PUBLIC INSPECTION COPY ** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	e 2022 calendar year, or tax year beginning and e	ending					
B	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres							
	Name change	Doing business as		74-21955	58			
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not delivered to street address) P.O. Box 230309	E Telephone number 713-926-					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,581,757.			
	Ameno			H(a) Is this a group re	eturn			
	Applic tion	F Name and address of principal officer. Thomas Raiph Tace I	II	for subordinates	? Yes X No			
	pendir	same as c above		H(b) Are all subordinates in	cluded? Yes No			
<u> 1 </u>	Гах-ехе	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) () (insert no.) $\overline{}$ 4947(a)(1) o	r 527	If "No," attach a	list. See instructions			
	Nebsit			H(c) Group exemption				
	orm of	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1980 N	1 State of legal domicile: TX			
_	1	Briefly describe the organization's mission or most significant activities: ${ t To} { t pr}$	eserv	e, promote a	and			
Governance		document visionary art environments and a						
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	25			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	25			
es &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	22			
ξį		Total number of volunteers (estimate if necessary)			182			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.			
				Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)		1,743,330.	2,638,401.			
Revenue	9	Program service revenue (Part VIII, line 2g)		167,907. 110.	411,921.			
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-184,382.	-197,424.			
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		$\frac{-164,362.}{1,726,965.}$	2,856,700.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		389,961.	552,104.			
ses	162	Professional fundraising fees (Part IX, column (A), line 11e)		25,050.	116,510.			
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 705, 44	2.	23,0301	110/3101			
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		984,165.	1,857,953.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,399,176.	2,526,567.			
	1	Revenue less expenses. Subtract line 18 from line 12		327,789.	330,133.			
or or	1.0		Be	ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		4,224,246.	4,435,759.			
ASS	21	Total liabilities (Part X, line 26)		2,225,903.	2,107,283.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,998,343.	2,328,476.			
Pa	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules		· · · · · · · · · · · · · · · · · · ·	knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.				
		Electronically Filed						
Sig		Signature of officer		Date				
Her	e	Thomas Ralph Pace III, Executive Director						
		Type or print name and title	Ir)oto I.e	DTIN			
_	_	Print/Type preparer's name Preparer's signature	l l	Date Check Check if	PTIN P01386215			
	oarer	Firm's name Blazek & Vetterling		Firm's EIN 7	6-0269860			
use	Only	Firm's address 2900 Weslayan, Suite 200		D. 71	2 420 5720			
	. 41	Houston, TX 77027		Phone no. / 1	3-439-5739			
May	/ the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Forn	1990 (2022) The Orange Show Foundation	74-2195558	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission: See Schedule O		
	bee benedate o		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	s, the total expenses, a	iriu
4a	010 010	ue \$ 386,	089.
	Schedule O		
4b	(Code:) (Expenses \$ 155,490 • including grants of \$) (Reven	ue\$ 49,	899.
	Sechedule O		
4c	(Code:) (Expenses \$) (Revenue See Schedule O)	ue \$	
	See Schedule O		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,177,920.)	
4e	Total program service expenses 1.1/7.920.		

Form 990 (2022) 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			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
40	If "Yes," complete Schedule D, Part IV	9		125
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,	١	v	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	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	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
		-		-

Form 990 (2022) The Orange Show Foundation
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 	
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 107			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	v	
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2022) 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	2a 22					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х		
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 a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e 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 contribution	ons or gifts					
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X			
b			7b	Х			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required					
	to file Form 8282?	 I I	7с		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•	_				
^			8				
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a				
a b			9b				
10	Section 501(c)(7) organizations. Enter:		30				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	100					
а	Gross income from members or shareholders	11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
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	12b					
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	13b					
	Enter the amount of reserves on hand	13c					
			14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?		15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.				77		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X		
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						

Form 990 (2022) 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.

