Department of the Treasury

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**Open to Public** 

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

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

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

Inter	nal Reve	enue Service	Inspection							
Α	For the	e 2023 calend	dar year, or tax year beginning , 2023, and end	, 2023, and ending						
в	Check it	f applicable:	C Name of organization Celtic Junction Arts Center Inc	D Employer identification number						
	Address	s change	Doing business as	81-2895293						
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Initial re	turn	836 Prior Avenue N.	200	(612)	703-2147				
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	ed return	Saint Paul, MN 55104			receipts \$ 324,230.				
	Applicat	tion pending	F Name and address of principal officer:			or subordinates? 🗌 Yes 🔀 No				
			Natalie O'Shea, 836 Prior Avenue N., Saint Paul, MN 55	5104 H(b) Are all su	ubordinat	es included? 🗌 Yes 🗌 No				
I	Tax-exe	empt status:	▼ 501(c)(3)        501(c) (        ) (insert no.)        4947(a)(1) or        527	lf "No," a	ittach a lis	st. See instructions.				
	Website		elticjunction.org	H(c) Group ex	kemption	number				
_			Corporation Trust Association Other L Year of for	nation: 2016	M State	of legal domicile: MN				
P	art I	Summa								
	1	Briefly des	cribe the organization's mission or most significant activities: Pres	erve and pr	omote	e Celtic culture				
Activities & Governance										
'naı										
vel	2		box $\Box$ if the organization discontinued its operations or disposed		1 1					
ğ	3		voting members of the governing body (Part VI, line 1a) independent voting members of the governing body (Part VI, line 1		3	9				
ې مې	4		,	4	9					
itie	5	Total numb	5	2						
ctiv	6			6	85					
◄	7a				7a	0.				
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	0.				
		о н н н <sup>.</sup>		Prior Year		Current Year				
ue	8		ons and grants (Part VIII, line 1h)		203.	177,623.				
Revenue	9	•	ervice revenue (Part VIII, line 2g)		633.	114,743.				
Re	10		t income (Part VIII, column (A), lines 3, 4, and 7d)	-3,	309.	15,450.				
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12 13		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	305,	527.	307,816.				
	13		I similar amounts paid (Part IX, column (A), lines 1–3)		104.	276.				
	14		her compensation, employee benefits (Part IX, column (A), line 4)			71 770				
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)			71,779.				
nəc	b		aising expenses (Part IX, column (D), line 25) 23,674.							
Ĕ	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	292	034.	287,927.				
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	-	138.	359,982.				
	19		ess expenses. Subtract line 18 from line 12		389.	-52,166.				
es es	-			Beginning of Curr		End of Year				
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)		476.	292,570.				
Ass 1 Bal	21		ties (Part X, line 26)		327.	7,587.				
Pet unc	22		or fund balances. Subtract line 21 from line 20	337.	149.	284,983.				
-	art II				•	201,903.				

Signature Block art II 

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer					Date			
Here	Natalie	e O'Shea, Execut	ive Director						
	Type or print name a	and title							
Paid	Print/Type preparer's name		Preparer's signature		Date (		Check 🗌 if	PTIN	
Preparer	Michael W	ilson	Michael Wilson			self-employed	P01332122		
Use Only		Michael S Wilso		Firm's	EIN 54-2	189128			
	Firm's address	4932 stevens av	Phon	Phone no. (612)558-1692					
May the IRS discuss this return with the preparer shown above? See instructions									
For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 02/07/24 PRO Form 990 (2023)									

Form 99	0 (2023) Page <b>2</b>
Part	Statement of Program Service Accomplishments          Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	Preserve and promote Celtic culture
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	$(Code: )/Expanses \ 200, 0.64$ including grapts of \ 276 )/Equation (Code: )
4a	(Code:) (Expenses \$ 290,964. including grants of \$ 276.) (Revenue \$ 121,590.)CJAC offers year round progams in-person and online including the cultural Eoin McKiernan Library
	(6000+ catalogued items), Irish College educational classes (4 quarters, 20+ instructors and over 15 classes offered per quarter),
	Celtic Junction traditional music concerts (20-30 annually) presents local, national and international traditional music concerts original theater with Celtic themes
	and Irish Outreach Coalition sharing culture with the community together with an audience reach of 55K which brings performances of Irish dance, music and language
	In addition, the Irish College of MN (ICM) which offers year-round classes in Irish language and literature, creative writing, drawing, and more
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses    290,964.

