EXTENDED TO NOVEMBER 15, 2024

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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Inspection

Department of the Treasury

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

and ending A For the 2023 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change MAHAIWE PERFORMING ARTS CENTER INC Name change 57-1140453 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ PO BOX 690, 244 MAIN STREET (413)644-9040 termin-ated 2,884,779. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ GREAT BARRINGTON, MA Amended 01230 H(a) Is this a group return Applica-F Name and address of principal officer: MARGARET DEUTSCH Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No. Tax-exempt status: X = 501(c)(3) 501(c) (4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.MAHAIWE.ORG H(c) Group exemption number J Website: K Form of organization: X Corporation Association Other L Year of formation: 2002 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: EDUCATIONAL & PERFORMING ARTS Activities & Governance CENTER oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 25 Number of voting members of the governing body (Part VI, line 1a) 25 Number of independent voting members of the governing body (Part VI, line 1b) 4 37 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) <u>50</u> 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 2,092,401. 1,672,388. Contributions and grants (Part VIII, line 1h) Revenue 728,413. 814,633. Program service revenue (Part VIII, line 2g) 18,855. 96,382. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 136,755. 183,055. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,976,424. 2,766,458. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,103,312. 1,190,435. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,472,473. 1,599,124. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,575,785. 2,789,559. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 400,639. -23,101. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 10,150,219. 10,058,841. 20 Total assets (Part X, line 16) 500,760. 432,483. 21 Total liabilities (Part X, line 26) 9,649,459. 9,626,358. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MARGARET DEUTSCH, CHAIR Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature if self-employed Paid DAVID M IRWIN CPA 08/12/24 P01435826 ADELSON & COMPANY PC Firm's EIN 20-5711238 Preparer Firm's name Firm's address 100 NORTH STREET Use Only Phone no. 413-443-6408 PITTSFIELD, MA 01201 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Pai	t III 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: THE MAHAIWE PERFORMING ARTS CENTER PRESENTS LIVE PERFORMANCES, FILM,
	AND CULTURAL EVENTS YEAR-ROUND BRINGING A VARIETY OF CONTENT TO THE
	STAGE AND SCREEN OF OUR HISTORIC BERKSHIRE THEATER, THROUGH PROGRAMS
	OF THE HIGHEST QUALITY IN DANCE, MUSIC, DRAMA, COMEDY, AND EDUCATIONAL
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? Yes X No
3	7,710
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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:) (Expenses \$ 1,832,378 · including grants of \$) (Revenue \$ 794,903 ·)
	PUBLIC PERFORMANCE PROGRAM
	THE MAHAIWE IS A YEAR-ROUND PERFORMING ARTS CENTER PRESENTING A BROAD
	RANGE OF HIGH-QUALITY PROGRAMS IN MUSIC, DANCE, THEATER, OPERA, FILMS
	AND LECTURES, BOTH LIVE AND ON SCREEN, AT TICKET PRICES AFFORDABLE TO
	OUR COMMUNITY. THE MAHAIWE TYPICALLY SERVES APPROXIMATELY 35,000
	PATRONS ANNUALLY, WITH APPROXIMATELY 140 PROGRAMS EACH YEAR.
4b	(Code:) (Expenses \$ 51,284 • including grants of \$) (Revenue \$ 6,374 •)
	EDUCATION PROGRAM
	THE MAHAIWE OFFERS PERFORMING ARTS EDUCATION EXPERIENCES TO STUDENTS
	AND FAMILIES THROUGHOUT THE TRI-STATE REGION. WE PROVIDE IN-SCHOOL
	WORKSHOPS AND RESIDENCIES, VIRTUAL WORKSHOPS AND PERFORMANCES ON-DEMAND
	TO CLASSROOMS, AND LIVE PERFORMANCES OF DANCE, THEATER, AND MUSIC AT
	THE THEATER AS FIELD TRIP EVENTS. THIS PROGRAM TYPICALLY SERVES
	APPROXIMATELY 3,000 STUDENTS, FROM MORE THAN A DOZEN SCHOOLS, OFTEN
	PROVIDING THEIR FIRST EXPERIENCES OF LIVE PROFESSIONAL PERFORMING ARTS.
	ADDITIONAL ARTS EDUCATION PROGRAMS ARE OFFERED FOR FAMILIES DURING THE
	SUMMER MONTHS.
40	(Code:) (Expenses \$ 87,406 • including grants of \$) (Revenue \$ 13,356 •)
	COMMUNITY ENGAGEMENT PROGRAM
	THE MAHAIWE IS COMMITTED TO ESTABLISHING AND GROWING PARTNERSHIPS WITH
	NEIGHBORING COMMUNITY AND ARTS ORGANIZATIONS TO DEVELOP PATHWAYS FOR
	OVERCOMING SOCIAL AND PRACTICAL BARRIERS SO THAT IMMIGRANTS, PEOPLE OF
	COLOR, COMMUNITIES WITH LOW INCOME, AND OTHERS WHO HAVE TRADITIONALLY
	BEEN UNDERSERVED IN THE PERFORMING ARTS, CAN EXPERIENCE MAHAIWE
	PERFORMANCES. WE OFFER MULTIPLE SPANISH-LANGUAGE EVENTS, FREE OUTDOOR
	CONCERTS AND FILM SCREENINGS THROUGHOUT THE YEAR.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,971,068.
<u>4e</u>	
	Form 990 (2023)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		22
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		X
46	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	46		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		22
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ' '		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization minest 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	240		
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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</i> "Yes," <i>complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		1
_,	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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	