	to line ed, es, et res selen, decembe the smearhetenees, proceeded, et changes en consedit et see metablishe.					
<u>C</u>	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year					
	If there are material differences in voting rights among members of the governing body, or if the governing					
_	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_	37			
	officer, director, trustee, or key employee?	2	X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
6	Did the organization have members or stockholders?	6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	X			
b	Each committee with authority to act on behalf of the governing body?	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		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	Х			
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		X			
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X			
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	X			
13	Did the organization have a written whistleblower policy?	13		X		
14	Did the organization have a written document retention and destruction policy?	14		X		
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	X			
b	Other officers or key employees of the organization	15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
	taxable entity during the year?	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	exempt status with respect to such arrangements?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed 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)	availal	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 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	n nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	-	cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	l trus		99/	npen		1099-NEC)	1099-NEO)	and related
	below	dual t	ntiona	_	nploy	st cor	-	10001420)		organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) Thomas Ralph Pace, III	40.00									
Executive Director	0.00			Х				137,889.	0.	13,094.
(2) Marilyn Oshman	0.50									
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) Karen Desenberg	8.00									
Secretary	0.00	Х		Х				0.	0.	0.
(6) Caroline Fant	8.00									
Treasurer	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) Melissa Dobrowski	0.50									
Trustee	0.00	Х						0.	0.	0.
(10) Samina Farid	0.50									
Trustee	0.00	Х						0.	0.	0.
(11) Richard Finger	0.50									
Trustee	0.00	Х						0.	0.	0.
(12) Lafayette Herring	0.50									
Trustee	0.00	Х						0.	0.	0.
(13) Franny Koelsch-Jeffries	0.50									
Trustee	0.00	Х						0.	0.	0.
(14) Sharon Kopriva	0.50									
Trustee	0.00	Х						0.	0.	0.
(15) Ashley Langley	0.50									
Trustee	0.00	Х						0.	0.	0.
(16) Tracy Levit Larner	2.00									
Trustee	0.00	Х						0.	0.	0.
(17) Andrew Lubetkin	2.00									
Trustee	0.00	Х						0.	0.	0.
										Form 990 (2022)

Form 990 (2022) 232007 12-13-22

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	(do		Pos		ີ່ than d	one	Reportable	Reportable	Estimated
	hours per					is both or/trus		compensation	compensation	amount of
	week		Jei ai		liecic	T	(66)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or dir	يو			ated		organization	(W-2/1099-MISC/	from the
	related	stee	ruste			bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	altru	onal t		loyee	E SO		1099-NEC)		and related
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
/10\ T1- W1	,	ы	Ĕ	#0	Xe.	<u> </u>	요			
(18) Jack Massing	0.50								_	•
Trustee	0.00	Х				_		0.	0.	0.
(19) Lynn Mathre	0.50	_								
Trustee	0.00	Х						0.	0.	0.
(20) Rickey F. Palidore Jr.	1.00									
Trustee	0.00	Х						0.	0.	0.
(21) Sue Payne	3.00									
Trustee	0.00	Х						0.	0.	0.
(22) Monica Richards	0.50									
Trustee	0.00	Х						0.	0.	0.
(23) Thomas P. Williams Robinson	1.00									
Trustee	0.00	Х						0.	0.	0.
(24) Lauren Waddell	1.00									
Trustee	0.00	Х						0.	0.	0.
(25) Jackie Wallace	0.50									
Trustee	0.00	Х						0.	0.	0.
(26) Alvia Wardlaw	0.50									
Trustee	0.00	Х						0.	0.	0.
1b Subtotal								137,889.	0.	13,094.
c Total from continuation sheets to Part \	/II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)		<u></u>	<u></u>	<u></u>	<u></u> .			137,889.	0.	13,094.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	oove	e) wh	o re	ceived more than \$100,	000 of reportable	
compensation from the organization										1

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

Section B. Independent Contractors

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

(A) Name and business address NONE	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

