g	Total. Add lines 2a-2f				167,907.			
	3	Investment income (includia	ng divide	ends, intere	st, and				
		other similar amounts)				110.			110.
	4	Income from investment of							
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	С	· · · · · · · · · · · · · · · · · · ·	6c						
		Net rental income or (loss)			•				
		Gross amount from sales of	(i) S	Securities	(ii) Other				
			7a						
	b	Less: cost or other basis							
<u>o</u>	~		7b						
Revenue	c		7c						
ě		Net gain or (loss)							
		Gross income from fundraising							
Other	οu	including \$ 7		I					
١		contributions reported on li		-					
		·	•	I	261,902.				
	L	Part IV, line 18			443,636.				
		Less: direct expenses				-181,734.			-181,734.
		Net income or (loss) from fu Gross income from gaming				101,751.			101,704.
	эa	0 0	,	- 1					
	1 .	Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from g							
	10 a	Gross sales of inventory, le		I .	14 601				
		and allowances							
		Less: cost of goods sold					6.515		
\longrightarrow	С	Net income or (loss) from s	ales of ir	ventory		-2,648.	-2,648.		
ဖွ					Business Code				
on e	11 a								
Miscellaneous Revenue	b								
Sek Sek	С								
Ais	d	All other revenue							
_	е	Total. Add lines 11a-11d							
	12	Total revenue. See instruction	ns			1,726,965.	165,259.	0.	-181,624.

Form 990 (2021) The Orange Show Foundation Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	147,208.	44,163.	58,883.	44,162.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	183,795.	88,124.	60,892.	34,779.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	24 254	44.005	4.500	
9	Other employee benefits	34,054.	14,267.	14,639.	5,148. 5,964.
10	Payroll taxes	24,904.	9,964.	8,976.	5,964.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	40 007		40 057	1 140
С.	Accounting	49,997.		48,857.	1,140.
d	Lobbying Confidence Confidence And Death William 47	25,050.			25,050.
e	Professional fundraising services. See Part IV, line 17	23,030.			23,030.
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	212,373.	68,626.	39,326.	104,421.
12	Advertising and promotion	50,910.	14,036.	3,400.	33,474.
13	Office expenses	61,092.	17,809.	6,433.	36,850.
14	Information technology	20,514.	1,398.	487.	18,629.
15	Royalties	•	•		•
16	Occupancy	57,124.	35,266.	13,103.	8,755.
17	Travel	6,481.	704.	5,777.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	85,314.		85,314.	
21	Payments to affiliates	00.000			
22	Depreciation, depletion, and amortization	80,853.	66,913.	8,903.	5,037.
23	Insurance	47,812.	21,062.	17,082.	9,668.
24	Other expenses. Itemize expenses not covered 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.)				
а	Equipment rentals	133,353.	31,180.	1,059.	101,114.
b	Art Car event expenses	125,845.	93,223.	28,516.	4,106.
c	Other event expenses	27,304.	,	-,	27,304.
d	Repairs and maintenance	25,193.	8,149.	13,395.	3,649.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,399,176.	514,884.	415,042.	469,250.
26	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)				5 000 (0004)

Form 990 (2021)
Part X Balance Sheet

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			226,864.	1	368,029.
	2	Savings and temporary cash investments			10,815.	2	20,586.
	3	Pledges and grants receivable, net	63,818.	3	282,402.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			17,272.	9	19,449.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,110,556.			
	b	Less: accumulated depreciation		576,776.	3,489,468.	10c	3,533,780.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	3,808,237.	16	4,224,246.		
	17	Accounts payable and accrued expenses		58,737.	17	141,370.	
	18	Grants payable			18		
	19	Deferred revenue			29,454.	19	50,075.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
iabi		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrel	ated thir	d parties	2,001,498.	23	2,034,458.
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, page 1)	ayables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D		1	47,994.		2 22 22 22
	26	Total liabilities. Add lines 17 through 25			2,137,683.	26	2,225,903.
		Organizations that follow FASB ASC 958, ch	eck here	$\mathbf{P} \triangleright \mathbf{X}$			
Ses		and complete lines 27, 28, 32, and 33.			4 64 5 000		1 5 4 4 4 0 0
lan	27	Net assets without donor restrictions	1,617,928.	27	1,544,482.		
Ba	28	Net assets with donor restrictions			52,626.	28	453,861.
oun		Organizations that do not follow FASB ASC 9	958, che	ck here 🕨 🔛			
F		and complete lines 29 through 33.					
S C	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			1 (7) 554	31	1 000 242
Ş	32	Total net assets or fund balances		1	1,670,554.	32	1,998,343.
	33	Total liabilities and net assets/fund balances			3,808,237.	33	4,224,246.