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

2a 137 b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? b If Yes, "has it filed a Form 800 T for this year? If Ye?" to line 3b, provide an explanation on Schedule O 3b Yes, "has it filed a Form 800 T for this year? If Ye?" to line 3b, provide an explanation on Schedule O 3b Yes, "has it filed a Form 800 T for this year? If Ye?" to line 3b, provide an explanation on Schedule O 3b Yes, "has it filed a Form 800 T for this year? If Ye?" to line 3b, provide an explanation on Schedule O 4a At any time of the manner of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of foreign Bank and Financial Accounts (FBAV). 5a Was the organization has yet on prohibed teas the tert transaction at any time during the tax year? 5b Was the organization has a prohibed teas the transaction at any time during the tax year? 5c Was the organization has ensured gross receipts that an normally greater than \$100,000, and did the organization solicit any contributions of the organization file Form 8886 17? 6c Yes Yes To line 5a or 5b, did the organization file Form 8886 17? 6d Yes					Yes	No
b If a least one is reported on line 2a, did the organization file all regulated referred employment tax returns? 5	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
38 Dit the organization have unrestated business gross income of \$1,000 or more during the year? 39 Dit 11"Yes, 'has it filled a Form 990-T for this year? If 'No' to fine 30, provide an explanation on Schedule 0 30 Dit 11"Yes, 'enter the name of the foreign country flow in the 30, provide an explanation on Schedule 0 30 Dit 11"Yes, 'enter the name of the foreign country flow in a submit account, securities account, or other financial account()? 40 Dit 11"Yes, 'enter the name of the foreign country flow in the submit of the s		filed for the calendar year ending with or within the year covered by this return	2a 37			
b If Yes, * fast if filled a Form 990-T for this year? If Mor 1 to fire 35, provide an explanation on Schedule 0 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)? As If Yes, * enter the name of the foreign country Seu instructions for filling requirements for FinCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). By Did any taxobe party notify the organization that was or is a party to a prohibitote as the lefter transaction? By Did any taxobe party notify the organization file Form 8888 17 By Did any taxobe party notify the organization file Form 8888 17 By Did any taxobic party notify the organization file Form 8888 17 By Did any taxobic party hority the did not of the value of the population of the organization solicit any contributions that were not tax deductible? By Did any taxobic that are promise of the value of the population of the organization receive a payment in sexes of \$75 made party as a contribution on party for goods and services provided to the payor? By Diff Yes,* old the organization receive a payment in sexes of \$75 made party as a contribution on party for goods and services provided to the payor? By Diff Yes,* old the organization receive a payment in sexes of \$75 made party as a contribution on party for goods and services provided to the payor? By Diff Yes,* old the organization receive a payment in sexes of \$75 made party as a contribution of a payment p	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
4a A any time during the calendary 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 accounts? b If "Yes", "enter the name of the foreign country See instructions for filing requirements for FirCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization party to a prohibitod tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sao r5b, did the organization the Germ 8898.77 5b If "Yes," did the organization to tax deductibles of Even 8898.77 5c If "Yes", "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization methy and the every solicitation and express statement that such contributions or gifts were not tax deductibles of such a contribution and aptry for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization neceive a payment in excess of \$5 made party as a contribution of quarty for goods and services provided to the payor? 7 The payment of the organization receive a payment in excess of \$5 made party as a contribution of quarty for goods and services provided to the payor? 