			Check if Schedule O	conta	ains a	response	or note to any lin	e in this Part VIII			
							o	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1		Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	•					1b					
ဗ် ဋ			Fundraising events			1c	1,110,632.				
fts, r A						1d					
nië.											
Sin		d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Business Code 713990 2 a Art Car events									
e ti		•				16	1,527,769.				
걸		a									
Sign		_					, -	2,638,401.			
<u> </u>			Totall / Ida iii loo Ta Ti				Business Code	, ,			
ø.	2	а	Art Car events				713990	363,810.	363,810.		
Program Service Revenue	_						713990	39,293.	39,293.		
Ser		c	Beer Can House				713990	8,818.	8,818.		
E S		d						,	,		
Beg											
Pr		f	All other program service	rever	nue						
			. •					411,921.			
	3										
								3,802.			3,802.
	4										
	5		Royalties	. <u></u>							
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)) <u></u>							
	7	а	Gross amount from sales of		(i) S	ecurities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b							
Ven		С	Gain or (loss)	7с							
Re			Net gain or (loss)								
Other Revenue	8	а	Gross income from fundraisii including \$1,		ents (n 632.						
			contributions reported on	line '	1c). Se	ee					
			Part IV, line 18			8a	471,230.				
		b	Less: direct expenses			8b	692,721.				
		С	Net income or (loss) from	fundı	raising	g events_		-221,491.			-221,491.
	9	а	Gross income from gamin	-							
			Part IV, line 19			9a					
			Less: direct expenses								
		С	Net income or (loss) from	gami	ing ac	tivities					
	10	а	Gross sales of inventory, I								
			and allowances								
			Less: cost of goods sold				32,336.				
		С	Net income or (loss) from	sales	of in	ventory	T	24,067.	24,067.		
<u>s</u>							Business Code				
eon Te	11	a									
lan Jen		b									
Miscellaneous Revenue		С									
Σ			All other revenue								
	۰.		Total. Add lines 11a-11d					2 856 700	13E 000	0.	217 600
	12		Total revenue. See instruction	IIIS				2,856,700.	435,988.	1 0.	-217,689.

Form 990 (2022) The Orange Show Foundation Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete all columns.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a 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	150,983.	45,295.	60,393.	45,295.					
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	309,481.	128,259.	112,883.	68,339.					
8	Pension plan accruals and contributions (include	·								
	section 401(k) and 403(b) employer contributions)	57,401.	14,341.	35,104.	7,956.					
9	Other employee benefits	·								
10	Payroll taxes	34,239.	12,999.	12,850.	8,390.					
11	Fees for services (nonemployees):									
а	Management									
b	Legal									
С	Accounting	52,493.	2,310.	49,448.	735.					
	Lobbying									
	Professional fundraising services. See Part IV, line 17	116,510.			116,510.					
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A), amount, list line 11g expenses on Sch 0.)	514,052.	362,695.	33,381.	117,976.					
12	Advertising and promotion	138,272.	39,467.	93,495.	5,310.					
13	Office expenses	135,265.	25,351.	56,320.	53,594.					
14	Information technology	8,480.	470.	5,446.	2,564.					
15	Royalties	70.061	46 500	15 101	0.001					
16	Occupancy	70,861.	46,589.	15,191.	9,081.					
17	Travel	34,749.	24,506.	2,226.	8,017.					
18	Payments of travel or entertainment expenses									
40	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	98,412.		98,412.						
20	Interest Payments to affiliates	JU,414•		JU, 412•						
21 22	Payments to affiliates	81,303.	80,719.	369.	215.					
23	Insurance	60,473.	28,075.	20,485.	11,913.					
24	Other expenses. Itemize expenses not covered	00/1/31	2070731	20,1031	11/3131					
27	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.)	055 400	140 510		106 551					
а	Equipment rentals	255,490.	148,719.	01 011	106,771.					
b	Art Car event expenses	244,273.	187,572.	21,211.	35,490.					
С	Other event expenses	100,081.	טע בבט	25 001	100,081.					
d	Repairs and maintenance	63,749.	30,553.	25,991.	7,205.					
	All other expenses Add lines 1 through 24s	2,526,567.	1,177,920.	643,205.	705,442.					
<u>25</u>	Total functional expenses. Add lines 1 through 24e	4,340,307.	1,11,340.	043,403.	103,444.					
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)									
	11 IUIIUWIIII 30F 30-2 (A3C 338-12U)				5 000 (2222)					