Pai	t 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	1,72	6,9	<u>65.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,39		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>89.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,67	0,5	<u>54.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,99	8,3	43.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			_
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

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.

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

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

The Orange Show Foundation 74-2195558 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	861,820.	603,972.	1509088.	657,877.	1743330.	5376087.
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	861,820.	603,972.	1509088.	657,877.	1743330.	5376087.
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)						1044005.
	Public support. Subtract line 5 from line 4.						4332082.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	861,820.	603,972.	1509088.	657,877.	1743330.	5376087.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		0.1	201		110	
	and income from similar sources	258.	91.	304.	34.	110.	797.
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.)						5376884.
	Total support. Add lines 7 through 10		`			1	,200,215.
	Gross receipts from related activities,	•					,200,215.
13	First 5 years. If the Form 990 is for the			•			. —
Sec	organization, check this box and stop ction C. Computation of Publi						P
	Public support percentage for 2021 (li			volumn (f)\		14	80.57 %
	Public support percentage for 2021 (iii Public support percentage from 2020					15	80.57 %
	33 1/3% support test - 2021. If the co					<u> </u>	
iva	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te					viriow the organiz	▶ □
h	10% -facts-and-circumstances test	· ·	•	,			
~	more, and if the organization meets th	_					. = , • • •
	organization meets the facts-and-circu		•				ightharpoons
18	Private foundation. If the organizatio			. ,	•		· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990) 2021 The Orange Show Foundation | 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	>
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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
	1		
	2		
	3a		
	3b		
	Зс		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	100		
	10a		
	10b		
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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c k	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	il in Part VI.	11c		
Sect	ion	B. Type I Supporting Organizations			
				Yes	No
1	Did tl	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		etors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) etively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did tl	he organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(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,			
_	supe	rvised, or controlled the supporting organization.	2		
Sect	ion	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
	the s	upported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations			
				Yes	No
1	Did tl	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar	nization'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			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	incor	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cool		orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
Seci		7			
1	Chec	ck 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.			
C	A - 4:	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		NI -
2		rities Test. Answer lines 2a and 2b below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
h		these activities constituted substantially all of its activities. he activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
_			_		_

Pail V	Type in Non-Functionally integrated 303(a)(3) Support	ing Organi	zations	
1	oxedge Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	_
Section A	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Red	coveries of prior-year distributions	2		
3 Oth	ner gross income (see instructions)	3		
4 Add	d lines 1 through 3.	4		
5 Dep	preciation and depletion	5		
6 Por	tion of operating expenses paid or incurred for production or			
coll	ection of gross income or for management, conservation, or			
mai	intenance of property held for production of income (see instructions)	6		
7 Oth	ner expenses (see instructions)	7		
8 Adj	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section E	3 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	gregate fair market value of all non-exempt-use assets (see			
inst	tructions for short tax year or assets held for part of year):			
a Ave	erage monthly value of securities	1a		
b Ave	erage monthly cash balances	1b		
c Fair	r market value of other non-exempt-use assets	1c		
d Tot	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	count claimed for blockage or other factors			
(ex	olain in detail in Part VI):			
2 Acc	quisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	otract line 2 from line 1d.	3		
4 Cas	sh 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 Mu	Itiply line 5 by 0.035.	6		
7 Red	coveries of prior-year distributions	7		
8 Mir	nimum Asset Amount (add line 7 to line 6)	8		
Section (C - Distributable Amount			Current Year
1 Adj	usted net income for prior year (from Section A, line 8, column A)	1		
	er 0.85 of line 1.	2		
	nimum asset amount for prior year (from Section B, line 8, column A)	3		
	er greater of line 2 or line 3.	4		
5 Inc	ome tax imposed in prior year	5		
	tributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	<u>ied) </u>	
Secti	on 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	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	1	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 2021 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-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
ее	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12:
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.)
Part II, Section A, Line 1- Public Support
The 2018 public support information shown in Schedule A Part II,
column(b) represents a short year consisting of the six months from
July through December 2018. With the filing of its 2018 Form 990, the
organization changed its accounting period from a fiscal year ending
June 30 to a calendar year ending December 31.
June 30 to a carendar year enamy becomber 31.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

