	e Pu	ublic Visu	ual Render	ObjectId: 2	0234319934933	2274 - Submise	sion: 202	23-11-1	5	T	IN: 56-2390086
	n	20	Re	eturn of Or	ganization E	Exempt Fro	m Inco	ome T	ax	(	OMB No. 1545-0047
Form	93	<b>J</b> U			-	-					2022
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D		(			ov/Form990 for in		,	•		İ	<b>Open to Public</b>
		f the Treasury nue Service			<u></u>		e latest in				Inspection
A F	or th	ne 2022 ca	alendar year,	or tax year begi	inning 01-01-2022	, and ending 12	-31-2022				
<b>B</b> Che	ck if a	applicable:	C Name of organ	nization AT BOSTON COURT				D	Employer	identif	ication number
_		change		COURT PASADENA					56-23900	086	
∪ Na O Ini		hange eturn	Doing busines	s as							
_		rn/terminated							Telephone	numbor	
		ed return	Number and st 70 NORTH ME		mail is not delivered to s	treet address) Room/	suite	L			
— Ар	plicati	ion pending							(626) 683	3-6883	
			City or town, s PASADENA, CA		untry, and ZIP or foreign	postal code			Gross rece	ints \$ 1	221 262
			F Name and	address of princip	al officer:		H(a)		group retu		,221,202
			MANUEL PRIE	TO ENTOR AVENUE				subordina			🗆 Yes 🗹 No
			PASADENA, C				H(b)	Are all su	bordinates	S	
I Tax	k-exer	mpt status:	<b>5</b> 01(c)(3)	501(c) ( )	(insert no.) 🗌 494	7(a)(1) or 527		included? If "No," a		t. See	instructions.
JW	ebsi	te: 🕨 WW		JRTPASADENA.OR					emption n		
K Forr	n of o	organization:	Corporation	n 🗌 Trust 🗌 Ass	ociation 🗌 Other 🕨		L Year of	f formation	: 2003	<b>M</b> State	of legal domicile: CA
Dr	art I	Sum									
10	1			nization's mission	or most significant a	ctivities:					
				S AND NURTURES	INNOVATIVE, BOUN	DARY-PUSHING ART	THAT INV	OKES TH	E POWER	OF COI	LECTIVE
nç		IMAGINAL		NATE OOK COMM	ON HOMANITI.						
ŝ											
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15	2	Check thi	s box 🕨 🗌								
			s box <b>&gt;</b>	ers of the governi	ing body (Part VI, line	e 1a)				3	17
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	3	Number o Number o	of voting memb of independent	voting members of	5 / (	/ (Part VI, line 1b)					
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	3 4 5 6 7a	Number of Number of Total num Total num Total unre	of voting memb of independent ober of individu ober of voluntee elated business	voting members of als employed in ca ers (estimate if ne revenue from Pa	of the governing body alendar year 2022 (F ecessary)	/ (Part VI, line 1b) Part V, line 2a)	· · · ·	· · ·		4 5 6	17 93 65 0 0
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

Sign							2023-11-15	
	Sig	nature of officer					Date	
lere		NUEL PRIETO EXECUTIVE DIREC	CTOR					
	Тур							
Paid	1	Print/Type preparer's name		Preparer's signature	D	Check if self-employed	PTIN P01582463	
Pre	oarer	Firm's name 🕨 QUIGLEY &	32-0530003					
Jse	Only	Firm's address > 3550 WILSH	HIRE BLVD 166	0			Phone no. (213	3) 639-3550
		LOS ANGELI	ES, CA 90010					
lay t	he IRS disc	uss this return with the prep	parer shown	above? See Instruction	ons			. 🗆 Yes 🗆 No
or P	aperwork	Reduction Act Notice, se	e the separ	ate instructions.		Cat. N	o. 11282Y	Form <b>990</b> (202
				Page 2	2			
orm	990 (2022)							Page
Par	t III Sta	atement of Program S	ervice Acc	omplishments				
	Che	eck if Schedule O contains a	a response or	note to any line in th	is Part III			🗹
1		cribe the organization's mis						
		CREATES AND NURTURES II	INNOVATIVE,	BOUNDARY-PUSHING	GART THAT INVO	KES THE P	OWER OF CO	LLECTIVE IMAGINATION TO
2	-	ganization undertake any sig				ere not list	ed on	
	•	orm 990 or 990-EZ?				• •		🗆 Yes 🗹 No
-		escribe these new services o			<b>1</b>			
3	-	ganization cease conducting			ow it conducts, a	ny progran	1	. 🗌 Yes 🔽 No
		escribe these changes on Sc						. Ures VINO
4		ne organization's program s		plichmonts for anch a	of its three larges	- program	sonuicos os r	managered by expenses
•	Section 50	1(c)(3) and 501(c)(4) organ ue, if any, for each program	nizations are	required to report the				
4a	(Code:	) (Expenses \$	\$ 1	,059,339 including gra			(D	
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Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗐	2	Yes	
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule D</i> ,Part I <b>1</b>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	6 7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 😵	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗐	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i> 😵	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐒	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😼	12a	Yes	
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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
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		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	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		No

Form 990 (2022)

Form 990 (2022)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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		No
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? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete Schedule K. If</i> " <i>No</i> ," <i>go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
D	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		No
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? <i>If "Yes," complete Schedule L, Part II</i> 🕲	26		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 🧐	28b	Yes	
с	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		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 35		Yes	No
	Enter the number reported in box 5 of rorm 1050. Enter of infoct applicable . <b>1b</b> 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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Form	990 (2022)			Page <b>5</b>
Pa	<b>Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
~	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71 7g		NO
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 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:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	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. <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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 <b>13b</b>			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $\cdot$ .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	15		No

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parachute payment(s) uuning the year : .	• •	•	•	•		•	•		•	•	•	-	•	•	•	•	•	1	1	í –	1	

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17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No