Pa	IL A	Daiance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	1 Cash - non-interest-bearing			368,029.	1	453,022.
	2				20,586.	2	2,179.
	3	Pledges and grants receivable, net			282,402.	3	374,863.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	fied per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			19,449.	9	50,302.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	4,213,473.			
	b	Less: accumulated depreciation	10b	658,080.	3,533,780.	10c	3,555,393.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	ıal line 3	33)	4,224,246.	16	4,435,759.
	17	Accounts payable and accrued expenses			141,370.	17	122,584.
	18	Grants payable				18	
	19	Deferred revenue			50,075.	19	51,185.
	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	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial 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 unrela		· · · · · · · · · · · · · · · · · · ·	2,034,458.	23	1,933,514.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	ayables ⁻	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D			0 005 000	25	0 100 000
	26	Total liabilities. Add lines 17 through 25			2,225,903.	26	2,107,283.
S		Organizations that follow FASB ASC 958, che	eck her	e X			
Š		and complete lines 27, 28, 32, and 33.			1 544 400		1 552 020
<u>aa</u>	27	Net assets without donor restrictions			1,544,482.	27	1,553,938.
Ä	28	Net assets with donor restrictions			453,861.	28	774,538.
Ĕ		Organizations that do not follow FASB ASC 9	958, che	eck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or e				30	
ž	31	Retained earnings, endowment, accumulated in			1 000 242	31	2 2 2 2 4 7 6
Š	32	Total net assets or fund balances			1,998,343.	32	2,328,476.
	33	Total liabilities and net assets/fund balances			4,224,246.	33	4,435,759.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open to Public

Inspection
Employer identification number

	The	Orange Show	w Foundation				7	4-2195558
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.	
The organ	ization is not a private found							
1 🗂	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative				(b)(1)(A)(ii	ii).		
4	A medical research organiz					•	(iii) Enter	the hospital's name
т 🗀	city, and state:	anon operated in con	njanosion with a noopital	docomboa	000110	17 O(B)(1)(A)	(111)1	the respitar s marris,
5	An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental ur	it describe	ad in
3 <u> </u>	section 170(b)(1)(A)(iv). (0		inege of difficulty owned	or operat	cd by a gc	overninental di	iit acscribe	5 4 III
e 🗀	A federal, state, or local go		aantal unit daaarihad in	ocation 17	70/6\/4\/4\	(A)		
6 <u> </u>	, ,	•						aublia dagaribad in
/ A	An organization that norma		ntial part of its support if	om a gove	ernmentai	unit or from th	e generai p	public described in
•	section 170(b)(1)(A)(vi). (C		//// 1 /O					
8 📙	A community trust describe							
9 🔛	An agricultural research org				-		-	-
	or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of t	ne college	eor
40 🖂	university:							
10	An organization that norma							
	activities related to its exen	•	•	` '				•
	income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
\Box	See section 509(a)(2). (Co	•						
11	An organization organized a	•	•	•				
12	An organization organized a	•	•	-			•	• •
	more publicly supported or	~						Check the box on
	lines 12a through 12d that	* *					-	
a		· · · · · · · · · · · · · · · · · · ·		•	-			
	the supported organization			majority o	of the direc	ctors or trustee	s of the su	upporting
_	organization. You must o	complete Part IV, Se	ections A and B.					
b		anization supervised	or controlled in connect	ion with it	s supporte	ed organization	ı(s), by hav	/ing
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	oorted
	organization(s). You mus	t complete Part IV,	Sections A and C.					
c		grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,
	its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
d		/ integrated. A supp	oorting organization oper	ated in co	nnection v	vith its support	ed organiz	zation(s)
	that is not functionally int	egrated. The organiz	zation generally must sati	isfy a distr	ibution red	quirement and	an attentiv	veness
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	l, Type III	
	functionally integrated, or	r Type III non-function	nally integrated supportir	ng organiz	ation.			
f Ente	er the number of supported o	organizations						
	vide the following information							
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total						I		1

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	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	603,972.	1509088.	657,877.	1743330.	2638401.	7152668.
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	603,972.	1509088.	657,877.	1743330.	2638401.	7152668.
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)						951,315.
6	Public support. Subtract line 5 from line 4.						6201353.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	603,972.	1509088.	657,877.	1743330.	2638401.	7152668.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	91.	304.	34.	110.	3,802.	4,341.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7157009.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 1	,185,285.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stor	here					
	tion C. Computation of Publi						
	Public support percentage for 2022 (I					14	86.65 %
	Public support percentage from 2021					15	80.57 %
16a	16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact				=	VI how the organiz	ation
_	meets the facts-and-circumstances te	•					
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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.)						
	ction B. Total Support	Г	1	T	T	T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						<u> </u>
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						_
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						_
	Total support. (Add lines 9, 10c, 11, and 12.)					(01/2)/(0) ====================================	
14	First 5 years. If the Form 990 is for the check this box and stop here	-			-		
Sec	ction C. Computation of Publi		centage				·····
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021	, (),	• •			16	%
	ction D. Computation of Inves		-			1.0	
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Vss	N-
		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	TU		
	4c		
	5a		
	5b 5c		
	JC		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
مارر	10b A (Forn	n gan	2022
uie	- A (FUIT	いっつつい	24//

