		Q	an a	Return of O	rganization Exe	empt From	Inco	me Tax	K	OMB No 1545-0047
	Forn		,	Had 2004(2) 507 -		-1 D O. d. 4				2019
	(Rev	January	/ 2020)	Under section 501(c), 527, o		•				
			f the Treasury		cial security numbers on		-	_	Ma	Open to Public
			nue Service		s.gov/Form990 for instru	· · · · · · · · · · · · · · · · · · ·			000	Inspection
				dar year, or tax year beginning	· · · · ·	, 2019, and end	aing	June		, 20 20
	_		applicable	C Name of organization SU THE					D Employ	er identification number
7	=	Address	_	Number and street (or P O box		root address)	Room/		E Toloobo	15-0623468 one number
ıZ.	=	Name ch Initial ret	_	820 EAST GENESEE STREE		eet address)	HOULE	Suite		(315) 443-4008
	\equiv		ım/terminated			nostal code	<u> </u>			(313) 443-4000
THE STATE OF THE S	=	Amende		SYRACUSE, NEW YORK 1					G Gross r	eceipts \$ 6,124,462.
3 💥	=		ion pending	F Name and address of principal		PRESIDENT	Ī	H(a) Is this a gr		subordinates? Yes Vo
3				SYRACUSE STAGE, 820 EA	ST GENESEE STREET,	SYRACUSE NY 13	2(0)	H(b) Are all s	ubordinates	s included? Tes No
É		Tax-exe	mpt status	✓ 501(c)(3)) ◀ (insert no)	4947(a)(1) or 52		If "No," a	attach a list	(see instructions)
APR	J	Website	: ► SYRAC	USESTAGE.ORG				H(c) Group e	xemption n	umber ▶
1 0	_				ociation Other >	L Year of for	rmation	1974	M State o	f legal domicile NY
00	P	art I	Summa	. *		1				
2		1		scribe the organization's mi			ACUSE	STAGE TE	LLS STO	RIES THAT ENGAGE,
2021	Activities & Governance		ENTERTAI	N, AND INSPIRE US TO SEE	LIFE BEYOND OUR OW	N EXPERIENCES.				
	E		Ob 1. Ab	h				Ale	0504 -4	
	ove	3		s box Grant I if the organization of the grant in the g	· · · · · · · · · · · · · · · · · · ·		ea or n	nore than	1 1	
	Ğ	4		f voting members of the go f independent voting memb			1b)		3 4	47
	es &	5		ber of individuals employed	•	• •	10) .		5	47
	Viti	6		ber of individuals employed ber of volunteers (estimate		(i ait v, iiie za)			6	204 387
	Act	7a		lated business revenue from	• •	line 12	•		7a	49,878.
	-	b		ted business taxable incom	• • •			•	7b	-66,416
							Ť	Prior Yea		Current Year
	۵	8	Contribution	ons and grants (Part VIII, Im	ne 1h)			3,2	99,843.	3,718,134.
	Revenue	9		ervice revenue (Part VIII, Iir				2,6	80,946.	2,255,399.
	ě	10	Investmen	t income (Part VIII, column	(A), lines 3, 4, and 7d)				49,854.	51,312.
	<u>a</u>	11	Other reve	enue (Part VIII, column (A), li	ines 5, 6d, 8c, 9c, 10c,	and 11e)		1	57,809.	99,617.
		12	Total rever	nue-add lines 8 through 11	(must equal Part VIII, c	olumn (A), line 12)		6,1	88,452.	6,124,462.
ç	2	13		d similar amounts paid (Par		–3) .			0.	0.
Š	,	14	•	aid to or for members (Part					0.	0.
	Expenses	15		ther compensation, employe	•		' 	3,9	02,988.	3,888,802.
ñ	i ë	16a		nal fundraising fees (Part IX,					0.	<u> </u>
Ç	įΩ	b		raising expenses (Part IX, c		208,718.	:			
		17 18		enses (Part IX, column (A), l enses. Add lines 13-17 (mu:			-		58,468.	1,997,309.
XX W	:	19		ess expenses. Subtract line			1		61,456.	<u>5,886,111.</u> 238,351.
-	- S		11000110011	boo expenses. Cabildet line	7 10 110111 1110 12 1		Begir	ning of Curr	26,996. ent Year	End of Year
ج,	ets c	20	Total asse	ts (Part X, line 16)	ω	9	<u>ال</u> ا		45,186.	4,037,546.
[2	Ass	۱		ities (Part X, line 26)		0. 6. 2021	ζ⊩		72,694.	1,743,976.
[7	Net A Fund	22		or fund balances. Subtrac		<u> </u>	Ś		72,492.	2,293,570.
1~	_	art II		re Block	OGI	DEN. UT	Ì	<u> </u>		
	Un	der pena	Ities of perupy	L declare that I have examined the Declaration of preparer (other th			tatement	s, and to the	best of my	knowledge and belief, it is
	tru	e, correc			nan officer) is based on all info	ormation of which prep	arer has			
	٥.		I	Anderson				4/9	72021	
	Sig		, ,	457667 551168 1				Date		
	He	re	I B	aging Director						
			17	or print name and title	DocuSigned by		T			
	Pa	id	"	e preparer's name	Propered & significant		Date 4/5/2	021	Check	
	Pre	epare	T	LE MUNDY	14420AD0F23E444		1., 3, 2		self-emplo	
	Us	e Onl	y Firm's nar		IN OTREE "AS CASE A	IOE NEW YORK	1000		EIN ►	16-1131146
	Mar	the IE	Firm's add	dress ► 432 NORTH FRANKL this return with the prepare	IN STREET #60, SYRAC	use, NEW YORK	13204	Phone	no	(315) 476-4004
				tion Act Notice, see the sepa			at No 11		· ·	. ✓ Yes No Form 990 (2019)
		· about		or monou, acc use acpa		U a			_	- 1 OHH 220 (2019)



Part	V 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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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		,
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		~
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	•	,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	V	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	~	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
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	~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	V	
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
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		,
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	v	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	-	\(\sigma\)
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	·	1
	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		~

Part	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		,
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	,	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	04-		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	 	/
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(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		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		V
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see 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		,
þ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		~
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	~	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check is deficulte of contains a response of note to any line in this race v	<u> </u>	· Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 78		. 55	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<u>/</u>	
		Forn	n 990	(2019)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		Ot M.	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Marie,	
	Statements, filed for the calendar year ending with or within the year covered by this return 204 204	- Allerian and an article	THE	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		89456728
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2000		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	~	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	~	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4-		٠.
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	(3° 0)	230 31
þ	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	15 10 E	/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
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).	3500 C	1, 180	\$5.45g
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
b	and services provided to the payor?	7a 7b	~	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75	<u> </u>	
Ü	required to file Form 8282?	7c		·
d	If "Yes," indicate the number of Forms 8282 filed during the year	Pro-	£ , 5	13 VI
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	100 (40)		15.4%
	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	98.8% 507.8%	. 2 032.290
10	Section 501(c)(7) organizations. Enter:	577		
a	Initiation fees and capital contributions included on Part VIII, line 12		N.	
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter.	2000	3	437
11 a	Gross income from members or shareholders	188 ° E	\$ N	100
b	Gross income from other sources (Do not net amounts due or paid to other sources	13.8%	3 " E	
U	against amounts due or received from them)	1,000	4 14 14 14 15 15	No.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	نتنتك	Second 1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	(9/2	15 m	有效
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		徽	2 S
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		231,013463
	Note: See the instructions for additional information the organization must report on Schedule O			343
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			
С	Enter the amount of reserves on hand	物的	356	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	.,	1 2 (4)
4.0	If "Yes," see instructions and file Form 4720, Schedule N.	迷:		147°
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	286	✓
	If "Yes," complete Form 4720, Schedule O.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200	TANK!