REV 02/07/24 PRO
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Form 99	0 (2023)		F	Page 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	×	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	2	×	×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i> .	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? <i>If "Yes," complete Schedule D, Part IX</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a		×
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants of other assistance to of Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		×
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		×
b 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	200		×

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Part	IV Checklist of Required Schedules (continued)			
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	Yes	No ×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a		24d 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b		×
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		××
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		×
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		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part	V        Statements Regarding Other IRS Filings and Tax Compliance          Check if Schedule O contains a response or note to any line in this Part V			
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable      1a      0        Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable      1b      0        Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	-	Yes	No

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a 2</b>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
- 3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ũ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
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		
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		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 99	00 (2023)		F	-age <b>6</b>
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		X
Secti	on A. Governing Body and Management			
19	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>		Yes	No
Ia	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	-		
b 2	Enter the number of voting members included on line 1a, above, who are independent . <b>1b</b> 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
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 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a		× × × ×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	<u> </u>	
100	Did the examination have lead chapters, branches, or effiliates?	100	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		×
11a b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a 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," describe on Schedule O how this was done.	120	×	
13	Did the organization have a written whistleblower policy?	13		×
14 15	Did the organization have a written document retention and destruction policy?	14		×
a b	The organization's CEO, Executive Director, or top management official	15a 15b	× ×	
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tayable aptity during the year?			
b	with a taxable entity during the year?	16a 16b		×
Secti	on C. Disclosure	1.200	1	I
17	List the states with which a copy of this Form 990 is required to be filed MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion 5	501(c)

- Own website Another's website Upon request X Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records. 20 The Organization, 836 Prior Avenue N., St.Paul, MN 55104 (612)703-2147

#### 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 the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than c is both		Reportable	Reportable	Estimated amount
	hours	office				or/trust		compensation	compensation	of other
	per week (list any	or In	lŋ,	ç	<u>⊼</u>	en Hi	۲.	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	divic	stitu	Officer	Key employee	ghes	Former	1099-MISC/	1099-MISC/	organization and
	related	dual	tion		hpl	st co yee	×	1099-NEC)	1099-NEC)	related organizations
	organizations below	<sup>r</sup> trus	al tr		byee	dud				
	dotted line)	Individual trustee or director	Institutional trustee			Highest compensated employee				
			ď			ated				
(1) Cormac O Se	4.00									
President		×		×						
(2) JoAnn Vano	4.00									
Vice President		×		×						
(3) Jim Tarbox	4.00									
Member at large/Secretary		<b>×</b>		×						
(4) Nathan Obrestad	4.00									
Treasurer		×		×						
(5) Steven Griffith	4.00									
At Large board member		×		×						
(6) Steve Miller	2.00	-								
Board member		×								
(7)Mary McCormack	2.00	-								
At large board member		×								
(8) Dennis Kelly	2.00									
At large board member		×								
(9) Ruth McGlynn	2.00									
At large board member		×								
(10) Donna Dingle	2.00									
At large board member		×								
(11)Dennis McFadden	2.00									
At large board member		×								
(12)										
(13)		-								
(14)										