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	·			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the supported organization(s). stion D. All Type III Supporting Organizations	1		
	Ton B.711 Type III Supporting Organizations		. I	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))_		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
J	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	· '			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		3h		
	of its supported organizations? If "Vos " describe in Part VI the role played by the organization in this regard	: : : Xh		1

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					

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

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 The Orange Show Foundation	74-2195558 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	, lines 1 and 2; Part IV, Section C, I; Part V, Section B, line 1e; Part V,
Part II, Section A, Line 1- Public Support	
The 2018 public support information shown in Schedule A	Dart II
column(a) represents a short year consisting of the six i	months from
July through December 2018. With the filing of its 2018 1	Form 990, the
organization changed its accounting period from a fiscal	year ending
June 30 to a calendar year ending December 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

2022

Name of the organization **Employer identification number** The Orange Show Foundation 74-2195558 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

The Orange Show Foundation

74-2195558

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$ <u>130,000.</u>	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		\$80,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4	\$ 110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$\$3,860.	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		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

The Orange Show Foundation

74-2195558

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) (2022) Name of organization **Employer identification number** The Orange Show Foundation 74-2195558 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ition easements during the year
•		ti-f. the	(L\(A\(D\(:\)
8	Does each conservation easement reported on line 2(d) above		
•			
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	lote to the organization's illiancial statem	ents that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95.		and halance sheet works
	of art, historical treasures, or other similar assets held for pub	· ·	
	service, provide in Part XIII the text of the footnote to its finar		
h	If the organization elected, as permitted under FASB ASC 95.		
-	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:		noralise of pasine control,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			. 1 5 6 0 7 0 0
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		3
а	Revenue included on Form 990, Part VIII, line 1	3	\$ <u></u>
- -	Assets included in Form 900 Part V		Φ

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

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		2,298,850.	635,903.	1,662,947.
c Leasehold improvements		1,800.	80.	1,720.
d Equipment		48,019.	22,097.	25,922.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal	Form 990. Part X. colun	nn (B), line 10c.)		3,555,393.

Schedule D (Form 990) 2022

	Show Foundation	on	/4-2195558 Page
Part VII Investments - Other Securities.	5 000 B + 11/ 1	441 O E 000 B 1 V II 40	
Complete if the organization answered "Yes"			and of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-or-year market value
(1) Financial derivatives (2) Closely held equity interests			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.	an Farma 000 Dart IV line	11 111 Car Faura 000 Bart V line	0.5
Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, line	TTE OF TTI. See FORTH 990, Part X, line	
<u> </u>			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 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

Schedule D (Form 990) 2022

7/1.	-21	95	55	Q	Pane	4
14-	- <i>/</i> . I	ソコ	רכ	n	Page	4

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With I	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	2,765,948.
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	126,050.		
С					
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	126,050.
3	Subtract line 2e from line 1			3	2,639,898.
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	216,802.		
С	Add lines 4a and 4b			4c	216,802.
_				_	2 056 700
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	<u>)</u>	<u> </u>	5	2,856,700.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per F		1.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	atements With ne 12a.	Expenses per F	Returi	n.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements	atements With ne 12a.	Expenses per F		2,836,700. n. 2,435,815.
1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With ne 12a.	Expenses per F	Returi	n.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, ling 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	atements With ne 12a	Expenses per F	Returi	n.
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	Expenses per F	Returi	n.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, ling 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	2a 2b 2c	Expenses per F	Returi	n.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 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	126,050.	Returi	n. 2,435,815.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 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	126,050.	1 2e	126,050.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 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	126,050.	Return	n. 2,435,815.
1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 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	126,050.	1 2e	126,050.
1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, ling 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	126,050.	1 2e	126,050.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, ling 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	126,050.	1 2e	126,050. 2,309,765.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, ling 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 4a 4b	126,050.	1 2e	126,050.