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				Page <b>6</b>
Pai	t VI       Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Ne lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-	onse to	
Se	ction 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 17 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$ .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$ .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	l T		
	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		No
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		

## Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed
	СА
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	🗌 Own website 🛛 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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: MANUEL PRIETO 70 NORTH MENTOR AVENUE PASADENA, CA 91106 (626) 683-6802
	Form <b>990</b> (2022)
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Form	n 990 (2022) Page <b>7</b>
Pa	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 $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\Box$
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
<b>1a</b> C	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 <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount
	ompensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
	List all of the organization's <b>current</b> key employees, if any. See the instructions for definition of "key employee."
who	List the organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee or key employee) 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 organization and any related organizations.
	List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

• List all of the organization's **former** officers, key employees, or 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 nor any related organization compensated any current officer, director, or trustee.

	any related of	related organization compensated at												
(A) Name and title	(B) Average hours per week (list any hours	more perso	than on is	one bot	not bo: h ar	check x, unle n office rustee	ess er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the				
	for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations				
(1) CHRIS WERNER TREASURER	5.00	х		x				0	0	0				
(2) EDWARD RADA CHAIRMAN	5.00	х		x				0	0	0				
(3) KRIS FUJITA SECRETARY	5.00	х		x				0	0	0				
(4) ROBERT LEVENTER VICE CHAIR	5.00	х		x				0	0	0				
(5) DAMARIS MONTALVO DIRECTOR	5.00	х						0	0	0				
(6) EILEEN T'KAYE DIRECTOR	5.00	х						0	0	0				
(7) JERED GOLD DIRECTOR	5.00	х						0	0	0				
(8) JOY VELUZ DIRECTOR	5.00	х						0	0	0				
(9) LIZA BERES	5.00	v						n	n	n				

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DIRECTOR		^					v	v	v
(10) MICHAEL RUFF DIRECTOR	5.00	x					0	0	0
(11) NICK VASELS DIRECTOR	5.00	x					0	0	0
(12) ROBBIN KELLEY DIRECTOR	5.00	x					0	0	0
(13) ROBIN GREEN DIRECTOR	5.00	x					0	0	0
(14) RODNEY BOLTON DIRECTOR	5.00	x					0	0	0
(15) SANDRA GREENSTEIN DIRECTOR	5.00	x					0	0	0
(16) WALT COCHRAN-BOND DIRECTOR	5.00	x					0	0	0
(17) Z CLARK BRANSON DIRECTOR	5.00	x					0	0	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	thar on is	one bot rect	not bo h aı or/t	check x, unle rustee Highest compensated	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) CHERYL RIZZO MANAGING DIRECTOR	40.00			х				95,807	0	8,692
(19) JESSICA KUBZANSKY ARTISTIC DIRECTOR	40.00			х				79,808	0	4,000
1b Sub-Total	 /II Section A					•				

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d	Total (add lines 1b and 1c)	•	175,615	0	12,692
2	Total number of individuals (including but not limited to those listed above) of reportable compensation from the organization $\triangleright$ 0	who rec	eived more than \$1	00,000	

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4		No
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		No

#### Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization $\triangleright$ 0	ceived more than \$100,000 of	
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Part VIII Statement of Revenue  $\square$ Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) (B) (D) Total revenue Related or Unrelated Revenue excluded from exempt business tax under sections 512 - 514 function revenue derated campaigns . embership dues . . indraising events . . 7,187 elated organizations vernment grants (contribut revenue 1a -Contributions, Gifts, Grants 1b 1c 1d vernment grants (contributions) 1e An other contributions, gifts, grants, 1f above 1,132,652 g Noncash contributions included in lines 1a - 1f:\$ 1g h Total. Add lines 1a-1f . . 1,139,839 **Business Code** 2a TICKET & SUBSCRIPTIONS 55,327 55,327 711110 Revenue 5,188 5,188 , CONCESSIONS, WORKSHOP 711110 Service 2 1 ram

Ş							5 <u>-</u>		1
à		oni							
	f All other program s								
	9 Total. Add lines 2				60,515				1
	<b>3</b> Investment income similar amounts) .		uaing aiviaei		terest, and other				
	4 Income from invest	ment	of tax-exem	npt bo	nd proceeds				
	5 Royalties	•			· · •				
		.	(i) Rea	ıl	(ii) Personal				
	6a Gross rents	6a		15,813	3				
	<b>b</b> Less: rental expenses	6b		(	)				
	<ul> <li>Rental income or (loss)</li> </ul>	6c		15,813	2				
	<b>d</b> Net rental income					15,813	15,813		
	]		(i) Securi		(ii) Other				
	7a Gross amount from sales of assets other	7a							
9	than inventory								
Other Revenu	Less: cost or other basis and sales expenses	7b							
å	Gain or (loss)	7c							
hei	<b>d</b> Net gain or (loss)								
ċ	a Gross income from fu				🕨				
	(not including \$ contributions reported		7,187 of						
	See Part IV, line 18			8a	5,068				
	<b>b</b> Less: direct expense	ses		8b	5,068				
	<b>c</b> Net income or (los	s) fro	om fundraisir	ng eve	ents 🕨	0			
	9a Gross income from See Part IV, line 19	jamir •	ng activities.	9a					
	<b>b</b> Less: direct expense			9b					
	<b>c</b> Net income or (los				es				
	10aGross sales of inve returns and allowa								
	<b>b</b> Less: cost of goods			10a 10b					
				L					
-	<b>c</b> Net income or (los	s) tro	STI Sales of I	ivento	Business Code				<u> </u>
	11a <sub>OTHER</sub> INCOME			ľ	900099	27			27
	b								
	er <b>f</b> evenueMiscAmt			$\rightarrow$					
Οu	ei Kevenuei IISCAIIIC								
	<b>d</b> All other revenue			-+					<u> </u>
	e Total. Add lines 11			 					
						27			
	12 Total revenue. Se	e m	suucuons .	•		1,216,194	76,328	C	27
									Form <b>990</b> (2022)