Form 990 (2019) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? . 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 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 b Describe in 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

organization's exempt status with respect to such arrangements?	 •				-	
Section C. Disclosure						 _

	17	List the states	with which a	copy of this	Form 990 is i	required to be filed 🕨	NEW YORK
--	----	-----------------	--------------	--------------	---------------	------------------------	----------

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (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 on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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 > MARY R. KENNETT, COMPTROLER - 820 EAST GENESEE STREET, SYRACUSE, NEW YORK 13210

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

Form 990 (2019) Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any current	officer, director,	or trustee.
				((C)					
(A) ·	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
, , , , , , , , , , , , , , , , , , ,	hours					is both or/trust		compensation	compensation	of other
	per week (list any	9 5	5	Q	<u>~</u>	g I	7	from the organization	from related organizations	compensation from the
	hours for	물호	str	Officer	ey e	말음	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	or dia	₹	Ĩ	필	st c	\			related organizations
	organizations below	ੇ ਫ਼ੁੱ	ai ±		Key employee	필				
	dotted line)	Individual trustee or director	Institutional trustee		("	ens			ĺ	
			ee		l	Highest compensated employee				
(1) AUDUNSON, JANET										
TRUSTEE	†	1			Ì					
(2) BAIN, GEORGE										
TRUSTEE	†	'		1						
(3) BECKOS, BARBARA										
TRUSTEE		~								
(4) BYRNE, NANCY										
TRUSTEE		~								
(5) CHASE, STEVE										
TRUSTEE		~	<u> </u>	.	ļ	ļ				
(6) CURTIS, ROBIN	ļ				İ					
TRUSTEE		~	_	ļ						
(7) DRISCOLL, RICHARD	ļ							,		
TRUSTEE		~		_		ļ			ļ	
(8) FRAZIER, HERMAN	ļ			١.						
TREASURER, TRUSTEE		~		~		<u> </u>	<u> </u>			
(9) GOLD, HELENE	ļ									
TRUSTEE		-	_				<u> </u>			
(10) GOLD, NEIL			ĺ							
TRUSTEE	<u> </u>	~	-	_	_					
(11) GOLDBERG, JACKI	 	,								
TRUSTEE		, , ,			-		<u> </u>			\ \ \
(12) GONZALEZ, BEA	.4	,		,						
PRESIDENT, TRUSTEE	-	-	-	-	_	-				
(13) GREEN, NANCY	 	,		_						
CHAIR-ELECT/VICE CHAIR, TRUSTEE		-	-		-		-	-		
(14) HARRIS, LARRY	 	,]				

Part VII Section A. Officers, Directors,	Trustees,	Key !	Em	plo	yee	s, an	d F	lighest Compe	nsated Emp	loyees (continued)
				(0	C)					
(A)	(B)	///			ition	than a		(D)	(E)	(F)
Name and title	Average					than one of the second		Reportable	Reportable	Estimated amount
	hours per week		r		_	or/trust		compensation from the	compensation from related	of other compensation
	(list any	Individual to director	Inst	Officer	Key employee	empt High	Former	organization	organizations	from the
	hours for related	rect	tutic	ĕ	9	nest loye	ner	(W-2/1099-MISC)	(W-2/1099-MIS	C) organization and related organizations
	organizations	or tr	onal		ջ	e com	١,			
,	below dotted line)	Individual trustee or director	Institutional trustee		8	pen				
		"	tee		-	Highest compensated employee				
(15) HILLITALA IOUN		ļ	ļ 		ļ					
(15) HUHTALA, JOHN TRUSTEE		/			ŀ					
(16) JOHNSON, CYDNEY		-			-		1			
TRUSTEE		1					•			
(17) KARPOFF, REBECCA		-								
TRUSTEE	+	1					•			
(18) KELLY, KATHY										
TRUSTEE		1								
(19) LEATHERMAN, LARRY										
TRUSTEE		~			L					
(20) LENT, DANIEL										
TRUSTEE		~			ļ	ļ				
(21) MALAVENDA, ANTHONY	_	ļ								
TRUSTEE		~								
(22) MANGANO, ROCCO										
TRUSTEE		~								
(23) MARTIN, JULIA		١.								
TRUSTEE		-			-					
(24) MCAULIFFE, KEVIN		1								
TRUSTEE (25) MOANNIE		·								
(25) MCAULIFFE, SUZANNE TRUSTEE	†	·								
1b Subtotal	<u> </u>			L	L			0.		0. 0
c Total from continuation sheets to Part	VII. Sectio	n A			•		•	290,909.		0. 51,242.
d Total (add lines 1b and 1c)							•	290,909.		0. 51,242.
2 Total number of individuals (including but							e) w	<u> </u>	e than \$100.0	
reportable compensation from the organ							,	2		
										Yes No
3 Did the organization list any former of	officer, dire	ector,	tru	ste	e, k	ey e	mpl	loyee, or highes	t compensat	ed <u>La la /u>
employee on line 1a? If "Yes," complete							٠.			3 1
4 For any individual listed on line 1a, is the	sum of re	porta	ble	con	nper	nsatio	n a	nd other compe	nsation from t	he Market No.
organization and related organizations	greater th	an \$	150,	000)? <i>I</i> 1	f "Ye	s, "	complete Sched	dule J for su	ch
ındivıdual	•									4 🗸
5 Did any person listed on line 1a receive of									tion or individ	ual
for services rendered to the organization	? If "Yes," c	compi	ete	Sch	nedu	ile J f	or s	such person .	<u></u>	5 /
Section B. Independent Contractors										
1 Complete this table for your five high										
compensation from the organization. Rep	ort compen	isatioi	1 101	the	ca	enda	r ye	ar ending with or	within the org	
(A) Name and business add	iress							(B) Description of sen	uces	(C) Compensation
								Description of serv	nocs -	Compensation
NONE										
						-				
			<u>.</u>				 		-	
									-	
2 Total number of independent contractor	rs (includir	na bi	ıt n	ot I	lımıt	ed to	th	ose listed abov	e) who	\$ 100 miles (100 miles
received more than \$100,000 of compens	•	-					1			
	~							1	I somewas	Form 990 (2019)