7 The payment of the organization neceive and payment in excess of \$5 made party as a contribution of quarty and the payment of the very services of tangible personal property or which it was required to the ferminance of the organization for the organization for payment organizatio	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, fire the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any textibe party notify the organization file Form 8886-77. 6 If Yes, to line 5a or 5b, did the organization file Form 8886-77. 6 Does the organization and party to a prohibited tax shelter transaction? 5c If Yes, to line 5a or 5b, did the organization file Form 8886-77. 6 Does the organization shell exhaust government of the organization shell of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5 Diff Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 Did the organization shell exhaust possible personal property for which it was required to file Form 8882. 6 Did the organization shell, exhaust, or otherwise dispose of tangle personal property for which it was required to file Form 8882. 6 Did the organization shell, exhaust, directly or indirectly, to pay premiums on a personal benefit contributor. 7 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contribut. 9 Did the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1088-C? 9 Sponsoring organization maken airstaining donor advised funds. 9 Did the sponsoring organization make a distribution to a donor or divised fund maintained by the sponsoring organization make a distribution to a donor, donor advised funds. 9 Did the sponsoring organization make a distribution to a donor, donor advised funds. 10b If Yes, and the organization issue qualified health plans in more than one state	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
b If "Yes," inclinations for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes 1" lone fac or 5b, did the organization the ferom 88867. 6b Dese 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? 6c If "Yes," idld the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," idld the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," idld the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or the school of the party of the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," inclinate the number of Forms 8822 filed during the year of the was of the general property for which it was required to the Form 8892. 9 If "Yes," inclinate the number of Forms 8822 filed during the year. 9 If If yes," inclinate the number of Forms 8822 filed during the year. 10 If the organization received an contribution of qualified intellectual property, did the organization free Form 1988-7. 11 If the organization received an contribution of the property of the department of the Form 8993 as required? 12 If If the organization received an contribution of the property for indirectly, on a presonal benefit contract? 12 If Yes," inclination free from 1988-198 ar	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
See Instructions for filing requirements for FinCEN Form 144, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 8 Did any taxable party notify the organization file Form 888917 8 Did any taxable party notify the organization file Form 888917 8 Did any contributions that were not tax deductible as charitable contributions? 9 Diff "Yes," did the organization include with every socilitation an sports es statement that such contributions or grifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 If "Yes," did the organization sel, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 88282? Red during the year 10 If "Yes," did the organization oreceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the organization oreceived any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 Did the organization oreceived any contribution of qualified intellectual property, did the organization file a Form 1088-C? 13 Sponsoring organization makes a contribution of qualified intellectual property, did the organization file a Form 1088-C? 14 Did the organization received an contribution of qualified intellectual property, did the organization file a Form 1088-C? 15 Sponsoring organization make a distribution to a donor, donor advised fund annual makes of the property o		financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
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17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.						
If "Yes," complete Form 6069.	17		tivities			
		that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
		If "Yes," complete Form 6069.				