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 Part IX
 Statement of Functional Expenses

 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  $\ .$ 

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	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	<b>(D)</b> 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	115,951	92,135	21,814	2,002
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	403,962	353,254	34,242	16,466
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	39,433	34,789	3,320	1,324
10	Payroll taxes	57,299	48,472	6,620	2,207
11	Fees for services (non-employees):				
a	Management				
Ŀ	Legal				
c	Accounting	15,480	15,480		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	139,999	137,477	2,102	420
12	Advertising and promotion	7,388			7,388
13	Office expenses	35,839	28,731	5,316	1,792
14	Information technology				
	Royalties				
	Occupancy	480,650	384,519	72,098	24,033
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,530		10,530	
	Insurance	20,689	16,552	3,103	1,034
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a PRODUCTION COSTS	131,359	130,148	908	303
	<b>b</b> BANK CHARGES	8,809	8,741	68	
	c POSTAGE AND SHIPPING	2,308	230	1,616	462
	d MISCELLANEOUS FEES AND	392		392	
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,470,088	1,250,528	162,129	57,431
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here 🕨 ڬ if following SOP 98-2 (ASC 958-720).				

Form 990 (2022)

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Part X

Form 990 (2022)

**Balance Sheet** 

				(A) Beginning of year		<b>(B)</b> End of year			
1	Cash-non-interest-bearing			376,867	1	532,66			
2	Savings and temporary cash investments		🗖		2				
3	Pledges and grants receivable, net			205,900	3	210,22			
4	Accounts receivable, net			8,127	4				
5	Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of the	antial con	tributor, or 35%		5				
6	Loans and other receivables from other disqualif section 4958(f)(1)), and persons described in se				6				
7	Notes and loans receivable, net		[		7				
8	Inventories for sale or use				8				
9	Prepaid expenses and deferred charges			18,777	9	7,12			
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	137,382						
b	Less: accumulated depreciation	10b	75,115	64,751	10c	62,26			
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	Other assets. See Part IV, line 11							
16	<b>Total assets.</b> Add lines 1 through 15 (must equ			1,826,422	16	1,580,28			
17	Accounts payable and accrued expenses	82,437	17	90.30					
18	Grants payable		- , -	18	,				
19	Deferred revenue		-		19				
20	Tax-exempt bond liabilities	•			20				
21	Escrow or custodial account liability. Complete Pa		- chedule D		20				
22	Loans and other payables to any current or form employee, creator or founder, substantial contrib or family member of any of these persons	er officer, outor, or 3	director, trustee, key 5% controlled entity						
					22				
23	Secured mortgages and notes payable to unrelat				23				
24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	yables to		13,837	24 25	13,72			
26	Total liabilities. Add lines 17 through 25		F	96,274	26	104,02			
27 28 29	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	eck here	▶ 🗹 and						
27	Net assets without donor restrictions	• •		319,848	27	414,75			
28	Net assets with donor restrictions		· · · · ·	1,410,300	28	1,061,50			
20	Organizations that do not follow FASB ASC s complete lines 29 through 33.	ck here 🕨 🗌 and	i	20					
	Capital stock or trust principal, or current funds	· · ·		29					
30 31	Paid-in or capital surplus, or land, building or equ			30					
31	Retained earnings, endowment, accumulated inc	ome, or o	ther funds		31				
32	Total net assets or fund balances	• •	· · · · · L	1,730,148	32	1,476,25			
33	Total liabilities and net assets/fund balances .			1,826,422	33	1,580,28			

 Page 12

 Form 990 (2022)
 Page 12

 Part XI
 Reconcilliation of Net Assets

 Check if Schedule O contains a response or note to any line in this Part XI
 1
 Total revenue (must equal Part VIII, column (A), line 12)
 1
 1
 1
 1
 Total revenue (must equal Part VIII, column (A), line 12)
 1
 1
 1
 1,216,194
 https://projects.propublica.org/nonprofits/organizations/562390086/202343199349332274/full

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2	Total expenses (must equal Part IX, column (A), line 25)	2		1	470,088
3	Revenue less expenses. Subtract line 2 from line 1	3			253,894
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) $\ .$	4		1	730,148
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		1	476,254
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	on a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			_
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur Guidance, 2 C.F.R. Part 200, Subpart F?	iform	3a		No
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 in Schedule O and describe any steps taken to undergo such audits.	red	Зb		
			F	orm <b>99</b>	<b>0</b> (2022)

Form 990 (2022)