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 X, 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

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 216,802.	
Part XII, Line 4b - Other Adjustments:	
Direct Donor Benefit reclass 216,802.	

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

2022

Open to Public Inspection

Name of the organization

The Orange Show Foundation

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

required to complete this part.

Employer identification number

The Orange Show Foundation 74-2195558

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

a X Mail solicitations			•	overnment grants		
b X Internet and email solicitation	ns f X Solicita	ation of	gover	nment grants		
c X Phone solicitations	g X Specia	al fundra	aising	events		
d X In-person solicitations						
2 a Did the organization have a written	or oral agreement with any individua	ıl (incluc	ling of	ficers, directors, trus	tees, or	
	Part VII) or entity in connection with p				X Yes	No
b If "Yes," list the 10 highest paid ind						
compensated at least \$5,000 by th			5			
				1		Ι
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser	(vi) Amount paid to (or retained by)
or criticy (lariaralisal)		or con contrib	utions?	I don't don't	listed in col. (i)	organization
Kellner Consulting - 1937		Yes	No			
Prospect Street #8, Houston,	Grant-writing		Х	251,500.	41,510.	209,990.
Sterling - 55 Waugh Drive,	Strategic planning &				-	
Ste 601, Houston, TX 77007	Capital Campaign		x	0.	75,000.	0.
						
	+					
Takal				251,500.	116,510.	209,990.
				· · · · · · · · · · · · · · · · · · ·	,	-
3 List all states in which the organizati or licensing.	on is registered or licerised to solicit	COLLLID	utions	or has been notined	it is exempt from re	gistration
TX						
141						

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

		of fundraising event contributions and gro			vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					None	(add col. (a) through
				Golf		col. (c))
a)			(event type)	(event type)	(total number)	(-)
Revenue			4 200 744	400 404		4 -04 060
3eV	1	Gross receipts	1,398,761.	183,101.		1,581,862.
_			000 121	101 501		1 110 620
	2	Less: Contributions	989,131.	121,501.		1,110,632.
	_	Cross income (line 1 minus line 2)	409,630.	61,600.		471,230.
	3	Gross income (line 1 minus line 2)	405,050.	01,000.		1 /1,250•
	4	Cash prizes				
	•	Guerr p.1255				
	5	Noncash prizes				
es						
Direct Expenses	6	Rent/facility costs				
Exp						
ect	7	Food and beverages	96,595.	14,421.		111,016.
Ë			04.450	501		0.4.750
	8	Entertainment	94,159. 474,945.	601. 12,000.		94,760.
	9	Other direct expenses	0: 1 (1)			486,945. 692,721.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				-221,491.
Pa	rt l					221, 471.
		\$15,000 on Form 990-EZ, line 6a.	anoworda 100 on 1011	1 0 0 0, 1 0, 11, 11, 11, 10, 0, 1	oportou moro triari	
-			(a) Din sa	(b) Pull tabs/instant	(a) Oth an arasin a	(d) Total gaming (add
nne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				
es	2	Cash prizes				
ens	_					
Direct Expenses	3	Noncash prizes				
ect	1	Rent/facility costs				
Ë	_	Tient tability costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No 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)			
_	г.	touth a state (a) in ordinal the surrous testing	aka manalina a akti titaa			
		ter the state(s) in which the organization condu				Yes No
		the organization licensed to conduct gaming ac				Yes No
IJ	11	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	rear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-		
	_					

Sch	edule G (Form 990) 2022 The Orange Show Foundation 74-	2195558	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No 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:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Carring manager mormation.		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
47	Mandalan, diskiih, disaa.		
	Mandatory distributions: I Is the organization required under state law to make charitable distributions from the gaming proceeds to		
ě		Yes	☐ No
	retain the state gaming license? Dienter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	163	140
L.	organization's own exempt activities during the tax year \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	a , ,	00, .00,
	, , , , , , , , , , , , , , , , , , ,		

Schedule G	(Form 990)	The Orang	ge Show	Foundation	74-2195558	Page 4
Part IV	(Form 990) Supplemental Inform	mation _{(continue}	ed)			

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Questions Regarding Compensation

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

The Orange Show Foundation T4-2195558

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

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Thomas Ralph Pace, III	(i)	135,389.	2,500.	0.	5,515.	7,579.	150,983.	0.
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