The Orange Show Foundation

74-2195558

Organization type (che	eck one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule	
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	Section: Z
	501(c)(3) taxable private foundation
	•
General Rule	
Special Rules	
sections 509(a contributor, d	a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one uring 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;
contributor, d literary, or edu	uring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ucational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering
year, contribu is checked, er purpose. Don	4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 521 political organization 521 political organization 4947(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Secial Rules Secial Rules Secial Rule Sec
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

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

The Orange Show Foundation

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	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
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 67,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 98,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$94,836.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

The Orange Show Foundation

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		- _ \$ <u>103,951.</u> -	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		- - \$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

The Orange Show Foundation

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			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** The Orange Show Foundation 74-2195558 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 Part III 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

The Orange Show Foundation

Employer identification number 74-2195558

		(a) Donor advised	d funds	(b) Funds an	d 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 w	riting that the assets hel	d in donor advised fu	unds	
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes N
6	Did the organization inform all grantees, donors, and donor ac				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose conf	erring	
	impermissible private benefit?				Yes N
Pa	t II Conservation Easements. Complete if the org				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).			
	Preservation of land for public use (for example, recreat		Preservation of a hi	storically impo	rtant land area
	Protection of natural habitat		Preservation of a ce	ertified historic	structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribu	ition in the form of a	conservation e	asement on the last
	day of the tax year.			Held	at the End of the Tax Ye
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	cture included in (a)		. 2c	
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a	a historic structure		
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the orga	anization during	g the tax
	year ▶				
4	· · · · · · · · · · · · · · · · · · ·				
5	Does the organization have a written policy regarding the period	odic monitoring, inspecti	on, handling of		
	violations, and enforcement of the conservation easements it	holds?			Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conserva	tion easements	s during the year
	>				
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enf	orcing conservation	easements dur	ing the year
	▶ \$				
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	s of section 170(h)(4)	(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes N
9	In Part XIII, describe how the organization reports conservation	n easements in its reven	ue and expense stat	ement and	
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's	financial statements	that describes	the
	organization's accounting for conservation easements.				
Pa	t III Organizations Maintaining Collections of	-	asures, or Other	Similar Ass	sets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	nue statement and b	alance sheet w	orks (
	of art, historical treasures, or other similar assets held for public	lic exhibition, education,	or research in furthe	rance of public	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	cribes these items.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balar	nce sheet work	s of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherar	nce of public se	ervice,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
					1,557,790
2	If the organization received or held works of art, historical trea	sures, or other similar as	sets for financial gai	n, provide	
	the following amounts required to be reported under FASB AS	SC 958 relating to these i	items:		
а	Revenue included on Form 990, Part VIII, line 1			> \$	
	Assets included in Form 990, Part X			S	

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Complete if the organization answered Tes Off Offi 930, Fart V, line Tra. Gee Form 330, Fart X, line To.							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land		1,864,804.		1,864,804.			
b Buildings		2,219,666.	559,434.	1,660,232.			
c Leasehold improvements							
d Equipment		26,086.	17,342.	8,744.			
e Other							
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)							

Schedule D (Form 990) 2021

		snow Foundati	OII / 4	-2195556 Page 3
Part V		E 000 B 1 N/ I'	441.0.5.000.0.17.1.40	
(a) Doc	Complete if the organization answered "Yes" (Cription of security or Category (including name of security)			d of year market value
		(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
	ncial derivatives ely held equity interests			
(2) Closi (3) Othe				
(3) Othe (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Co	ol. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part V	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u> (7)			1	
(8)				
<u>(8)</u> (9)				
	ol. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX			•	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
Part X	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>: 15.) </u>	_	
I alt A	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
1.	(a) Description of liability	0111 01111 000, 1 411 14, 11110	110 01 111. Occ 1 01111 000, 1 dit X, iiilo 20	(b) Book value
	Federal income taxes			(a) Doon raide
(2)	ederal income taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