Total from continuation sheets to Part VII, Section A Did (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 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 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation	Par	t VII Section A. Officers, Directors, 1	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (continued)
Name and tale Name Add tale Note: The component of the						(0	C)						
Part			Average	box,	unles	neck ss pe	more	is both	n an	Reportable	Repor	table	Estimated amount
Complete this table for your five highest compensation and other compensation or individual stress for services rendered to the organization? If "Yes," complete Schedule J for such individual			per week (list any hours for		_				ŕ	from the organization	from re organiz	elated ations	compensation from the organization and
TRUSTEE [27] MILLIER, SAMANTHA TRUSTEE [28] MULVHILL, MOLLY TRUSTEE [29] MURHAL, TENESHA TRUSTEE [30] MCHOLS, FRAN TRUSTEE [31] NICHOLS, MARC TRUSTEE [31] NICHOLS, MARC TRUSTEE [32] PARADIS, MONA TRUSTEE [33] PARKER, VIRGINIA TRUSTEE [34] PETERS, ANNETTE TRUSTEE [35] RAINAMAY-ZAR, AMIR TRUSTEE [36] RYAM, MOLLY TRUSTEE 10 Subtotal TRUSTEE 11 Subtotal 12 Total from continuation sheets to Part VII, Section A 290,909. 0. 0. 0. 1 Total from continuation sheets to Part VII, Section A 290,909. 0. 51,242 20 Total number of Individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization From the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE			below	Il trustee or	nal trustee		loyee	compensated					
TRUSTEE	(26)	MCDONALD, ROD											_
TRUSTEE (29) MURPHY, TENESHA TRUSTEE (30) NICHOLS, FRAN TRUSTEE (31) NICHOLS, FRAN TRUSTEE (31) NICHOLS, MARC TRUSTEE (32) PARADIS, MONA TRUSTEE (33) PARER, NIGRINA TRUSTEE (34) PETERS, ANNETTE TRUSTEE (35) PARKEN, NIGRINA TRUSTEE (36) RYAN, MOLLY TRUSTEE (37) PARKEN, NIGRINA TRUSTEE (38) RYAN, MOLLY TRUSTEE (39) RANNAMAY-AZAR, AMIR TRUSTEE (39) RYAN, MOLLY TRUSTEE (30) RYAN, MOLLY TRUSTEE (31) RYAN, MOLLY TRUSTEE (32) PARIDIDATE (33) PAREND REPORT OF THE PROPERTY OF TRUSTEE (34) PETERS, ANNETTE TRUSTEE (35) RYAN, MOLLY TRUSTEE (36) RYAN, MOLLY TRUSTEE (37) TOTAL INCOMPANY OF TRUSTEE (38) RYAN, MOLLY TRUSTEE (39) RYAN, MOLLY TRUSTEE (39) D. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		TRUSTEE											
(28) MULVHILL, MOLLY TRUSTEE (30) MURPH, TENESHA TRUSTEE (31) NICHOLS, FRAN TRUSTEE (31) NICHOLS, FRAN TRUSTEE (32) PARADIS, MONA TRUSTEE (33) PARKER, VIRGINNA TRUSTEE (34) PETERS, ANNETTE TRUSTEE (35) RAHMAMAY-AZAR, AMIR TRUSTEE (36) RYAM, MOLLY TRUSTEE (37) PARADIS, MONA TRUSTEE (38) PARADIS, MONA TRUSTEE (39) PARADIS, MONA TRUSTEE (30) ROMAMAY-AZAR, AMIR TRUSTEE 1b Subtotal C Total form continuation sheets to Part VII, Section A C Total form continuation sheets to Part VII, Section A Did the organization ist any former officer, director, trustee, key employee, or highest compensation from the organization of reportable compensation and other compensation from the organization and other compensation from the organization of reportable compensation and other compensation from the organization of reportable compensation and other compensation from the organization and other compensation from the organization of reportable compensation and other compensation from the organization of reportable compensation and other compensation from the organization of reportable compensation and other compensation from the organization of reportable compensation and other compensation from the organization of reportable compensation and other compensation from the organization of reportable compensation and other compensation or individual for services rendered to the organizations greater than \$150,0007 if "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensation from any unrelated organization or individual for services rendered to the organization. Report compensation from the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation or officer. Compensation for the calendar year ending with or within the organization's tax year. (B) Description of services Compensation or individual for services Compensation or individual for services Compensation or individual for services Compensat	(27)	MILLIER, SAMANTHA										•	
TRUSTEE (30) NICHOLS, FRAN TRUSTEE (31) NICHOLS, MARC TRUSTEE (31) NICHOLS, MARC TRUSTEE (31) NICHOLS, MARC TRUSTEE (32) PARADIS, MONA TRUSTEE (33) PARKER, VIRGINIA TRUSTEE (34) PETERS, ANNETTE TRUSTEE (35) RAHNAMAY-AZAR, AMIR TRUSTEE (36) RYAN, MOLLY TRUSTEE 15 Subtotal C Total from continuation sheets to Part VII, Section A TRUSTEE 15 Subtotal TRUSTEE 15 Subtotal TRUSTEE 16 Subtotal TRUSTEE 17 Subtotal TRUSTEE 18 Subtotal TRUSTEE 19 O. 0. 0. 0. Total from continuation sheets to Part VII, Section A TRUSTEE 10 Subtotal TRUSTEE 10 Subtotal TRUSTEE 11 Subtotal TRUSTEE 12 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Portable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual TO provide Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensation from any unrelated organization or individual for services rendered to the organization. Report compensation from the calendar year ending with or within the organization's tax year. (A) Name and business address NONE		TRUSTEE		~									
TRUSTEE	(28)	MULVIHILL, MOLLY											
TRUSTEE Signature Signat				~									
TRUSTEE	(29)	MURPHY, TENESHA											
TRUSTEE (31) NICHOLS, MARC TRUSTEE (32) PARADIS, MONA TRUSTEE (33) PARKER, VIRGINIA TRUSTEE (34) PETERS, ANNETTE TRUSTEE (35) RAHNAMAYAZAR, AMIR TRUSTEE (36) RYAN, MOLLY TRUSTEE (37) TRUSTEE (38) RAHNAMAYAZAR, AMIR TRUSTEE (39) RAHNAMAYAZAR, AMIR TRUSTEE (30) RYAN, MOLLY TRUSTEE (30) RYAN, MOLLY TRUSTEE (31) District of the continuation sheets to Part VII, Section A 10				~	_	<u> </u>	_		_				
Sil NICHOLS, MARC TRUSTEE	(30)	NICHOLS, FRAN		ļ									
TRUSTEE [32] PARADIS, MONA TRUSTEE [33] PARKER, VIRGINIA TRUSTEE [34] PETERS, ANNETTE TRUSTEE [35] RAHNAMAY-AZAR, AMIR TRUSTEE [36] RYAN, MOLLY TRUSTEE [36] RYAN, MOLLY TRUSTEE [37] Total from continuation sheets to Part VII, Section A TOtal (add lines 1b and 1c) Total (add lines 1b and 1c) Total (and lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Portable compensation from the organization Portable compensation from the organization and related organizations greater than \$100,000? If "Yes," complete Schedule J for such individual Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of more organization prompensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Total number of including prompensation from the organization or individual individ				<u> </u>	_	_		<u> </u>	_				
321 PARADIS, MONA TRUSTEE	(31)			١.				ŀ					
TRUSTEE [34] PETERS, ANNETTE TRUSTEE [35] RAHNAMAY-AZAR, AMIR TRUSTEE [36] RYAN, MOLLY TRUSTEE 15 Subtotal 1 Total from continuation sheets to Part VII, Section A 200,909. 1 Total from continuation sheets to Part VII, Section A 200,909. 1 Total from continuation sheets to Part VII, Section A 200,909. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 20 Joid the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization are related organization greater than \$150,000? If "Yes," complete Schedule J for such individual 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 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. None of the compensation for the calendar year ending with or within the organization. None of the compensation of services of the organization. Person of services of the organization. Person of services of the organization of services of the organization.	(20)			·	-		-		\vdash				
TRUSTEE	(32)						ļ						
TRUSTEE [34] PETERS, ANNETTE TRUSTEE [35] RAHNAMAY-AZAR, AMIR TRUSTEE [36] RYAN, MOLLY TRUSTEE [36] RYAN, MOLLY TRUSTEE 1b Subtotal	/22)			-								-	
34 PETERS, ANNETTE	(33)												
TRUSTEE 35) RAHNAMAY-AZAR, AMIR	(34)												
35 RAHNAMAY-AZAR, AMIR TRUSTEE	(34)			_									
TRUSTEE [36] RYAN, MOLLY TRUSTEE	(35)						_	 -		-			
TRUSTEE	(33)			J									
TRUSTEE 1b Subtotal .	(36)												
to Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A Did (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 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 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation NONE	15.57			1									
Total (add lines 1b and 1c). Did number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► Solid the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 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 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 Description of services Compensation	1b			·	٠	·—		L	-	0.		0.	0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 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? If "Yes," complete Schedule J for such individual. 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 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE	С	Total from continuation sheets to Part	VII, Sectio	n A						290,909.		0.	51,242.
reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 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 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE	d	Total (add lines 1b and 1c)							>	290,909.		0.	51,242
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 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 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 Description of services NONE	2			to th	ose	list	ed	above	e) w	ho received more	e than \$1	00,000	of
employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual. 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 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE	3	Did the organization list any former of	officer dire	ector	tru	stee	s k	ev e	mnl	lovee or highes	t compe	ensated	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	ındı	vidi	ual	٠.		•		3 /
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 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) (B) (C) Compensation NONE	4	organization and related organizations											
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) (B) (C) Compensation NONE	5	Did any person listed on line 1a receive o											
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) (B) (C) Compensation NONE	Sect	***	17 700, 0	.cmpi		-		<i></i> 0 <i>.</i>	0, 3	deri persori .			
(A) Name and business address Description of services Compensation		Complete this table for your five high											
NONE		(A)								(B)			(C)
\$7.000 \$1.580.000.16.1/15.9/1/\$1029.002	NON		ess							Description of serv	ices	,	Compensation
\$\times_{\time													
STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR O	_												
一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一													
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	2								th	ose listed above	e) who		