**Additional Data** 

**Return to Form** 

Software ID: Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

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_	HED n 990	ULE A	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3)	organization or		<b>2022</b>		
		he Treasury le Service	•	Go to <u>www.irs</u>	Attach to Form 9 5.gov/Form990 for in	990 or Form 99	0-EZ.	ormation.	Open to Public Inspection		
		he organiza AT BOSTON (						Employer identif			
		COURT PASA	DENA					56-2390086			
	rt I organiz	Reason ation is not	for Public a private four	Charity Stat	us (All organization e it is: (For lines 1 thro	<u>s must comple</u> ough 12, check or	te this part.) S nly one box.)	See instructions.			
1			•		ssociation of churches	<b>-</b>		(A)(i).			
2	$\square$	A school de	escribed in <b>se</b>	ection 170(b)(	(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)				
3		A hospital	or a cooperat	ive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).			
4			research orga , and state:	nization operat	ed in conjunction with	a hospital descri	bed in <b>section 1</b>	L70(b)(1)(A)(iii).	Enter the hospital's		
5				d for the benefi mplete Part II.)	it of a college or univer	rsity owned or op	perated by a gov	ernmental unit desc	ribed in <b>section</b>		
6	$\Box$				, <sup>,</sup> governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	.)(v).			
7						s support from a	governmental u	nit or from the gene	eral public described in		
8				(vi). (Complete ribed in <b>sectio</b> u	e Part II.) n 170(b)(1)(A)(vi).	(Complete Part I	[.)				
•								with a land-grant co	llege or university or a		
D	0	non-land g	rant college o	of agriculture. S	ee instructions. Enter (1) more than 331/3%	the name, city, a	nd state of the c	college or university:			
J	U	from activi	ties related to t income and	o its exempt fur unrelated busir	nctions—subject to cer	tain exceptions, a	and (2) no more	than 33 $_{\mbox{\scriptsize 1/3}}\mbox{\%}$ of its			
1		An organiz	ation organiz	ed and operated	d exclusively to test fo	r public safety. S	ee <b>section 509</b>	(a)(4).			
2		more publi	cly supported	organizations		<b>609(a)(1)</b> or se	tion 509(a)(2)	). See section 509	the purposes of one or (a)(3). Check the box		
а		organizatio	on(s) the pow		appoint or elect a majo				y giving the supported ganization. <b>You must</b>		
b		manageme	ent of the sup		pervised or controlled i ation vested in the sar and C.						
с					supporting organizatio ions). <b>You must com</b>				rated with, its		
ł		Type III r functionally	<b>non-function</b> y integrated.	ally integrate The organizatio		ization operated fy a distribution	in connection wit	th its supported orga	anization(s) that is not quirement (see		
e		Check this integrated,	box if the org or Type III r	ganization recei on-functionally	ved a written determir integrated supporting	nation from the II organization.			II functionally		
f 1								· · · · · · · · · <u>-</u>			
g		Vame of sup organization	ported	(ii) EIN	upported organization( (iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)			
						Yes	No				
			-	-							
ota	I				<u> </u>				+		
	-	work Reduc or 990-EZ.	tion Act Not	tice, see the I	nstructions for	Cat. No. 11285	F	Schedul	e A (Form 990) 2022		
					Pa	ge 2					
		(Form 990)							Page <b>2</b>		
Pa	rt II	(Compl	ete only if y	ou checked th	zations Described he box on line 5, 7, ify under the tests l	or 8 of Part I o	or if the organi	zation failed to qu	(1)(A)(vi) Ialify under Part III.		
	ection	A. Public	Support								
			org/nonprofits/c	organizations/562	390086/20234319934933	32274/full	-	•	-		

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	r fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	895,199	871,369	903,492	895,817	1,139,839	4,705,716
2	include any "unusual grant.") Tax revenues levied for the organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge	005 100	071.000	002.402	005.017	1 120 020	4 705 746
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by	895,199	871,369	903,492	895,817	1,139,839	4,705,716
5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						1,849,612
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from line 4.						2,856,104
5	Section B. Total Support						
Са	lendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	r fiscal year beginning in) 🕨		• •			• •	
7 8	Amounts from line 4 Gross income from interest,	895,199	871,369	903,492	895,817	1,139,839	4,705,716
0	dividends, payments received on securities loans, rents, royalties and income from similar sources.	56,237	48,025	7,917	17,598	15,840	145,617
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	<b>Total support.</b> Add lines 7 through 10						4,851,333
12	Gross receipts from related activities, e	etc. (see instructio	ons)			12	507,623
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third	, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and <b>stop here</b>					►	
S	Section C. Computation of Public						
	Public support percentage for 2022 (lin			column (f))		14	58.870 %
15	Public support percentage for 2021 Sch					15	56.670 %
	<b>33</b> 1/3% support test—2022. If the						
100	and <b>stop here.</b> The organization gualit						
ŀ	33 1/3% support test-2021. If the						
-	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b>	qualifies as a pub -2022. If the org	licly supported org ganization did not	ganization check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	.. ▶ 🗍 % or more,
	and if the organization meets the "facts		•	•	•	5	
t	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets the more is the organization meets the organizatio	t-2021. If the or	rganization did not	t check a box on I	ine 13, 16a, 16b,	or 17a, and line 15	5 is 10% or
	meets the "facts-and-circumstances"				• •		-
18	Private foundation. If the organization						
	instructions						🕨 🗆
-						Schedule A (F	orm 990) 2022
			Page 3				
Sch	edule A (Form 990) 2022						Page <b>3</b>
	· · · · · · · · · · · · · · · · · · ·		no Decerihad i	- Contine FOO	(-)(2)		raye J
	Part III Support Schedule for (Complete only if you					d to qualify und	or Part II If
	the organization fails t						
S	Section A. Public Support			<u>201011</u> , p.0000 0		7	
Са	lendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
•	r fiscal year beginning in) F Gifts, grants, contributions, and	(a) 2010	(b) 2019	(C) 2020	( <b>u</b> ) 2021	(e) 2022	
1	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the		1	1		1	I
2	organization's tax-exempt purpose						
3	organization's tax-exempt purpose	2					