332005 12-21-23

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?		:	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		:	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	Г	5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?	•	7	'a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?		7	'b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?		8	Ba	Х	
b	Each committee with authority to act on behalf of the governing body?			Bb	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea-					
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
	The second Line section 2 required missing about periode not required by the missing in				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10	0a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			-		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			1a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y serere minig are term				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		1:	2a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			2b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye		····· -''			
Ū	on Schedule O how this was done		14	2c	х	
13	Billion in the control of the contro		⊢	3	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		····· —	4		Х
15	Did the process for determining compensation of the following persons include a review and approva		·····	7		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_			-1/	5a	х	
a h	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			5a 5b		Х
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		····· L	55		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
iva			4	6a		Х
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		····· <u>'</u> '	oa		21
D						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		4	e h		
800	exempt status with respect to such arrangements?		10	6b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MA	-d 000 T (1) 501	(=\(O\) =			- I - I
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	iu 990-i (section 501	(၄)(၁)Տ (riiy)	avalla	anie
	for public inspection. Indicate how you made these available. Check all that apply.	O-h (1 - O)				
46	, ,	on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	entilict of interest polic	y, and f	ınan	cıal	
	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 bound THE ORGANIZATION – (413) $644-9040$	oks and records				
	PO BOX 690, 244 MAIN STREET, GREAT BARRINGTON, MA	01230				

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

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

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

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

Check this box if neither the organization n	or any related	orga	aniza	ation	COI	mpe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	-	00. 4	<u> </u>		1	100,	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or o	stee			sate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	ımbei		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	Individual trustee or director	Institutional trustee	l la	Key employee	est co loyee	Je.			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forn			
(1) JANIS MARTINSON SAGARIN	40.00									
EXECUTIVE DIRECTOR				Х				139,357.	0.	19,786.
(2) KARIN WATKINS	40.00								_	
DIRECTOR FINANCE AND ADMINISTRATION						Х		101,878.	0.	12,309.
(3) MARGARET DEUTSCH	5.00								_	_
CHAIR		Х		Х				0.	0.	0.
(4) MADELEINE VICTOR-PIECZARKA	2.00	ļ								
VICE CHAIR		Х		Х				0.	0.	0.
(5) ALLISON WINTNER	3.00	ļ								
VICE CHAIR		Х		Х				0.	0.	0.
(6) LAWRENCE RUTKOWSKI	3.00	ļ								
TREASURER		X		Х				0.	0.	0.
(7) RON ASHENDORF	1.00	ļ								
CLERK		Х		Х				0.	0.	0.
(8) JAMIE DUMONT	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(9) KATIE CLIFF BURNS	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(10) VICKI WEINER	2.00	۱								
DIRECTOR	1 00	Х						0.	0.	0.
(11) JANE GREENMAN	1.00	۱								
DIRECTOR	1 00	Х						0.	0.	0.
(12) RONALD FROHNE	1.00	۱.,						_		•
DIRECTOR	0 50	Х						0.	0.	0.
(13) MARC SIEGEL	0.50	١,,						_		•
DIRECTOR	0 50	Х						0.	0.	0.
(14) ROBERT BOYETT	0.50	١,,						_		•
DIRECTOR	1 00	Х						0.	0.	0.
(15) CARRIE CHEN	1.00	٠,						_	0	•
DIRECTOR	1 00	Х		_	\vdash	-	_	0.	0.	0.
(16) SHEILA PAREKH-BLUM	1.00	Į.,						_		_
DIRECTOR	0 50	Х		_	\vdash	-	_	0.	0.	0.
(17) JOHN D. MILLER	0.50	Į.,						_		_
DIRECTOR		Х						0.	0.	0.