Pai	t VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated E	Emplo	yees (continued)
-					(0	C)						
	(A)	(B)	,,, _	4 1		ition			(D)	(E)		(F)
	Name and title	Average					e than d is both		Reportable	Reporta		Estimated amount
		hours per week					or/trust	tee)	compensation from the	compens from rel		of other compensation
		(list any	우悥	ng	윺	<u>@</u>	Highest co employee	Former	organization	organiza		from the
		hours for	Individual to	ŝ	Officer	Key employee	hes	me	(W-2/1099-MISC)	(W-2/1099	-MISC)	organization and
		related organizations	할	002		흥	e co					related organizations
		below	Individual trustee or director	2		yee	agr		-			
		dotted line)	8	Institutional trustee			compensated se					
				Ľ.		<u> </u>	8					
(37)	SARASON, ROBERT	_										
	TRUSTEE		~	<u> </u>	ļ .	<u> </u>	 					
(38)							1					
<u></u>	CHAIR, TRUSTEE		~	┢	_							
(39)	STEIGERWALD, IV, L. JOHN	 										
4 >	TRUSTEE		~	<u> </u>		├						
(40)	STITH, MELVIN						1					
4	TRUSTEE		~		_		-					
(41)	SULLIVAN, SHARON	 					1					
	SECRETARY, TRUSTEE		~			<u> </u>	}					
(42)	THOMAS, CORA	ļ					1					:
	TRUSTEE		~		ļ	ļ	-					
(43)	TICK, MICHAEL						1					
	TRUSTEE		~			ļ	ļ					
(44)	TURNER, PHIL	ļ				ļ						
4 >	TRUSTEE		V	├	ļ.,	├-	-					
(45)	WILLIAMS, MEL	ļ										
	TRUSTEE		~	_	_	⊢	1			_		
(46)	WOODS, KATHERINE					İ	ł					
4	TRUSTEE		~			<u> </u>	-	ļ				
(47)	ZOANETTI, MICHAEL +	ļ				1	1					
	TRUSTEE			J	<u> </u>	}	J					
11:		 			•		•		0.		0.	51,242.
C					•	•			290,909.		0. 0.	
								-\	290,909.	- than 61		51,242.
2	Total number of individuals (including but reportable compensation from the organi		ı to tr	1056	e IISI	tea	above	e) w	no received mor	e than \$11	00,000	OT
	reportable compensation from the organi	ization >							 			Yes No
2	Did the organization list any former of	officer dire	actor	tro	cto	٠ L	·0\/ 0	mnl	lovee or higher	t compa	neatod	
3	employee on line 1a? If "Yes," complete							прі	loyee, or highes	it compe	isaleu	3
4	For any individual listed on line 1a, is the								nd ather semas	;	 om tha	
4	organization and related organizations											'
	individual	greater th	aii ψ	100,	,000	,, ,	, , ,	٥,	complete ochet	dule o lo	i şucii	4 /
5	Did any person listed on line 1a receive of		-mno	· nco	tion	fro	m anı		rolated organizat	on or ind	 Inadual	* 1
5	for services rendered to the organization											5 2
Sec	tion B. Independent Contractors	11 103, 0	Jonnp		00,	1000	310 0 1	01 3	such person .	· · ·	<u> </u>	
	<u> </u>	noct comp	oncat		ındı	220	ndont		entractors that r	occived i	more	than \$100,000 of
1	Complete this table for your five high compensation from the organization. Rep											
	<u></u>	or compen	isatio	110	LITE	- Ca	ienda	l ye	-	Within the	organ	
	(A) Name and business add	Iress						ĺ	(B) Description of sen	rices		(C) Compensation
NON	 							\vdash	,			
								\vdash				
					_						•	
					_			 				
												· · · · · · · · · · · · · · · · ·
2	Total number of independent contractor	ors (includii	ng bu	ut n	ot	lımıt	ted to	th	ose listed abov	e) who	ere Kar	
	received more than \$100,000 of compens											事。第一章
												Form 990 (2019)

Form 990 (2019) Page **8**

Part	VII Section A. Officers, Directors,	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated l	Emplo	yees (continued)
,	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than o	an	(D) Reportable compensation	(E) Reportable compensation from related		(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rei organiza (W-2/1099	tions	compensation from the organization and related organizations
(48)	ZITO, RALPH											
(49)	TRUSTEE, CHAIR SU DRAMA ANDERSON, JILL		-									
	MANAGING DIRECTOR		1		L		<u> </u>		124,607.		0.	21,547.
(50)	HUPP, ROBERT	ļ 							400.000		_	
	ARTISTIC DIRECTOR		~	-	-	├		-	166,302.		0	29,695.
			1									
			~					_				
•••••	·		1									
			·				_	_				
•••••			,									
	(<u> </u>										
			~		_			_				
	-								-			_
			~	<u> </u>				Ļ_				# : Z-2
1b c d	Subtotal	VII, Sectio	n A		•			>	290,909. 0. 290,909.		0. 0.	51,242. 0. 51,242.
2	Total number of individuals (including but reportable compensation from the organic		to th	nose	e list	ted	above	e) w	· · · · · · · · · · · · · · · · · · ·	e than \$1		· · · · · · · · · · · · · · · · · · ·
				,								Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual					3 /
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization											5
	ion B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	lress							(B) Description of sen	rices		(C) Compensation
NON									· · · · · · · · · · · · · · · · · · ·			
			•									
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	e) who		
	1000,000 of compens	adon nom	.,,,,	gan	aı	.011	_			!	NO PARTIES AND A	Form 990 (2010)

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII													
		Check if Schedule O contains a re	spor	ise or note to ar	ny line in this Pa	art VIII		<u> </u>							
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514							
ts	1a	Federated campaigns	1a			N. Aut. Charles Letter D.									
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b		3.74	1 m	14.								
2 E	С	Fundraising events .	1c	97,041.	ana i a superiori managa										
iifts ar A	d	Related organizations	1d												
9, E	е	Government grants (contributions)	1e	83,390.		1436									
ii ii	f	All other contributions, gifts, grants,				100									
te et		and similar amounts not included above	1f	3,537,703.											
重豆	g	Noncash contributions included in lines 1a–1f	•	6											
Sor	h	Total. Add lines 1a-1f	1g	\$ 7,531. ▶	2 710 124										
		Total. Add lines 1a-11 .	•	Buşiness Code	3,718,134.		STOCK STATE OF STATE	F-04/17 12 11 16 16 16 16 16 16 16 16 16 16 16 16							
ë	2a	TICKET SALES		711110	1,712,496.	1,712,496.	SENSERVENCES SEEMS	Action Assets to the Control Country of							
Program Service Revenue	b	TICKETING FEES	•••••	711110	18,851.	18,851.									
gram Ser Revenue	C	CONCESSIONS		711110	120,777.	120,777.									
age e	d	PRODUCTION SERVICES		711110	44,760.	44,760.		-							
ğ æ	е	TICKETS EDUCATIONAL PROGRAMS		711110	11,082.	11,082.									
F.	f	All other program service revenue .		711110	347,433.	347,433.									
	g	Total. Add lines 2a-2f		>	2,255,399.	RESPONSE OF THE PARTY OF THE PA	机加热性系统								
	3	Investment income (including divid	dends	s, interest, and											
		other similar amounts)			51,312.		(51,312.							
	4	Income from investment of tax-exem	ipt bo	ond proceeds			`								
	5	Royalties	•	▶	nage. Frenchiskings	I ANGERIN (ACCUME STRONGET).	cistomal about thesis in make	The state of March 1966 and							
	,	(i) Real		(II) Personal											
	6a	Gross rents 6a													
	b	Less rental expenses 6b													
	d	Rental income or (loss) 6c Net rental income or (loss)		<u> </u>	2007 文章的数据中国	109 Care Assertation	480 3499827388043E	ACCRECATION OF THE PARTY OF THE							
;		() () ()	ies	(II) Other			##27-02 EH-31431-31434	A SESSE CALANCESSES							
	7a	Gross amount from (1) Securiti		(1,7 0 11 101											
		other than inventory 7a													
Φ.	h	Less. cost or other basis	-												
Š	_	and sales expenses 7b													
ě	С	Gain or (loss) 7c													
er Revenue	d	Net gain or (loss)	•	>											
	8a	Gross income from fundraising						16-17-18-18-18-18-18-18-18-18-18-18-18-18-18-							
ŏ		events (not including \$ 97,041.													
		of contributions reported on line			1										
		1c) See Part IV, line 18	8a	21,994.											
	þ	Less direct expenses	8b	14,412.											
	С	Net income or (loss) from fundraising	g eve	nts ▶	7,582.		Marin that we desired to the transfer	7,582.							
	9 a	Gross income from gaming	_												
		activities See Part IV, line 19 .	9a												
	b	Less direct expenses	9b		X (2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2		Signification (Confliction)								
	C 10-	Net income or (loss) from gaming ac	LIVILIE	es >		Truesco-someticos	\$455 E.275 \$4465	35.55.655.655.635.635.638							
	10a	Gross sales of inventory, less returns and allowances	10a												
	b	Less: cost of goods sold .	10b												
	C	Net income or (loss) from sales of in		l orv▶	THE STREET STREET, STR	GAN TENEDOS MANOS A	AMORAL ARBOTT ARROYS SHEET	8. 75.82.74.92.82.82.11.1							
				Business Code	750 XX XX	1037007843407									
Miscellaneous Revenue	11a	PROGRAM ADVERTISING		711110	49,878.	A LOS CHARLES WAS A CHARLES AND A	49,878.	And Statement Assessment Language 1							
ane nu	b	SU DRAMA PAYROLL REIMBURSEME	NT	711110	38,501.	38,501.	43,070.								
scellaneo Revenue	c	MISCELLANEOUS EARNED REVENUE		711110	3,656.	3,656.									
isc R	d	All other revenue			2,230.	5,550.									
Σ	е	Total. Add lines 11a-11d			92,035.	NEW YES	Companies of								
	12	Total revenue. See instructions .		🕨	6,124,462.	_	49,878.	58,894.							