Tax revenues levied for the organization's benefit and either paid

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5	to or expended on its benair The value of services or facilities								
•	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
D	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.								
	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c								
	from line 6.)								
-	ction B. Total Support		-						
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
-	iscal year beginning in)	. ,		. ,	. ,	. ,			
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.		ļ						
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI.) .								
13	Total support. (Add lines 9, 10c,								
	11, and 12.).		Guet errord this	l Countle on Cittle t				Mara ala	
	First 5 years. If the Form 990 is for t	ne organization's	first, second, third	a, fourth, or fifth t	-		-		_
14									
	this box and <b>stop here</b>								
	ction C. Computation of Public	Support Perce	entage						
		Support Perce	entage			15			
<u>Se</u> 15	ction C. Computation of Public Public support percentage for 2022 (lin	Support Percenters of the state	ivided by line 13,	column (f))		15			
Se 15 16	<b>ction C. Computation of Public</b> Public support percentage for 2022 (lin Public support percentage from 2021 S	Support Perce ne 8, column (f) d Schedule A, Part I	<b>ivided by line 13,</b> II, line 15	column (f))					
Se 15 16 Se	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest	Support Perce ne 8, column (f) d Schedule A, Part I ment Income	ivided by line 13, II, line 15 Percentage	column (f))		15 16			
Se 15 16 Se 17	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu	ivided by line 13, II, line 15 Percentage mn (f) divided by	column (f))	· · · · · · · · · · · · · · · · · · ·	15 16 17			
Se 15 16 Se 17 18	<b>ction C. Computation of Public</b> Public support percentage for 2022 (lin Public support percentage from 2021 S <b>ction D. Computation of Invest</b> Investment income percentage for <b>20</b> Investment income percentage from <b>2</b>	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A,	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	column (f)) 		15 16 17 18			
Se 15 16 Se 17 18	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A,	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	column (f)) 		15 16 17 18			
Se 15 16 Se 17 18	ction C. Computation of PublicPublic support percentage for 2022 (linPublic support percentage from 2021 Sction D. Computation of InvestInvestment income percentage for 20Investment income percentage from 233 1/3% support tests-2022. If the	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box	column (f)) line 13, column (f	()) ())	15 16 17 18 33 1/3%, an	d line 17		
Se 15 16 17 18 19a	<b>ction C. Computation of Public</b> Public support percentage for 2022 (lin Public support percentage from 2021 S <b>ction D. Computation of Invest</b> Investment income percentage for <b>20</b> Investment income percentage from <b>2</b>	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r I stop here. The	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali	column (f)) line 13, column (f  on line 14, and lir fies as a publicly s	()) ()) ()) ()) ()) ()) (	15 16 17 18 33 1/3%, an ation	d line 17	is not	
Se 15 16 17 18 19a	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r I stop here. The e organization did	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box o	column (f)) line 13, column (f  on line 14, and lir fies as a publicly s on line 14 or line 1	()) ()) ()) ()) ()) ()) ()) ()) ()) ()	15 16 17 18 33 1/3%, an ation more than 3	d line 17   3 1/3% ar	is not	
Se 15 16 17 18 19a b	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 203 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here.	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of	column (f)) line 13, column (f  on line 14, and lir fies as a publicly s on line 14 or line 1 qualifies as a publi	())	15 16 17 18 33 1/3%, an ation more than 3 anization	d line 17   3 1/3% ar	is not	
Se 15 16 17 18 19a	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here.	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of	column (f)) line 13, column (f  on line 14, and lir fies as a publicly s on line 14 or line 1 qualifies as a publi	())	15 16 17 18 33 1/3%, an ation more than 3 anization instructions	d line 17   33 1/3% ar ■	is not	18 is
Se 15 16 17 18 19a b	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 203 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here.	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of	column (f)) line 13, column (f  on line 14, and lir fies as a publicly s on line 14 or line 1 qualifies as a publi	())	15 16 17 18 33 1/3%, an ation more than 3 anization	d line 17   33 1/3% ar ■	is not	18 is
Se 15 16 17 18 19a b	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 203 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here.	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of	column (f)) line 13, column (f  on line 14, and lir fies as a publicly s on line 14 or line 1 qualifies as a publi	())	15 16 17 18 33 1/3%, an ation more than 3 anization instructions	d line 17   33 1/3% ar ■	is not	18 is
Se 15 16 17 18 19a b	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 203 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did and stop here.	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of	column (f)) line 13, column (f  on line 14, and lir fies as a publicly s on line 14 or line 1 qualifies as a publi	())	15 16 17 18 33 1/3%, an ation more than 3 anization instructions	d line 17   33 1/3% ar ■	is not	18 is
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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. С

30

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 <b>Part VI</b> 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 <b>Part VI,</b> 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?

с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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? <i>If "Yes," provide detail in Part VI.</i>		
	organization's supported organizations: in res, provide detail in <b>Part VI.</b>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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.		
	contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
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).		
	complete Part 1 of Schedule L (10111 990).	8	
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 <b>Part VI.</b>	9a	
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 <b>Part VI.</b>	9b	
с	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 <b>Part VI.</b>	9c	

**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).
 10b

Schedule A (Form 990) 2022

Page 5

10a

4a

4b

4c

5a

5b

#### – Page 5 –

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)					
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а					
	governing body of a supported organization?	11a			
b	A family member of a person described on 11a above?	11b			
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c			

## Section B. Type I Supporting Organizations

1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
---	--

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.

1	
2	

Yes

No

Yes No

## Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the

supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	organization maintaineu a ciose anu continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times			
	during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		

#### Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- **a**  $\square$  The organization satisfied the Activities Test. Complete **line 2** below.
- c 🕥 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

#### 2 Activities Test. Answer lines 2a and 2b below.

- a 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** organization how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more
- of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

#### 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

3b Schedule A (Form 990) 2022

2b

3a

Yes

No

1

#### Schedule A (Form 990) 2022

Page 6

art V Type III Non-Functionally Integrated 509(a)(3) Supporting								
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in Part VI</i> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
L Net short-term capital gain	1							
2 Recoveries of prior-year distributions	2							
3 Other gross income (see instructions)	3							
Add lines 1 through 3	4							
5 Depreciation and depletion	5							
5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
7 Other expenses (see instructions)	7							
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8							
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
Aggregate fair market value of all non-exempt-use assets (see instructions for shor tax year or assets held for part of year):	t 1							
a Average monthly value of securities	1a							
<b>b</b> Average monthly cash balances	1b							
c Fair market value of other non-exempt-use assets	1c							
d Total (add lines 1a, 1b, and 1c)	1d							
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			1					

Page 6

		_	1 1
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	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4		-	
-	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	4	
5		_	