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

74-21955	558 Page 4
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Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	tements With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,560,645.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	9,208.		
С					
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	9,208.
3	Subtract line 2e from line 1			3	1,551,437.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	175,528.		
С	Add lines 4a and 4b			4c	175,528.
5)	·····	5	1,726,965.
Da					
га	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per F	Returi	າ.
га	Complete if the organization answered "Yes" on Form 990, Part IV, lin		Expenses per F		
1	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	Expenses per F	Returi	1,232,856.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ne 12a.			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			1,232,856.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	9,208.	1 2e	1,232,856. 9,208.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	9,208.	1	1,232,856.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, Iin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	9,208.	1 2e	1,232,856. 9,208.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	9,208.	1 2e	1,232,856. 9,208.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, Iin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	9,208.	1 2e	9,208. 1,223,648.
1 2 a b c d e 3 4 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d	9,208.	2e 3	9,208. 1,223,648.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, Iin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	9,208.	2e 3	9,208. 1,223,648.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III, line 4:

The Orange Show Foundation maintains several collections of art for the purpose of exposing Houstonians and visitors from around the world to the unique beauty and creativity of each piece, thereby encouraging and enhancing the appreciation of art. These collections include:

- Smither Park, a creative urban space containing hundreds of mosaic masterpieces throughout the park.
- The Beer Can House, a unique spectacle of urban artwork. This former residential house is covered in an estimated 50,000 beer cans, as well as marbles, rocks, and metal pieces. The house attracts thousands of visitors every year.
- The Orange Show Monument, an impressive work of folk art architecture

Part XIII Supplemental Information (continued)
which includes an oasis, wishing well, pond, stage, museum, gift shop, and
several upper decks. The monument was created by the late Jefferson Davis
McKissack who intended his creation to inspire visitors of all ages to
follow his theories relating to health and longevity, including good
nutrition, hard work, and eating oranges.
Due to the nature of the Foundation's artistic assets, the amounts
reported on Part III of Schedule D are also included on the Part VI
schedule of fixed assets.
Part XI, Line 4b - Other Adjustments:
Direct Donor Benefit reclass 175,528.
Part XII, Line 4b - Other Adjustments:
Direct Donor Benefit reclass 175,528.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Orange Show Foundation

Employer identification number

Part I Fundraising Activiti	es. Complete if the organization answ	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this	part.					
	raised funds through any of the following					
a X Mail solicitations				overnment grants		
b X Internet and email solicitat			-	-		
c X Phone solicitations	g X Specia	ıl fundra	ising (events		
d X In-person solicitations						
2 a Did the organization have a writte	en or oral agreement with any individua	l (includ	ing of	ficers, directors, trus	tees, or	
key employees listed in Form 990	0, Part VII) or entity in connection with p	orofessi	onal fu	undraising services?	X Yes	☐ No
b If "Yes," list the 10 highest paid i	individuals or entities (fundraisers) pursu	uant to	agreer	ments under which th	ne fundraiser is to be	•
compensated at least \$5,000 by	the organization.					
					() () () ()	
(i) Name and address of individual		(iii) fundr	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody trol of	from activity	fundraiser	to (or retained by) organization
•		contrib	utions?	-	listed in col. (i)	organization
Kellner Consulting - 1937		Yes	No			
Prospect Street #8, Houston,	Grant-writing		X	361,656.	25,050.	336,606.
		_				
Total			•	361,656.	25,050.	336,606.
	ration is registered or licensed to solicit	contrib	ıtions			<u> </u>
or licensing.	and the second of the second o				in the externipe mean re-	9.01.4110.1
rx						_

74-2195558 Page 2 The Orange Show Foundation Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events None (add col. (a) through Gala col. (c)) (event type) (event type) (total number) 1,061,047. 1,061,047. Gross receipts 799,145. 799,145. 2 Less: Contributions 261,902. 261,902. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs _____ 97,015. 97,015. 7 Food and beverages 50,333. 50,333. 8 Entertainment 296,288. 296,288. 9 Other direct expenses 443,636. **10** Direct expense summary. Add lines 4 through 9 in column (d) -181,734. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	nedule G (Form 990) 2021 The Orange Show Foundation	74-2195558 P	Page 3
11	Does the organization conduct gaming activities with nonmembers?		No
	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:		
á	The organization's facility	13a	%
	o An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:	
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amo of gaming revenue retained by the third party \$\bigs\\$	unt	
(lf "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation \$		
	Carning manager compensation • • • • • • • • • • • • • • • • • • •		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		_
	retain the state gaming license?	Yes L	No
ŀ	neter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the	
_	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b,	10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
Sc	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundrai	sers:	
<i>,</i> :	Variant Renderation Valley Compulation		
<u>(i</u>	Name of Fundraiser: Kellner Consulting		
<u>(i</u>	.) Address of Fundraiser: 1937 Prospect Street #8, Houston,	TX 77004	