The Orange Show Foundation

Employer identification number 74-2195558

-	rt I Types of Property	(a)	(b)	(c)			(d)		
		Check if applicable	Number of contributions or	Noncash contr amounts repor Form 990, Part V	ted on		nod of determin contribution a	_	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
	Books and publications								
,	Clothing and household goods								
;	Cars and other vehicles								
	Boats and planes								
;	Intellectual property								
	Securities - Publicly traded	X	2	98	,774.	FMV			
	Securities - Closely held stock								
	Securities - Partnership, LLC, or								
	trust interests								
	Securities - Miscellaneous								
	Qualified conservation contribution -								
	Historic structures								
	Qualified conservation contribution - Other								
	Real estate - Residential								
	Real estate - Commercial								
	Real estate - Other								
	Collectibles								
	Food inventory	Х	29	92	,094.	FMV			
	Drugs and medical supplies				•				_
	Taxidermy								
	Historical artifacts								_
	Scientific specimens								_
	Archeological artifacts								_
	Other (Auction items)	Х	183	286	,870.	FMV			_
	Other (Supplies)	X	6		,190.				_
	Other (Golfcarts/porta)	X	1		,200.				_
	Other (Raffle items)	X	4		,000.				_
	Number of Forms 8283 received by the organi	1			, , , , , ,	<u> </u>			_
	for which the organization completed Form 82	•			29			0	
	101 Willott the organization completed 1 cm 62	.00,1 411 4, 2	once / tott lowledg					Yes	ı
•	During the year, did the organization receive b	v contributio	n any property rep	orted in Part I line	s 1 throug	nh 28 that it		163	Ė
4	must hold for at least 3 years from the date of	-				•			
	exempt purposes for the entire holding period	_	•	•			200		
_		·					30a		ŕ
IJ	If "Yes," describe the arrangement in Part II.	nalicy that sa	auires the review	of any popotondor	d contribu	tions?			2
_	Does the organization have a gift acceptance		•	•			31		H
а	Does the organization hire or use third parties contributions?		•	, ,			32a		
b	If "Yes," describe in Part II.								
	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column	(a) is che	cked,			
	describe in Part II.								

Schedule N	M (Form 990) 2022 The Orange Show Foundation	74-2195558	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.		n te

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

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

Schedule O (Form 990) 2022 Page **2**

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

parade where attendees learn how to create art cars from previous

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.

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. This year, the Orange Show was awarded a \$500,000 Save America's Treasures matching grant for a \$1 million restoration of the Orange Show Monument planned to begin in 2023. 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. The Happening, a monthly performance art and open mic showcase, is free to attend and highlights Houston's most creative minds. 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

Schedule O (Form 990) 2022 Page 2

Name of the organization
The Orange Show Foundation

Employer identification number 74-2195558

respond to our property.

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.

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,

<u>Schedule O (Form 990) 2022</u> Page **2**

The Orange Show Foundation 74-2195558

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:

Name of the organization

Marilyn Oshman, Karen Desenberg 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.

Form 990, Part VI, Section B, Line 12c:

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

Employer identification number

<u>Schedule O (Form 990) 2022</u> Page **2**

Schedule O (Form 990) 2022	Page 2
Name of the organization The Orange Show Foundation	Employer identification number 74-2195558
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 quor	um 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 Boar	d reviews
Executive Director compensation of other national and loca	1 arts
organizations and approves the Executive Director's compen	sation 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	93,741.
Total expenses	93,741.
Consulting fees:	
Program service expenses	158,808.
Total expenses	158,808.
Contracted services:	
Program service expenses	107,065.
Management and general expenses	24,387.
Fundraising expenses	9,477.

Schedule O (Form 990) 2022 Page **2**

Name of the organization The Orange Show Foundation	Employer identification number 74-2195558
Total expenses	140,929.
Other professional fees:	
Program doryj go ovnongog	3,081.
Management and general expenses	8,994.
Fundraising expenses	108,499.
Motal expenses	120,574.
Total Other Fees on Form 990, Part IX, line 11g, Col A	514,052.
100d1 001101 1005 011 101m 3907 1d10 1117 1110 11g7 001 11	

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
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Form 990	
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