Part IX Statement of Functional Expenses

Secuo	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	7			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	350,596.	200,281.	150,315.	
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	2,836,387.	2,023,352.	733,517.	√79,518
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	143,395.	90,984.	50,958.	1,453
9	Other employee benefits '	277,210	214,104.	54,062.	9,044
10	Payroll taxes	281,214.	194,470.	79,058.	7,686
. 11	Fees for services (nonemployees)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 0,000.	1,000
а	Management	٦			
b	Legal	3,767.		3,767.	
C	Accounting	34,124.		34,124	
d	Lobbying	0.,		<u> </u>	
e	Professional fundraising services. See Part IV, line 17		Water Constitution		
f	Investment management fees		24 0.16 "s species A a 30.00	25-14 SP43 - 1 TH 25244 - 1911	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,362.		1,362.	
12	Advertising and promotion	269,729	269,729.	1,302.	
13	- ·	•		ere.	20.005
14	Information technology	118,444	88,883.	656.	28,905
15	5 ,	5,676.	204.000	5,676.	
16	Royalties	201,266.			
	• •	32,891.	32,891.		
17 18	Travel	203,752.	203,752.		
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates			ļ	
22	Depreciation, depletion, and amortization .	71,887.	62,209.	9,678.	
23	Insurance	3,000.	を高さり、公園をおりの	3,000.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_		CAPTER BUILDING TO THE SECOND	25784666 <u>~~38866</u> 600	261 (1) Market (2) (2) (1)	1375.00.*47.844.00.0%.35.4
a	SU OPERATING/SUBSIDY EXPENSE	612,257.	330,154	199,991.	82,112
b	PRODUCTION SUPPLIES & MATERIALS	369,331.	369,331.		
C	CASTING EXPENSE	36,022.	36,022.		
d	All Al				
e	All other expenses MISCELLANEOUS	33,801.		33,801.	
25	Total functional expenses. Add lines 1 through 24e	5,886,111.	4,317,428	1,359,965.	208,718
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				•

32

Net

Total net assets or fund balances

Total liabilities and net assets/fund balances . . .

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash—non-interest-bearing 1.226.791. 2,138,035. 2 2 Savings and temporary cash investments 0. 3 Pledges and grants receivable, net . 3 28,775. 5,793. 4 11.098. 65,297. 5 Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . n 6 0. 7 Notes and loans receivable, net . . 0. 7 0. Assets Inventories for sale or use Я 0. 8 0. Prepaid expenses and deferred charges 239,344. 9 146,013. Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . 10a 1,240,148 10b b Less: accumulated depreciation . 315,557. 10c 958,259 281,889. 11 Investments—publicly traded securities 0. 11 0. 12 Investments-other securities See Part IV, line 11 . 1,423,621. 12 1,400,519. 13 Investments-program-related See Part IV, line 11. 13 0. 0. 14 Intangible assets . . 14 0. 0. 15 Other assets. See Part IV, line 11 0. 15 0. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 3,245,186. 4,037,546. 17 Accounts payable and accrued expenses 17 110,319. 32,579. 18 Grants payable 0. 0. 19 Deferred revenue 19 1,041,212. 983,052. 20 Tax-exempt bond liabilities 20 0. 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 0. 0 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 0. 0. 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0. 0. Unsecured notes and loans payable to unrelated third parties 24 0. 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 21,163. 728,345. 26 **Total liabilities.** Add lines 17 through 25 1,172,694. 26 1,743,976 Organizations that follow FASB ASC 958, check here ▶ ☑ Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . . 1,284,047. 1.340.275. Net assets with donor restrictions 788,445. 953,295. Fund 的现在分词 Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. ö 29 0 29 Capital stock or trust principal, or current funds . . . 0. Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 30 0. 0. 31 31 Retained earnings, endowment, accumulated income, or other funds . . . 0. 0.

Form **990** (2019)

2,293,570.

4,037,546.

32

33

2,072,492.

3,245,186.

Form 990 (2019) Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . Total revenue (must equal Part VIII, column (A), line 12) . . . 6,124,462 2 2 Total expenses (must equal Part IX, column (A), line 25) 5,886,111. 3 3 Revenue less expenses Subtract line 2 from line 1 238,351. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,072,492. 5 5 6 Donated services and use of facilities 6 7 7 Investment expenses 8 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) . . . 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . 10 2.293.570. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990.

Cash

Accrual

Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis c 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 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 2019 Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number SU THEATRE CORPORATION 15-0623468 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 3373% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (II) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E) **Total** Schedule A (Form 990 or 990-EZ) 2019

Part							
	(Complete only if you checked the						alıfy under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	, T			· •	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and					,	
	membership fees received. (Do not include any "unusual grants.")						
_	*	3,235,888.	3,267,562.	3,341,321.	3,299,843.	3,718,134.	16,862,748.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge			•			*
4	Total. Add lines 1 through 3.	3,235,888.	3,267,562.	3,341,321.	3,299,843.	3,718,134.	16,862,748.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						· · · · · · · · · · · · · · · · · · ·
•	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	TO PARTY OF	25745230V	WAR DE WALL	70160074000		16,862,748.
Secti	on B. Total Support			•			
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3,235,888.	3,267,562.	3,341,321.	3,299,843.	3,718,134.	16,862,748.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	. 45,338.	48,148.	48,675.	49,854.	51,312.	• 243,327.
9	Net income from unrelated business	45,338.	40,140.	46,675.	49,654.	51,312.	243,327.
J	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.)	423,890	138,862	98,169.	123,119.	· 64,151.	848,191.
11		CONTRACTION OF THE PARTY.				141.72	17,954,266.
12	Gross receipts from related activities, etc				100 00 00 00 00 00 00 00 00 00 00 00 00	12	
13	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		•				. ▶ 🗆
Secti	on C. Computation of Public Suppor	rt Percentag	е				
14	Public support percentage for 2019 (line	• • • • • • • • • • • • • • • • • • • •	•			14	93.9 %
15 16a	Public support percentage from 2018 Scl 331/2% support test—2019. If the organ box and stop here. The organization qua	ization did not	check the box	on line 13, ar			
, b	331/3% support test – 2018. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	ıs 331/3% or m	_
	10%-facts-and-circumstances test—20-10% or more, and if the organization me Part VI how the organization meets the "organization".	eets the "facts facts-and-circ	-and-circumsta	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ation meets the meets the "factors".	e "facts-and-d ts-and-circums	circumstances' stances" test. 	" test, check t The organizati 	this box and son qualifies as	a publicly ▶ □
18	Private foundation. If the organization de instructions					k this box and	