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emj	ploy	yee	s, an	d⊦	lighest Compe	nsated	Emplo	yees (	contin	nued)
	(A) Name and title	(C) Position (do not check more th box, unless person is officer and a director//						an ee)	<b>(D)</b> Reportable compensation from the	(E) Report compen from re	table isation	o	<b>(F)</b> Ited amo f other pensatio	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		ons (W-2/ /IISC/	fr	om the ization a	and
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Subtotal					 								
2	Total number of individuals (including but reportable compensation from the organi		d to th	IOSE	e list	ted	above	e) w	ho received mor	e than \$1	00,000	of		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete s							-	loyee, or highes	-		3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual .	e sum of re greater tha	portal	ble ( 150,	con ,000	npei )? <i>l</i> i	nsatio	n a s, "	and other compe	nsation fr	rom the			x
5	Did any person listed on line 1a receive of for services rendered to the organization?									tion or ind		-		×
Secti	on B. Independent Contractors													
1	Complete this table for your five high compensation from the organization. Rep												,	
	<b>(A)</b> Name and business add	ress							<b>(B)</b> Description of serv	vices	(	<b>(C)</b> Compens	ation	
											1			

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization	those listed above) who	

Part VIII Statement of Revenue

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

				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaigns 1	a				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1	<b>)</b>				
ມ ມີ	с	Fundraising events	c	-			
Ar Ar	d	Related organizations 1		-			
lar İlar	e	Government grants (contributions) <b>1</b>					
in 's	f	All other contributions, gifts, grants,		-			
ior S		and similar amounts not included above 1	f 92,623				
the but	q	Noncash contributions included in	527023	-			
la tri	Ŭ		g \$				
an	h	<b>Total.</b> Add lines 1a–1f		177,623.			
<u> </u>			Business Code	177,023.			
ø	2a	Tuition	611600	32,835.	32,835.	0.	0
, vi	b	Concerts	711120	81,908.	81,908.	0.	0.
Jram Ser Revenue				01,500.	01,500.	0.	
n Ser	c d						
Be	-		-				
Program Service Revenue	e f	All other program service revenue	-				
₽	f	Total. Add lines 2a–2f		114,743.			
	9 3	Investment income (including divider	<u> </u>				
	0	other similar amounts)		8,603.	0.	0.	8,603.
	4	Income from investment of tax-exempt		0,003.	0.	0.	0,003.
	4 5	-	bolia proceeds				
	5	Royalties	(ii) Personal				
	6a	Gross rents 6a		-			
	b	Less: rental expenses <b>6b</b>		-			
	c	Rental income or (loss) 6c		-			
	d						
	7a	Gross amount from (i) Securities	(ii) Other				
	74	sales of assets	(,	-			
		other than inventory <b>7a</b>	23,261				
ø	b	Less: cost or other basis		-			
Revenue		and sales expenses . <b>7b</b>	16,414				
eve	с	Gain or (loss) 7c	6,847				
r Ř	d			6,847.	6,847.	0.	0.
Othe	8a	Gross income from fundraising					
ō		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8	a				
	b	Less: direct expenses 8	<b>D</b>				
	С	Net income or (loss) from fundraising e	vents				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9	a				
	b	Less: direct expenses 9					
	С	Net income or (loss) from gaming activ	ties				
	10a	Gross sales of inventory, less					
		returns and allowances 10		_			
	b	Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inver	-				
snu			Business Code				
Miscellaneous Revenue	11a						
scellanec Revenue	b						
Sce Re	C						
Mis	d	All other revenue					
_	10	Total. Add lines 11a–11d		207.016	121 500		0 602
	12	Total revenue. See instructions	 REV 02/07/2	307,816.	121,590.	0.	8,603. Form <b>990</b> (2023)