Schedule G	i (Form 990)	The	Orange	Show	Foundation	74-2195558	Page 4
Part IV	(Form 990) Supplemental Inf	ormation	(continued)				<u> </u>

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization The Orange Show Foundation Employer identification number 74-2195558

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	1	7,845.	FMV		
10	Securities - Closely held stock		_	.,010			
11	Securities - Partnership, LLC, or						
•••	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	Х	2	4,250.	FMV		
20	Drugs and medical supplies			,			
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (Auction items)	Х	141	262,688.	FMV		
26	Other (Refrigerator)	Х	1	4,200.			
27	Other ()			,			
28	Other ()						
29	Number of Forms 8283 received by the organiz	zation durino	the tax vear for c	ontributions	1		
	for which the organization completed Form 82	-	•			1	
		, ,	J			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 through	gh 28, that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?					30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any nonstandard contribu	tions?	31	Х
	Does the organization hire or use third parties						
	contributions?		•			32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked,		
	describe in Part II.				<u> </u>		

Schedule M (Form 990) 2021

Schedule N	(Form 990) 2021 The Orange Show Foundation	74-2195558 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a cothis part for any additional information.	33, and whether the organization mbination of both. Also complete
		_

SCHEDULE O (Form 990)

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.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

The Orange Show Foundation

Employer identification number 74-2195558

Form 990, Part III, Line 1, Description of Organization Mission:

The Orange Show Foundation preserves, promotes, and documents visionary art environments, provides opportunities for the expression of personal artistic vision and creates a community where that expression is valued. The Houston Art Car Parade is our most significant event and we maintain two visionary art monuments, The Orange Show and The Beer Can House, and a mosaic-inspired greenspace, Smither Park.

Form 990, Part III, Line 4a, Program Service Accomplishments: Outreach Program: The Houston Art Car Parade (HACP) and weekend is the largest free public art and engagement event in Houston and one of the largest in the country. Introduced in 1988, HACP is regarded as an important factor in maintaining quality of life and a unique expression of Houston's creativity and spirit. The weekend includes events throughout the city. In the Main Street Drag, artists bring their cars to area schools, nursing homes, developmental centers and hospitals providing arts access to diverse communities as well as education and awareness to those who might not be able to attend the parade in Families and visitors can look at art cars up-close and meet the artists at the Sneak Peek at Discovery Green. The Art Car Parade draws over 250,000 spectators to see more than 250 dazzling mobile works of art in a celebration of the ubiquitous automobile that turns Houston's streets into an open-air museum. Free Art Car Workshops covering topics such as welding, painting, sculpting and K-12 curriculum integration are offered in the months leading up to the

Name of the organization Employer identification number

The Orange Show Foundation

parade where attendees learn how to create art cars from previous
artists. We partner with the Houston Independent School District's art
car program to match sponsors with young artists. This program
consistently creates outstanding mobile masterpieces which garner top
awards. Due to Covid-19, the 2021 Art Car Parade was canceled. In its
place, the Orange Show produced the 2021 Art Car Experience to do
something extraordinary for our community while complying with social
distancing guidelines. Eighty art cars were on display over the
weekend at the Orange Show campus and attendees were able to meet the
artists, participate in interactive tours and children's crafts, and
enjoy live music by local artists. The Orange Show Monument and
Smither Park were also open to participants. We also partnered with
local health organizations who were on-site to offer Covid-19
vaccinations.

Form 990, Part III, Line 4b, Program Service Accomplishments:

Orange Show Outreach Programs: Inspired by outsider art and

artist-built environments, creative programming brings our community
together to make, teach, watch and view performing and visual arts.

Programming is centered around four mission-focused areas:

Environments, Education and Outreach, Experiences, and Exhibitions.

Some examples include but are not limited to the following: The

Conservation Corps is a conservator-guided, artist-facilitated
preservation and maintenance program for the Orange Show Monument and

Beer Can House outsider art environments. The Mural Program brings
together artists from all backgrounds to activate our space with
enormous canvases and we work with at-risk youth on mural projects for
their educational facilities and neighborhoods. Performances at the

Orange Show Monument activate the environment with events that feature

idiosyncratic talents with a strong visionary streak. Smither Park

Sundays comes alive with free concerts at the Lindley Fish

Amphitheater. Site-specific exhibitions by Houston artists highlight

local groundbreaking contemporary artists as they respond to our

property. Due to the evolving nature of Covid-19 precautions and

restrictions in 2021, programming was limited until the fall when it

resumed with plans for a full calendar in 2022.