Schedule A (Form 990 or 990-EZ) 2019

Dart III	Support S	chadula for	Organiza	ations Descri	bed in Section	500/21/21
	JUDDULG	CHEGUIE IOL	JI Valliza	1110113 DE3C11	Dea III Sectioi	しつひろいたに

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018_	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")				l		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	<u></u>					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the			,	ľ		
	organization's benefit and either paid to						
	or expended on its behalf .						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			/			
7a	Amounts included on lines 1, 2, and 3		/	/			
	received from disqualified persons .		/			,	
þ	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						
			 /			<u> </u>	
С 8	Add lines 7a and 7b	3 .	/		- ',	, ,	
0	line 6.)	·	,			' .	
Secti	on B. Total Support				L	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 20,15	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6 .	37/			(-,/	(=, == :=	(7)
10a	Gross income from interest, dividends,						-
	payments received on securities loans, rents,						
	royalties, and income from similar sources .		1				5
b	Unrelated business taxable income (less /						*
	section 511 taxes) from businesses						
	acquired after June 30, 1975/.						
С	Add lines 10a and 10b /						
11	Net income from unrelated business						
	activities not included in 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						
4.5	(Explain in Part VI)						<u></u>
13	Total support. (Add lines 9, 10c, 11, and 12.)			^			
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		· · ·				▶ ,☑
	on C. Computation of Public Suppor					1 1	
15	Public support percentage for 2019 (line to		•	13, column (f))		15	<u>%</u>
16 Socti	Public support percentage from 2018 Sch			· · <u>.</u>		16	<u>%</u>
	on D. Computation of Investment In			v lino 12 notice		17	
17 18	Investment income percentage for 2019 (Investment income percentage from 2018)			•		17	<u>%</u>
18 19a	33 ¹ / ₃ % support tests—2019. If the organ		·			18 ore than 331 <i>n</i> 0	% and line
130	17 is not more than 33½%, check this box						
b	331/3% support tests—2018. If the organiz	-	_	•		-	
D	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di		-	•		• •	=

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated b class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? I "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 73 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No	
g y	1			
s d	2			
r	3a	N/M	25.20	
d e				
3)	3b	を経過る		
,	3c	✓	22224	
f	4a	L		
n n	100			
n d				
,,	4c			
V				
;		學學		
7		<u> </u>	248	
у	5a 5b			
			~	
2				
ď			20.3	
r	S 6	والكافئة	~	
r				
y	₹ 7		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
?	8		∠	
≘ .				
נ	9a		~	
1	9b			
t	9c			
1				
t	834-24623L	i and		
,	10a	*(5);#1		
	10b		100 min	
m !	990 or	990-E2	2) 2019	

Schedule A (Form 990 or 990-EZ) 2019

Part	IV Supporting Organizations (continued)			
	•	In the	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	244		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		L
Secti	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	\$41.4E	50 JW	福德
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		能到	
	controlled the organization's activities. If the organization had more than one supported organization,	医		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	整理		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	٧	
2	Did the organization operate for the benefit of any supported organization other than the supported	整 .滚		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	100		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		L
Secti	on C. Type II Supporting Organizations			
		in months	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	整		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	ويتتفيد	
Secti	on 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	福沙龙		1.200
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		7. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	
	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	112 12	V
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	930-2		1487
•		2	al ling	₽
3	By reason of the relationship described in (2), 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	PARE	於於	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	☑ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın		1
2	Activities Test. Answer (a) and (b) below.	Eremen stan	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	800	Car	E-Silvin
	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.	2b	شنتنته ا	
3	Parent of Supported Organizations Answer (a) and (b) below.	WAY!	1723°	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			7
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	·	استخنصت
b		1 19		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		/

Schedule A (Form 990 or 990-EZ) 2019			Page t
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Section	ns A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		L
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).	200		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		-
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		,
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	で連合は難りない。	
2 Enter 85% of line 1.	2	光明的"表现","是是"是"的"是"的"是",	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	企業公司第二次 第 位第二	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		

6 Distributable Amount. Súbtract line 5 from line 4, unless subject to

(Schedule A (Form 990 or 990-EZ) 2019

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D-Distributions	7		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	•	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		<u> </u>	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·		
6	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	th the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	7		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	MARKET COMMERCY		
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.		·	
3	Excess distributions carryover, if any, to 2019			
a	From 2014 .			
b	From 2015			
	From 2016		AN MARKET AND AND AND AND AND AND AND AND AND AND	
d	From 2017	8.78512 (A.1. 45.8875)	STANDED NOT STAND	
е	From 2018			
f	Total of lines 3a through e		CARLES MARKET CON	
g	Applied to underdistributions of prior years	55000 A 4500		人物表示 (1) 15人人工能够能
h	Applied to 2019 distributable amount	AND THE PROPERTY OF THE PARTY O	WY AND STATE OF THE STATE OF TH	
i	Carryover from 2014 not applied (see instructions)		作。1744年第2年6月	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years		District Law No. Blog Towner Co.	
<u>b</u>	Applied to 2019 distributable amount			I continue to a continue and
С	Remainder. Subtract lines 4a and 4b from 4.	5005 2400 - V 340 - V		
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3 _j and 4c	35000 2 40 3 5 47 17 17 GOVERNO SEE 18 18 18 18 18 18 18 18 18 18 18 18 18		
8	Breakdown of line 7		TO MENTE STATE OF THE STATE OF	经验 证的证明的
а	Excess from 2015		1407219#### 1519##	
b	Excess from 2016	XXXXXXXXXX	企业运输的	
С	Excess from 2017 .	SECURIZINE SECURI	ACTIVITY OF THE	
d	Excess from 2018 .	STATE OF THE PARTY		
е	Excess from 2019		23 PO 12 ST 12 ST 14 ST 14 ST 14 ST 14 ST 14 ST 14 ST 14 ST 14 ST 14 ST 14 ST 14 ST 14 ST 14 ST 14 ST 14 ST 14	

Schedule A (Form 990 or 990-EZ) 2019

	•	 	_	_	_		_	_	_
Part VI		S	u	ľ	_)	ρl	e	n	n
-									,

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.)

JLE A, PART II - SECTION B, LI	NE 10 (OTHER IN	COME):				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS	7,002.	10,628.	6,823.	6,887.	3,656.	34,996.
EDUCATION & OTHER	333,437.	39,208.	0.	0.	0.	372,645.
FUNDRAISING	54,258.	64,926.	60,809.	71,868.	21,994.	273,855.
SU DRAMA	29,193.	24,100.	30,537	44,364.	38,501.	166,695.
TOTALS:	423,890.	138,862.	98 ₁ 169.	123,119.	64,151.	848,191.
	•••••					
••••					,	
						,
	•••••			•••••		•••••
•	·					•••••

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements**

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

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

OMB No 1545-0047

2019

Open to Public Inspection

ivallie o	uio organizadon		
	ATRE CORPORATION		15-0623468
Par			ds or Accounts.
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control	1? 🗌 Yes 🔲 Ne
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef	it of the donor or donor advisor, or fo	or any other purpose
			Yes U N
Par	Il Conservation Easements.		
	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply)	
	Preservation of land for public use (for example, recre	eation or education)	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	. 2b
С	Number of conservation easements on a certified h		. 2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not c	on a
	historic structure listed in the National Register .		2d
з	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	nimated by the organization during th
	tax year ▶		
4	Number of states where property subject to conser	rvation easement is located ▶	
5	Does the organization have a written policy required violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec		
•	>	og,g o	g
7	Amount of expenses incurred in monitoring, inspectir	ng handling of violations, and enforcing	conservation easements during the ver
•	►\$	ig, nancing or molations, and ornoring t	solicol valien caseling the job
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(R)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
J	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Part	Organizations Maintaining Collections	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "		
12	If the organization elected, as permitted under FAS	······································	ie statement and halance sheet work
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under FAS		
_	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item		
			. > \$
	(ii) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art,	historical treasures or other similar	assets for financial gain provide th
_	following amounts required to be reported under F		and the second s
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
h	Assets included in Form 990. Part X	•	\$