Schedule A (Form 990) 2022

#### Page 7

Schedule A (Form 990) 2022		•	ntinu od	Page 7
Part V Type III Non-Functionally Integrated Section D - Distributions	a 509(a)(3) Supporting	Organizations (co	intinued)	Current Year
1 Amounts paid to supported organizations to accomplish		1		
<ul> <li>Amounts paid to perform activity that directly furthers excess of income from activity</li> </ul>	2			
<ul> <li>Administrative expenses paid to accomplish exempt pu</li> </ul>	rnoses of supported organizati	ons	3	
<ul> <li>Amounts paid to acquire exempt-use assets</li> </ul>			4	
<ul> <li>Qualified set-aside amounts (prior IRS approval require</li> </ul>	ed - provide details in <b>Part VI</b>		5	
<ul> <li>6 Other distributions (<i>describe in Part VI</i>). See instruction</li> </ul>			6	
<ul><li>7 Total annual distributions. Add lines 1 through 6.</li></ul>	5		7	
		. , .,	/	
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	nich the organization is respon	sive ( <i>provide</i>	8	
<b>9</b> Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributic Pre-2022	ons	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
<ul> <li>Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>).</li> <li>See instructions.</li> </ul>				
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017				
<b>b</b> From 2018				
<b>c</b> From 2019 <b>.</b>				
<b>d</b> From 2020				
<b>e</b> From 2021				
f Total of lines 3a through e				
<b>g</b> Applied to underdistributions of prior years				
<b>h</b> 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: \$				
a Applied to underdistributions of prior years				
<b>b</b> Applied to 2022 distributable amount				

Page 8	 Schedule	<b>A (Form 990)</b> (2022)
Tage 0		Page <b>8</b>
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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Return Reference

Schedule A (Form 990) 2022

**Return to Form** 

**Additional Data** 

Software ID: Software Version:

efile Public Visual Rende	er Objectld: 202343199349332274 - Submission: 2023-11-15		TIN: 56-2390086		
Schedule B	Schedule of Contributors		OMB No. 1545-0047		
(Form 990)       > Attach to Form 990, 990-EZ, or 990-PF.         Department of the Treasury       > Go to www.irs.gov/Form990         Internal Revenue Service       > For the latest information.					
Name of the organization THE THEATRE AT BOSTON DBA BOSTON COURT PASA		<b>Employer iden</b> 56-2390086	tification number		
Organization type (chec	k one):				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private four	Idation			
	527 political organization				
Form 990-PF	$\Box$ 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundati	on			
	$\Box$ 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## **Special Rules**

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Page 2

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

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 2

Name of organization THE THEATER AT BOSTON COURT https://projects.propublica.org/nonprofits/organizations/562390086/202343199349332274/full Employer identification number

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Part I

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	· ·	\$ RESTRICTED	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u>\$</u>	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$\$\$\$\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
·		<u>\$</u>	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

– Page 3 –

Schedule I	3 (Form 990) (2022)		Page 3		
	ganization RE AT BOSTON COURT )N COURT PASADENA	Employer identification 56-2390086	number		
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		

5/29/25, 1:47	PM 1	Cheatre At Boston Court - Full Filing - Nonprofit	Explorer - ProPublica	
	-			
-			\$	
(a) No. from Part I	(b) Description of noncash		(C) V (or estimate) ee instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash		(C) V (or estimate) ee instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash		(C) V (or estimate) ee instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash		(C) V (or estimate) ee instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash		(C) V (or estimate) ee instructions)	(d) Date received
-			\$	
	I	_		Schedule B (Form 990) (2022)
		Page 4		
Schedule	B (Form 990) (2022)			Page 4
Name of or THE THEAT	rganization TRE AT BOSTON COURT		Employer ident	ification number
DBA BOST	ON COURT PASADENA		56-2390086	
Fartin	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional sp	tributor. Complete columns (a) through e total of exclusively religious, charitabl tructions.)  \$\$	(e) and the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held
-		(e) Transfer of gift		
	Transferee's name, address, and		ship of transferor to	transferee

-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and Z		ip of transferor to transferee
(a)	(h) Burnaga of sift	(a) Lion of rift	(d) Description of how sift is hold

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Part I	(b) Fulpose of gift		
.  =			=
	Transferee's name, address, and	(e) Transfer of gift d ZIP 4 Relation	onship of transferor to transferee
			· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift d ZIP 4 Relatio	onship of transferor to transferee

# Schedule B (Form 990) (2022)

## **Additional Data**

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Software ID: Software Version:

efile Public Visual Render			ObjectId: 2023431	199349332274 - Submission:	2023-11-	15	TIN: 56-2390086
SC	HEDULE D		Sunnlomor	ntal Financial Stateme	onte		OMB No. 1545-0047
(For	m 990)						2022
				ganization answered "Yes," on F			
Department of the Treasury				V, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.			Open to Public
	al Revenue Service		o to <u>www.irs.gov/Forn</u>	1990 for instructions and the late			Inspection
	me of the organ THEATRE AT BOSTC				En	iployer ident	ification number
DBA	A BOSTON COURT PA					-2390086	
Pa				sed Funds or Other Similar F s" on Form 990, Part IV, line 6.	unds or Ac	counts.	
	Comple	te il the olya		(a) Donor advised funds		(b) Funds a	nd other accounts
1	Total number at	end of year .				( )	
2	Aggregate value	of contributior	ns to (during year)				
3	Aggregate value	of grants from	n (during year)				
4	Aggregate value	at end of year					
5				ors in writing that the assets held in c		d funds are the	9
	organization's p	roperty, subje	ct to the organization's ex	clusive legal control?			🗆 Yes 🗌 No
6	Did the organiza	ation inform al	l grantees, donors, and do	onor advisors in writing that grant fu	nds can be u	sed only for	11-1 -
	private benefit?		or the denefit of the donor	or donor advisor, or for any other p	urpose conte	rring impermi	
Pa	rt II Conser	vation Ease	ments				
1.01				s" on Form 990, Part IV, line 7.			
1	Purpose(s) of co	onservation ea	sements held by the orga	nization (check all that apply).			
	Preservation	on of land for p	public use (e.g., recreation	n or education) 🛛 🗍 Preservatio	on of an histo	orically import	ant land area
	Protection	of natural hab	itat	Preservation	on of a certifi	ed historic str	ucture
	Preservation	on of open spa	ce				
2				qualified conservation contribution in	n the form of	a conservatio	n
	easement on the						he End of the Year
а	Total number of	conservation e	easements		2a		
b	Total acreage res	stricted by con	servation easements		<b>2b</b>		
с	Number of conse	ervation easem	nents on a certified histori	c structure included in (a)	. 2c		
d			nents included in (c) acqu National Register	ired after July 25, 2006, and not on a	a <b>2d</b>		
3			5	ed, released, extinguished, or termina	ated by the o	organization di	Iring the
	tax year 🕨			, , <u>.</u> ,	,	5	
4	Number of state	s where prope	erty subject to conservation	on easement is located 🕨			
5	Does the organi	zation have a	written policy regarding t	he periodic monitoring, inspection, h	andling of vic	lations,	
			rvation easements it hold			(	Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of violations, and enfo	orcing conser	vation easem	
U	►				-		
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing	g conservatio	n easements o	during the year
	▶\$		_				
8				above satisfy the requirements of se			
							🤇 Yes 🗌 No
9				ervation easements in its revenue and footnote to the organization's finance			
			for conservation easemen				
Par				of Art, Historical Treasures, s" on Form 990, Part IV, line 8.	or Other S	Similar Asse	ets.
1a				SC 958, not to report in its revenue s	tatement and	1 halance she	et works of art
14	historical treasu	res, or other s	imilar assets held for pub	lic exhibition, education, or research ents that describes these items.			
b		res, or other s	imilar assets held for pub	SC 958, to report in its revenue state lic exhibition, education, or research			
(						. 🕨 \$	
2	If the organizati	on received or	held works of art, histori	cal treasures, or other similar assets ASC 958 relating to these items:			the
а	2					🕨 \$	
b						·	
				ns for Form 990.			ule D (Form 990) 2022

		/	Page 2 -					
Caba	dula D. (Faura 000) 2022							
	dule D (Form 990) 2022 t III Organizations Maintaining Col	lections of Art	Historic	al Tre		r Other Similar	Assats (con	Page <b>2</b>
3	Using the organization's acquisition, accession							
	items (check all that apply):	,		.,				
а	Public exhibition		d		_oan or exch	ange programs		
b	Scholarly research		e		Other			
с	Preservation for future generations							
4	Provide a description of the organization's col Part XIII.	lections and explain	how they	furthe	er the organiz	zation's exempt pur	pose in	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to						🗌 Yes	🗆 No
Pa	t IV Escrow and Custodial Arrange Complete if the organization answ line 21.		m 990,	Part I	V, line 9, oi	r reported an amo	ount on Forn	n 990, Part X,
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?						🗌 Yes	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:			Amount	
с	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year $\ldots$ $\ldots$ $\ldots$					1e		
f	Ending balance			• • •		1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for es	scrow o	or custodial a	account liability?	. 🗌 Yes	🗆 No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanatio	n has t	oeen provide	d in Part XIII	. 🗆	
Pa	rt V Endowment Funds.				/ line 10			
	Complete if the organization answ	(a) Current year	(b) Pric			/ears back (d) Three	years back (e)	Four years back
1a	Beginning of year balance						<u> </u>	·
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2 a	Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end balance	e (line 1g,	colum	n (a)) held a	as:		
b	Permanent endowment							
с	Term endowment 🕨							
•	The percentages on lines 2a, 2b, and 2c should be the second seco	•			d a cod a dooto	istant for the		
3a	Are there endowment funds not in the posses organization by:	sion of the organiza	tion that a	are nei	a ana aamin	listered for the		Yes No
	(i) Unrelated organizations						3a(i)	)
	(ii) Related organizations						3a(ii)	)
b	If "Yes" on 3a(ii), are the related organization						. 3b	
4	Describe in Part XIII the intended uses of the	5	wment fu	nas.				
Pa	rt VI Land, Buildings, and Equipme Complete if the organization answ		m 990.	Part I	V. line 11a.	See Form 990, P	art X. line 1	0.
	Description of property (a) Cost or oth (investme	ner basis (b) Cost	or other b			cumulated depreciation		3ook value
1a	Land							
b	Buildings							
с	Leasehold improvements							
d	Equipment			137	,382	75,11	5	62,267
	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	nn (B),	line 10(c).)	🕨		62,267
						S	chedule D (F	orm 990) 2022

------ Page 3 ----

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990	. Part IV.	line 11b.See Fo	rm 990. Part X. li	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valu t or end-of-year ma	ation:
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990	. Part IV.	line 11c. See Fo	rm 990. Part X. I	ine 13.
(a) Description of investment	, i ai e 11,	(b) Book value	(c) Method	d of valuation: year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, I	ine 11d. See Fo		ne 15. (b) Book value
(1)DEFERRED IN-KIND RENT ASSET (1)				768,000
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(7) (8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				768,000
	-	-		,

Part X Other Liabilities.

1.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.(a) Description of liability(b) Book value

(1) Federal income taxes		
DEFERRED REVENUE		13,727
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	13,727
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization	tion's financial statements that	reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of	f the footnote has been provide	d in Part XIII 🛛 🔽

— Page 4 —

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022		Page 4
Pa	Int XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn.	
1	Total revenue, gains, and other support per audited financial statements	1	1,216,194
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_	1/210/10
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,216,194
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.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	1,216,194
Par	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	1,470,088
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	_	_,,
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,470,088
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	1,470,088
Pa	rt XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	t V, line 4; Par	t X, line 2; Part XI,
line	es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
	Return Reference Explanation		

Return Reference	Explanation
PART X, LINE 2:	ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION TO EVALUATE ITS TAX POSITIONS AND
	PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED 'MORE LIKELY
	THAN NOT' TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION. MANAGEMENT HAS
	EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS
	NOT NECESSARY AT DECEMBER 31, 2022. GENERALLY, THE ORGANIZATION'S INFORMATION
	RETURNS REMAIN OPEN FOR EXAMINATION FOR A PERIOD OF THREE (FEDERAL) OR FOUR (STATE
	OF CALIFORNIA) YEARS FROM THE DATE OF FILING.