## Part IX Statement of Functional Expenses

	Check if Schedule O contains a response	or note to any line	in this Part IX .		Г
3b, 9b	t include amounts reported on lines 6b, 7b, b, 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	276.	276.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .	41,616.	31,212.	8,323.	2,081
7 8	Other salaries and wages	24,267.	18,200.	3,640.	2,427
9 10 11	Other employee benefits	5,896.	4,422.	884.	590
a b	Management      .	32,000.	30,400.	0.	1,600
c d	Accounting	9,019.	1,804.	6,313.	902
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) .	107,377.	85,902.	21,475.	0
12 13 14	Advertising and promotion	18,992. 5,407.	17,093. 5,407.	0.	1,899 0
14 15 16	Royalties	29,203.	24,823.	0.	4,380
17 18	Travel	8,482.	8,482.	0.	0
19 20 21	Conferences, conventions, and meetings . Interest				
22 23	Depreciation, depletion, and amortization .	6,664. 2,124.	4,665. 1,593.	1,329. 319.	670 212
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Performance expense	45,811.	38,939.	0.	6,872
b	Library	2,441.	2,441.	0.	0
c c	Communications	4,355.	3,266.	653.	436
d e	Meals and entertainment	5,231. 10,821.	3,923. 8,116.	785.	523 1,082
е 25	All other expenses	359,982.	290,964.	45,344.	23,674
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)	337,902.	270,704.		23,074

Form 990 (2023)

-	1 990 (2				Page 11
Ρ	art X				_
		Check if Schedule O contains a response or note to any line in this Pa	<b>(A)</b> Beginning of year		
	1	Cash-non-interest-bearing	160,314.	1	108,076.
	2	Savings and temporary cash investments	115,609.	2	124,213.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,545.	4	985.
	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	2,165.	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 82,859.			
	b	Less: accumulated depreciation <b>10b</b> 25,751.	57,843.	10c	57 <b>,</b> 108.
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	2,188.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	337,476.	16	292,570.
	17	Accounts payable and accrued expenses	327.	17	5,427.
	18	Grants payable		18	2,160.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
lide		controlled entity or family member of any of these persons		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
	00		205	25	
	26	Total liabilities. Add lines 17 through 25      .<	327.	26	7,587.
JCes		and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions	314,154.	27	227,484.
ä	28	Net assets with donor restrictions	22,995.	28	57,499.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
sts	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	31	Retained earnings, endowment, accumulated income, or other funds .		31	
ťÀ	32	Total net assets or fund balances	337,149.	32	284,983.
Ne	33	Total liabilities and net assets/fund balances	337,476.	33	292,570.

REV 02/07/24 PRO

Form **990** (2023)

Form 99	90 (2023)			Pa	ige <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	07,8	316.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	59,9	82.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	52,1	66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	37,1	49.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
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	84,9	83.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e.	kplain o	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled c	or		
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on	a		
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain o	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for		e		
_	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	L	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits .	3b		
	REV 02/07/24 PRO		For	m <b>990</b>	(2023)

SCHE	DU	LE	Α
(Form	990	D)	

(D)

(E) Total

# **Public Charity Status and Public Support**

OMB No. 1545-0047 2023

**Open to Public** 

Department of the Treasury
Internal Revenue Service

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.