Schedule D (Form 990) 2019 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). a Public exhibition **d** Loan or exchange program e Other **b** Scholarly research c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance. 1c d Additions during the year 1d e Distributions during the year . 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 🗌 Yes 🔲 No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (b) Prior year (a) Current year (c) Two years back (d) Three years back 1a Beginning of year balance 1,423,621 1,388,213 1,335,701 1,246,391 1,151,806. **b** Contributions 0 0 114,286. c Net investment earnings, gains, and losses 27,748. 84,499 100,997 137,401 26,409. d Grants or scholarships 0. 0. 0. Other expenditures for facilities and programs 48,091 50,850. 49,091 48.485. 46,110. Administrative expenses 0. 0. 0. 0. 0 **q** End of year balance 1,423,621. 1,400,519. 1,388,213. 1,335,701. 1,246,391. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. Board designated or quasi-endowment ► 49.0 % Permanent endowment ► 51.0 % c Term endowment ► 0.0 % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) depreciation Land Buildings . . c Leasehold improvements 605,519. 482,291 123,228. Equipment . d 634,629. 475,968 158,661. e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . .

281,889.

Schedule D (Form 990) 2019

Part VII	Complete if the organization answered "Yes" on Fi	orm 990. Part IV. lin	e 11b. See Forn	n 990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Me	thod of valuation d-of-year market value
(1) Financia	I derivatives			<u> </u>
	neld equity interests			
	POOLED INVESTMENT FUND	1,400,519.	FMV	
(A)				
(B)				
(D)				
(E)				
(F)				
(G)				
(H)	mn (b) must equal Form 990, Part X, col (B) line 12) . •	1 400 510		
Part VIII	Investments—Program Related.	1,400,519.		<u> </u>
T art VIII	Complete if the organization answered "Yes" on F	orm 990. Part IV. lin	e 11c. See Form	n 990. Part X. line 13.
	(a) Description of investment	(b) Book value	1	thod of valuation
	(a) December of investment	(5) 55511 141155	1 ''	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . Dther Assets.	<u>' </u>	<u> </u>	
Part IX	Complete if the organization answered "Yes" on F	orm 990 Part IV Jin	e 11d See Forn	n 000 Part Y line 15
	(a) Description	5111 550, 1 art 14, 1111	e i i d. dee i diii	(b) Book value
(1)	(a) Decembrion			(b) book take
(2)			-	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15)	<u> </u>	<u> ▶</u>	
Part X	Other Liabilities. Complete if the organization answered "Yes" on Fig. 1.	orm COO Dort IV In	0 110 or 11f Co	o Form 000 Bort V
	line 25.	omi 990, Part IV, iiii	e i ie or i ii. Se	e romi 990, ran A,
1.	(a) Description of liability			(b) Book value
(1) Federal II		 		(b) BOOK Value
	PP FUNDING			728,345.
(3)	T T ORDANG			720,040
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	· · · · ·	•	728,345.
	r uncertain tax positions. In Part XIII, provide the text of the foo			
organization'	s liability for uncertain tax positions under FASB ASC 740 Che	ck here if the text of the	tootnote has been	provided in Part XIII .

Schedule D (Form 990) 2019

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, I		-	Return.	
1	Total revenue, gains, and other support per audited financial statements			1	6,816,743.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•			0,010,143.
а	Net unrealized gains (losses) on investments	2a	-17,273.		
b	Donated services and use of facilities	2b	695,142.	1	
c	Recoveries of prior year grants	2c		i	
d	Other (Describe in Part XIII)	2d		` \	
е	Add lines 2a through 2d			2e	677,869.
3	Subtract line 2e from line 1			3	6,138,874.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				<u>,,</u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-14,412.		
С	Add lines 4a and 4b			4c	-14,412.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	6,124,462.
Part	· · · · · · · · · · · · · · · · · · ·		•	r Retur	n.
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	6,595,665.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a	695,142.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	14,412.	<u> </u>	
е	Add lines 2a through 2d			2e	709,554.
3	Subtract line 2e from line 1			3	5,886,111.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII.)	4b			
_	Add lines 4a and 4b	401		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 18.)		5	5,886,111.
	XIII Supplemental Information.	1.4.5		D+) /	1 4- D+ V. I
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part				
		to pro	vide arry additional in	ioimatio	11.
ENDO	WMENT FUNDS - PART V, LINE 4		••••		
THE	DRIMARY BURBOSE OF THE ENDOWMENT FUND IS TO BROWDE DEVENUE	- 00 (DEDATIONS		
!!!!!	PRIMARY PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE REVENUE	FUR (DPEHATIONS.		
OPCA	NIZATIONIC I IADII ITV EOD I INCEDTAIN TAY DOCITIONIC DADT Y LINE 2				
Unga	NIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS - PART X, LINE 2		••••••		
THE	CORPORATION IS A TAX-EXEMPT CORPORATION AS DESCRIBED IN SECTION	ON EO	1/C)2 OF THE INTERNA	U DEVEN	IIIE CODE AND IS
/105	CORPORATION IS A TAX-EXEMPT CORPORATION AS DESCRIBED IN SECTION	DIA 20	I(C)3 OF THE INTERINA	IL HEVE	NUE CODE AND IS
GEN	NEDALLY EYEMDT EDOM INCOME TAYES DUDSHANT TO SECTION 501/A) OF	THE	NTEDNAL DEVENUE C	ODE IN	ADDITION THE
GEI	NERALLY EXEMPT FROM INCOME TAXES PURSUANT TO SECTION 501(A) OF	ine i	NIENNAL NEVENUE C	OUE. IN	AUDITION, THE
COL	DDODATION HAS BEEN DETERMINED BY THE INTERNAL DEVENUE SERVICE	NOT 3	TO BE A DDIVATE EOU	NIDATION	I WITHIN THE
	RPORATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE	NOT	O DE A PRIVATE FOU	NUATION	A ANTIUMA THE
ME	ANING OF SECTION 500(A) OF THE INTERNAL DEVENUE CORE. THE CORDOL	OATIO	N DELIEVES IT HAS T	VEN NO	CICNIEICANT
WIL./	ANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. THE CORPO	אווט	N DELIEVES II HAS IA	AKEN NO	SIGNIFICANT
LINIC	CERTAIN TAX POSITIONS.				
ON	SEMINIMI TAX POSITIONS.				
DECO	NOLITATION OF DEVENUE - DADT VILLING AD				
ijΕCO!	NCILIATION OF REVENUE - PART XI, LINE 4B	•			*****
FIIN	IDRAISING AND STAGE GUILD EVENTS (INCLUDING SILENT AUCTION & BOO	KEVI	R) \$14.412		
	AND GIAGE GOLD LYLING INCLUDING SILENT AUCTION & BOO	IN FAI	111. 917,714.		
BECO	NCILIATION OF EXPENSES - PART XII, LINE 2D				
	TOTAL THE LANGE OF THE AND LINE ED		·····		••••••
FUN	DRAISING AND STAGE GUILD EVENTS (INCLUDING SILENT AUCTION & BOO	K FAI	R): \$14.412.		
	The state of the s		::::::::::::::::::::::::::::::::::::::		••••

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
		•••••
		·
	······	
		•
		•••••
•••••••••		•
	`	
	······	
•••••	A ,	
	,	·
	·	
	•	
	·	•
	•••••••••••••••••••••••••••••••••••••••	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Employer identification number

	EATRE CORPORATION						0623468	
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" on	Form 990, Part IV,	line 17.	
1	Indicate whether the organization	on raised funds	through any	y of the follo	owing activities C	Check all that apply		
а	☐ Mail solicitations		e [☐ Solicitat	ion of non-goverr	ment grants		
b	Internet and email solicitation	ns	f [☐ Solicitat	on of governmen	t grants		
С	Phone solicitations		g [☐ Special ·	fundraising event	s		
d	In-person solicitations							
2a		tten or oral agre	ement with	anv individ	dual (including off	icers, directors, trust	ees.	
	2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?							
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pi	ursuant to agreen	nents under which th	e fundraiser is to be	
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No		·		
1								
2								
3								
4								
5						•		
6	· · · · · · · · · · · · · · · · · · ·			1				
7		<u> </u>				 ,		
8								
9			1					
10								
Total				•			-	
3	List all states in which the organization or licensing	inization is regi	stered or lic	censed to s	colicit contribution	ns or has been notific	ed it is exempt from	
						•••••		
				•		•••		
						••••••		
						•		
			•••••					
							••••	
	·							
			•••••					