Schedule D (Form 990) 2022

## **Additional Data**

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Software ID: Software Version:

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Schedule L (Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, lines 25 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.											)22				
Department of the Treasury       Internal Revenue Service									0	Open to Public Inspection					
Name of the org									E	Emplo	oyer id	entifica			-
DBA BOSTON COU	RT PASA	ADENA				504())(4)					90086		<u></u>		
				•	501(c)(3), sectio on Form 990, Pa			•							
1 (a	a) Nam	e of disqual	lified person		(b) Relationship between disqualified person and organization					d (c) Description transaction					rected? <b>No</b>
4958 <b>3</b> Enter the a	mount	of tax, if ar		above, re	on managers or eimbursed by the <b>Persons.</b>			g the ·	year :	unde	r sectio	\$ \$			
Cor	mplete	if the organ	nization answ	vered "Yes , Part X, li	s" on Form 990- ine 5, 6, or 22 oan to or from	EZ, Part V, line	38a, or For (f) Balan		,	art IV, ) In		; or if t <b>h)</b>		anizat i) Wri	
interested person		ationship with anization	Purpose of Ioan		organization?	Original principal amount	due			ult?	App by bo	roved bard or hittee?		greem	
				То	From	-	ļ	`	/es	No	Yes	No	Yes		No
											_				
Total .						▶ \$						l			
					terested Per "Yes" on Form		V line 27								
(a) Name of inte		person (t	<ul> <li>) Relationsh terested pers organiza</li> </ul>	ip betwee son and th	en <b>(c)</b> Amou	nt of assistance		Туре о	f as	sistan	ce	<b>(e)</b> Pu	irpose (	of assi	istance
Fau Danamura I. Dan		A at Nation				0.67							/-		
For Paperwork Red	auction	Act Notice,	see the Instr	uctions to	r Form 990 or 99	0-EZ.	Cat. No. 500	156A				Schedu	ule L (F	orm 9	90) 2022
					Pa	age 2									
Schedule L (Form	990) 2	2022													Page <b>2</b>
					nterested Pe										
		e if the org terested per			l "Yes" on Forn Relationship	n 990, Part I (c) Amo						transact	tion	(e) :	Sharing
		pers	en interested son and the ganization	transaction						of organizatio revenues		ization's enues?			
OWNI BRAN		OWNED E	COURT LLC, IS BY Z CLARK N, BOARD	, COUR			E ORGANIZATION LEAS EATRE COMPLEX FROM JURT LLC UNDER A TER LIEU OF MONTHLY REP			ROM BO TERM L	STON	Yes	No No		
					PAYM PAYS MAIN OF PF INSUI CONS SAVIN		FOR OP MONTHLY RE IENTS, THE ORGANI FOR OPERATING AN ITENANCE COSTS AN ROPERTY AND LIABI RANCE, WHICH IS SIDERED A SUBSTAN NGS OVER RENTS P KET RATES.			ANIZATI AND AND 2 ABILITY S TANTIA	IIZATION AND AND 25% BILITY ANTIAL				
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	pplemental I		responses to quest	tions on Sc	hadula L (saa ii	actructions)				<u> </u>
	n Reference		responses to quest			planation				
								Schedule	e L (Form 99	0) 2022
Additiona	l Data							Reti	ırn to For	rm
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office Park Park					274 0.4					200000
	Visual Rende		tId: 202343199					(	<b>IN: 56-2</b> OMB No. 15	
SCHEDUL (Form 990)	EU		nental Info						201	))
Department of the Trea	asury		1 990 or 990-EZ o	or to provi		onal informa			Open to	Public
Internal Revenue Serv		Þ	Go to <u>www.irs.go</u>					v id on tific	Inspec	ction
Name of the org THE THEATRE AT B DBA BOSTON COUL	OSTON COURT						56-23900			iber
Return					Explanation		30 23900	00		
Reference					Explanation					
FORM 990, PART VI.	IN 2017 BOARI BUSINESS MA		EILEEN T'KAYE WA	AS CONTF	RACTED BY BO	DARD MEMBI	ER Z CLARK E	BRANSON	, TO PROV	/IDE
SECTION A, LINE 2	Decirce of the		OLIVIOLO.							
FORM 990.	THE RETURN	IS REVIEWE	D BY THE MANAG		CTOR THEN	IT IS FORWA	RDED TO TH	= BOARD	FINANCE	
PART VI, SECTION B,			. UPON THEIR API							L.
LINE 11B										
FORM 990, PART VI,			ELD FOUR TIMES							
SECTION B, LINE 12C	THEY ARISE.									110
FORM 990,	THE MANAGIN	IG AND ARTIS	STIC DIRECTOR'S	SALARIE	SARE DETER	MINED BY TI		E COMMI	TTEE. WH	ICH IS
PART VI, SECTION B,	INCLUDED IN	WRITTEN BC	OARD MINUTES. T R SIMILAR POSITI	HE AMOU	NT IS BASED	ON PARAME	TERS OF THE	BUDGET	AND	
LINE 15			GING DIRECTOR.							
FORM 990, PART VI,			NING DOCUMENT						EMENTS A	RE
SECTION C, LINE 19		THE FODER		.,						
FORM 990,	THE ORGANIZ		ANIZED A FINANC		ITEE TO REVI	EW AND APP	ROVE THE AL	JDIT. THIS	RESPON	SIBILITY
PART XII, LINE 2C			E PRIOR YEAR.							
	I ction Act Notice see t	he Instructions fo	or Form 990 or 990-EZ.		Cat. No. 5	51056K			Schedule O (F	orm 990) 202

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