# Na

Internal Reve	ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection					Inspection		
	ame of the organization Employer identification number					number		
		n Arts Center			<del></del>		81-2895293	
Part I				l organizations mus				ons.
-		•		s: (For lines 1 through		-	,	
				on of churches descr (Attach Schedule E (F			U(D)(1)(A)(I).	
				anization described i		-	\/ <b>/</b> \/iii)	
	•	•		onjunction with a hosp				(iii). Enter the
		me, city, and state	•					
		tion operated for ( <b>b)(1)(A)(iv)</b> . (Com		college or university	owned o	or operate	ed by a government	al unit described in
6 🗌 A	A federal, sta	ate, or local gover	nment or govern	mental unit described	l in <b>sectio</b>	on 170(b)	(1)(A)(v).	
c	described in	section 170(b)(1)	(A)(vi). (Complet			n a gover	nmental unit or from	n the general public
_				(1)(A)(vi). (Complete				
C U	or university university:	or a non-land-gra	nt college of agr	d in <b>section 170(b)(1)</b> iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
r	eceipts fron	n activities related n gross investmen	to its exempt fui t income and uni	e than 33 <sup>1</sup> /3% of its sunctions, subject to ce related business taxa 75. See <b>section 509(</b> a	rtain exce ble incorr	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 <sup>1</sup> / <sub>3</sub> % of its
11 🗌 A	An organizat	ion organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).	
				vely for the benefit of,				
	he box on lir	nes 12a through 12	2d that describes	escribed in section 5 the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.
a	the supp	orted organization	(s) the power to	l, supervised, or contr regularly appoint or e ete Part IV, Sections	elect a ma	ajority of t		
b [	control o	r management of	the supporting o	ed or controlled in co rganization vested in <b>V, Sections A and C</b>	the same			
<b>c</b> [				ting organization open ns). <b>You must comp</b>				ally integrated with,
d 🗌	that is no	t functionally integ	grated. The orga	pporting organization nization generally mu omplete Part IV, Sec	st satisfy	a distribu	ution requirement an	
e				a written determination tionally integrated sup				e II, Type III
		ber of supported of	•					
<b>g</b> Pro	ovide the fo	lowing information	n about the supp	orted organization(s).			1	
<b>(i)</b> Na	ame of support	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								

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

Secti	on A. Public Support	guany and					
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	89,822.	162,347.	303,496.	212,203.	176,920.	944,788.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	09,022.	102,347.	303,490.	212,203.	170,920.	944,700.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	89,822.	162,347.	303,496.	212,203.	176,920.	944,788.
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						944,788.
	on B. Total Support			1			
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	89,822.	162,347.	303,496.	212,203.	176,920.	944,788.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			9,700.			9,700.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						954,488.
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop he				or fifth tax ye	ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor		• • • • •				· · · []
14	Public support percentage for 2023 (line (			11 column (fl)		14	98.98%
15	Public support percentage from 2022 Scl		-			15	84.47 %
16a	33 <sup>1</sup> / <sub>3</sub> % support test-2023. If the organ						
	box and <b>stop here</b> . The organization qua	-		-			
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2022.</b> If the organithis box and <b>stop here</b> . The organization						
17a	<b>10%-facts-and-circumstances test</b> — <b>20</b> 10% or more, and if the organization me Part VI how the organization meets the organization	eets the facts- facts-and-circ	and-circumstaumstances tes	ances test, che st. The organiz	eck this box a ation qualifies	nd <b>stop here</b> . as a publicly	Explain in supported
b	<b>10%-facts-and-circumstances test</b> — <b>2</b> (15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	cts-and-circu cumstances te	mstances test, est. The organi	check this bo zation qualifies	x and <b>stop he</b> s as a publicly	re. Explain supported
18	Private foundation. If the organization						x and see
	instructions		<u>.</u>	<u></u> .	· · · · ·		🗌
						Cahadula /	(Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	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						
	,						
ç	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Saati	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(a) 2019	(b) 2020	(0) 2021	(u) 2022	(e) 2023	(I) TOTAI
10a	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the		s first, second	, third, fourth,	or fifth tax ye	ear as a secti	on 501(c)(3)
	organization, check this box and stop he						[
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8						%
16	Public support percentage from 2022 Sch					16	%
	on D. Computation of Investment In		-				
17	Investment income percentage for 2023 (			-			%
18	Investment income percentage from <b>2022</b>						%
19a	$33^{1}/_{3}\%$ support tests – 2023. If the organ						
<b>F</b>	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support tests</b> – <b>2022.</b> If the organiz line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this l						
00		-	-	-			
20	Private foundation. If the organization di	u not check a	box on line 14	, 19a, or 19b, o	CHECK THIS DOX	and see instr	uctions .

## Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

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

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

## Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. *Complete line 2 below.*
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

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

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

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Schedule A (Form 990) 2023

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Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	1
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted 2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>	<i>VI</i> ) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive 8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		1(	)
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required <i>—explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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Schedule A (Form 990) 2023

Part VI	<b>Supplemental Information.</b> 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.)