The Orange Show Monument: In the 1950's, retired postman Jeff McKissack began turning an East End lot into a 3,000 square foot monument to the orange. He created every inch of The Orange Show by hand as a testament to his belief in good nutrition and hard work. Its intricate structure, adorned with gears, tiles, wheels and mannequins, is considered one of the nation's most important folk-art environments and is recognized on the National Register of Historic Places. The Orange Show Foundation introduces thousands of visitors from Houston and beyond to the Orange Show environment and visionary art each year through tours, workshops, and special events.

The Beer Can House: In 2001, The Orange Show Foundation acquired local folk art treasure, The Beer Can House. Decades earlier, John Milkovisch began transforming his home and yard with more than 50,000 flattened beer cans, marbles and pebbles. The Beer Can House is consistently ranked as one of Houston's top attractions and welcomes thousands of visitors from across the world. Private tours are offered throughout the year and have been arranged for senior citizen groups, civic organizations and universities.

Employer identification number

Name of the organization

Name of the organization

The Orange Show Foundation

Employer identification number 74-2195558

Form 990, Part III, Line 4c, Program Service Accomplishments:

Outreach program: Smither Park is a creative urban space designed by

visionary artist and builder, Dan Phillips. Dan worked alongside

visionary art collector and OSCVA board member Stephanie Smither to

design the park in memory of her late husband, John H. Smither. The

half-acre park features a fish-shaped amphitheater, pavilion, swings,

meditation garden, marble-roll tower and a sprawling 400-foot Memory

Wall with over 60 mosaic panels. Every feature is adorned with

intricate mosaic work created out of recycled and found materials by

over 300 local artists working in collaboration with community

volunteers. The park has revitalized this historically underserved

area and provides a beautiful space for community celebrations. The

mosaic murals of Smither Park serve as the setting and inspiration for

events and workshops centered on imagination, skill, development, and

creative reuse.

Form 990, Part VI, Section A, line 2:

Marilyn Oshman, Karen Desemberg and Andrew Lubetkin have a family relationship.

Paige Johnson, Ashley Langley and Lauren Waddell have a family relationship.

Form 990, Part VI, Section B, line 11b:

The Audit Committee and the Treasurer review Form 990 prior to providing a copy to the Board and filing with the IRS.

Name of the organization

The Orange Show Foundation

Employer identification number 74-2195558

Each Board member and any key employees are required to review the Conflict of Interest Policy and sign a Conflict of Interest Disclosure Statement.

These disclosures are reviewed by the Audit Committee. A person who has a conflict of interest may not participate in or be permitted to hear the Board's or Committee's discussion of the matter except to disclose material facts and to respond to questions. Such person shall not attempt to exert his or her personal influence with respect to the matter, either at or outside the meeting. A person who has a potential conflict of interest with respect to a contract or transaction that will be voted on at a meeting shall not be counted in determining the presence of a quorum for purposes of the vote and may not vote or be present in the meeting room when the vote is taken.

Form 990, Part VI, Section B, Line 15a:

As part of the annual budget process, the Orange Show Board reviews

Executive Director compensation of other national and local arts

organizations and approves the Executive Director's compensation for the upcoming fiscal cycle.

Form 990, Part VI, Section C, Line 19:

Available upon request.

Form 990, Part IX, Line 11g, Other Fees:

Artist fees:

Program service expenses 7,660.

Management and general expenses 0.

Fundraising expenses 0.

Total expenses 7,660.

Name of the organization The Orange Show Foundation	Employer identification number 74-2195558
Consulting fees:	
Program service expenses	7,325.
Management and general expenses	900.
Fundraising expenses	8,000.
Total expenses	16,225.
Contracted services:	
Program service expenses	24,779.
Management and general expenses	30,576.
Fundraising expenses	9,512.
Total expenses	64,867.
Other professional fees:	
Program service expenses	28,862.
Management and general expenses	7,850.
Fundraising expenses	86,909.
Total expenses	123,621.
Total Other Fees on Form 990, Part IX, line 11g, Col A	212,373.