Schedule G (Form 990 or 990-EZ) 2019

Pa	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
			(a) Event #1 GALA (event type)	(b) Event #2 STAGE GUILD (event type)	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	89,510.	29,525		119,035
ă	2	Less. Contributions	89,510.	7,531.	-	97,041
	3	Gross income (line 1 minus line 2)	0.	21,994.		21,994.
	4	Cash prizes				
	5	Noncash prizes .		7,531.		7,531.
Direct Expenses	6	Rent/facility costs	500.			500.
ct Exp	7	Food and beverages				
Dire	8	Entertainment	2,500			2,500.
	9	Other direct expenses .	1,736.	2,145.		3,881
D.	10 11 rt III	Direct expense summary Ad Net income summary Subtra Gaming. Complete if th	act line 10 from line 3, c	olumn (d)		14,412. 7,582
Γe	ia Cult	\$15,000 on Form 990-E2	z, line 6a.	ered res on rollins	990, Fait IV, lille 19,	or reported more than
Revenue		(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming		(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
- Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	☐ Yes %	□ Vos %	☐ Yes %	
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)	•	
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)	<u> </u>	
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain"	onduct gaming activities	ming activities:	s?	
10	a W		amıng licenses revoked	, suspended, or termin	ated during the tax year	·····································

Schedu	ule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	✓ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	✓ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		·
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Ves	✓ No
b	The state of the s		
c	rame in a contract of the state		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer		
17	Mandatory distributions:		
а	retain the state gaming license?	☐ Yes	☑ No
b	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	ii) and (al inforr	v); and nation.
			
	·		

SCHEDULE J (Form 990)

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Inspection

SU TH	EATRE CORPORATION 15-00	323468		
Part	Questions Regarding Compensation			
		- Ding a	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Fo	rm		
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	✓ Travel for companions ☐ Payments for business use of personal residence		WY.	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payme	ant 🐺		
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III		# 25CZ297	· Marine
	explain	1b		
			176.00	1020
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by	1	i i i i i i i i i i i i i i i i i i i	
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on li			
	1a?	2	1	
		100		基準
3	Indicate which, if any, of the following the organization used to establish the compensation of the			養熟
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by	a 🏋		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			22
	☐ Compensation committee ☐ Written employment contract			1
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations	3.64		
_				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			44
	organization or a related organization:	35.47°	<u> </u>	
a	Receive a severance payment or change-of-control payment?	4a	 	1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	1	V
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c €2.25	1.7%(3%)	1 30.003
	if Yes to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		2 (20) 4 1 (20) 4 1 (20) 4	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	nv 🎉		學家
	compensation contingent on the revenues of:			
а	The organization?	5a	S CARREST AND	·
b	Any related organization?	5b	1	V
	If "Yes" on line 5a or 5b, describe in Part III.		- 200 T	27.8% NO.
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	ny 😹		
	compensation contingent on the net earnings of:	<u> </u>	1000	123
а	The organization?	6a		~
b	Any related organization?	6b		1
	If "Yes" on line 6a or 6b, describe in Part III.			
		200		1500
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfix			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	_ <u> </u>	 	<u>'</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," descri	1 -		ر ا
	in Part III	8 ************************************	1341234F	THY CXX
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described		37%	
3	Regulations section 53 4958-6(c)?	"		

DocuSign Envelope ID 9D19ECA5-E22F-4482-894B-6429C8DA980A

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

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

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

(A) Name and Title		(B) Breakdown o	B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ROBERT HUPP,	(1)	165,302.	1,000.	0.	5,150.	24,545.	195,997	0.
1 ARTISTIC DIRECTOR	(ii)				;			
	(i)							
2	(ii)				i			
	(i)							
3	(ii)					**************************************		
	(i)							
4	(ii)							
	(1)							
5	(iı)							
	(1)			·				
6	(ii)							
	(i)			·				
7	(ii)							
	(i)							
8	(ii)							
	(1)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							·
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(1)							
14	(ii)							·
-	(i)							<u>"</u>
15	(ii)							
	(i)							
16	(iı)							

Provide the	Supplemental Information Information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this p
for any ode	itional information.
or arry auc	illoral information.
•••••	
	,
	<u> </u>
	Schedule J (Form 990) 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

SU THEATRE CORPORATION 15-0623468 FORM 990, PART VI, SECTION A, QUESTION 2 - FAMILY RELATIONSHIP TWO SETS OF BOARD TRUSTEES HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION B, QUESTION 11B.- REVIEW PROCESS THE 990 IS PRESENTED TO THE CORPORATION'S FINANCE/ADMINISTRATIVE OPERATIONS COMMITTEE. AFTER THE COMMITTEE'S AGREED UPON REVISIONS ARE APPROVED AND INCORPORATED INTO THE DOCUMENT, A FINAL COPY (INCLUDING ALL REQUIRED SCHEDULES), IS PROVIDED ELECTRONICALLY TO EACH VOTING BOARD MEMBER BEFORE FILING WITH THE IRS. FORM 990, PART VI, SECTION B, QUESTION 12C - CONFLICT OF INTEREST THE CORPORATION HAS A CONFLICT OF INTEREST POLICY THAT ALL TRUSTEES ARE REQUIRED TO REVIEW; DISCLOSE ANY POTENTIAL CONFLICTS; AND RETURN THE SIGNED DOCUMENT BY THE FIRST BOARD MEETING OF EACH NEW FISCAL YEAR. THESE DOCUMENTS ARE REVIEWED BY THE MANAGING DIRECTOR AND DISCUSSED WITH THE PRESIDENT AND CHAIR OF THE BOARD TO IDENTIFY AND RESOLVE ANY POTENTIAL CONFLICTS. FORM 990, PART VI, SECTION B, QUESTION 15B - COMPENSATION POLICY SALARY ADJUSTMENTS OF THE ARTISTIC DIRECTOR AND MANAGING DIRECTOR ARE APPROVED ANNUALLY AS PART OF THE BUDGET PROCESS. THE COMPENSATION COMMITTEE, A SUB-COMMITTEE OF THE BOARD WHO IS INDEPENDENT OF MANAGEMENT AND FREE OF ANY CONFLICTS OF INTEREST THAT WOULD INTERFERE WITH THEIR EXERCISE OF INDEPENDENT JUDGEMENT, MEETS TO REVIEW PROPOSED SALARIES. THESE SALARIES ARE CONSIDERED AFTER COMPARISONS ARE MADE TO DATA DISTRIBUTED BY THE THEATRE COMMUNICATIONS GROUP, WHICH IS THE NATIONAL ORGANIZATION FOR NOT-FOR-PROFIT PROFESSIONAL THEATRES. THE RECOMMENDATIONS FROM THE COMMITTEE ARE THEN INCORPORATED INTO THE BUDGET WHICH IS REVIEWED BY THE FINANCE/ADMINISTRATIVE OPERATIONS COMMITTEE, THEN PRESENTED AND APPROVED BY THE BOARD OF TRUSTEES. THE DECISIONS OF THESE COMMITTEES ARE DOCUMENTED IN THE MINUTES OF THE MEETINGS. THIS PROCESS MEETS THE THREE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION PROVISIONS UNDER TREAS. REG 53.4958-6. FORM 990, PART VI, SECTION C, QUESTION 19 - PUBLIC DISCLOSURE THE GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND THE FORM 990 ARE AVAILABLE TO ANYONE UPON

REQUEST.

*Dbci/Sign Envelope ID 9D19ECA5-E22F-4482-894B-6429C8DA980A

Schedule O (Form 990 or 990-EZ) (2019)	Page Z
Name of the organization	Employer identification number
	
	······
,	
	·
	••••