332007 12-21-23

Part VII Section A. Officers, Directors		ploy	ees			ghe	st (1		_		
(A)		(B) (C) Average Position						(D)	(E)		(F)	
Name and title	Average		not c	heck i	more	than		Reportable	Reportable		Estimate	
	hours per week			ss per nd a di					compensation		amount o	of
	(list any	'n					Ė	from the	from related organizations	Ι,	other	tion
	hours for	Jirect				_		organization	(W-2/1099-MISC/		compensation from the	
	related	.e or (stee			sate		(W-2/1099-MISC/	1099-NEC)		organizati	
	organizations	truste	al trustee		ee/	mper		1099-NEC)	.5555,		and relate	
	below	Individual trustee or director	ution	_	oldm	st co	e e	'			organizatio	ons
	line)	Indiv	Institutional t	Officer	Key employee	Highest compensated employee	Former					
(18) ROGER PERSELL	1.00											
DIRECTOR		Х						0.	0	•		0.
(19) SUSAN GRAUSMAN	1.00											
DIRECTOR		Х						0.	0	•		0.
(20) ABBY SCHROEDER	0.50											
DIRECTOR		X						0.	0	•		0.
(21) DAN LIPSON	2.00											
DIRECTOR		Х						0.	0	•		0.
(22) RICHARD SOLAR	1.00											
DIRECTOR		Х						0.	0			0.
(23) DEBI R. FEINMAN	1.00											
DIRECTOR		Х						0.	0			0.
(24) BENJAMIN LIPTZIN	1.00											
DIRECTOR		X						0.	0			0.
(25) MARGARET V. BUCHWALD	1.00									\top		
DIRECTOR		X						0.	0			0.
(26) PETER J. MOST	1.00									+		
DIRECTOR		X						0.	0			0.
1b Subtotal	I	_			<u> </u>			241,235.	0		32,0	
c Total from continuation sheets to P								0.	0		,-	0.
d Total (add lines 1b and 1c)								241,235.		•	32,0	_
Total number of individuals (including)								•	000 of reportable			
compensation from the organization		1000		Ju u.		٠, …			,,000 01 10001 (4.510			2
											Yes	No
3 Did the organization list any former o	fficer, director, trust	ee. I	kev e	empl	love	e. o	r hic	ghest compensated emr	lovee on			
line 1a? If "Yes," complete Schedule											3	Х
4 For any individual listed on line 1a, is												
and related organizations greater than									o.ga <u>-</u> ao		4 X	
5 Did any person listed on line 1a receiv									dual for services			
rendered to the organization? If "Yes,	· · · · · · · · · · · · · · · · · · ·				-			-			5	Х
Section B. Independent Contractors	- complete comeda.		0. 0.		00.0					·	<u> </u>	
Complete this table for your five higher	est compensated in	depe	ende	ent c	onti	racto	ors ·	that received more than	\$100.000 of compe	nsati	on from	
the organization. Report compensation												
								(B)			(C)	
Name and bus	•	N	INC	3				Description of s	ervices	Con	npensatio	า
2 Total number of independent contract		ot li	mite	d to		se li: 0	ste	d above) who received n	nore than			
\$100,000 of compensation from the c		ידק	TTT7	י ייי			TI	FETS			orm 990 (2	2000
OTTO FAIL VII. OPALI			411/	- 1 I								

Form 990		MAHAIWE	PERFORM.	LNC	3 Z	AR'	rs_	CI	IN'	rer inc	57-114	0453
Part VII Secti	ion A. Officer	rs, Directors, T	rustees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
	(A) Name and title		(B) Average hours	(cl		Pos	c) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
			per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) TED STEP DIRECTOR	HENS III		1.00	x						0.	0.	0
SIRECION										0.		0
				_								
				_								
				-								
				_								
			1		<u> </u>	<u> </u>	<u> </u>	<u> </u>				
otal to Part VII, S	Section A, line	1c										

Га	T V	4111				5			
			Check if Schedule O contains a res	onse	or note to any lir	ne in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
							lunction revenue	business revenue	sections 512 - 514
ıts	1	а	Federated campaigns 1a						
ran			Membership dues 1b						
Å,			Fundraising events 1c		140,805.				
ifts ar /			Related organizations 1d		<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions)		170,100.				
Si			All other contributions, gifts, grants, and		,	-			
her		•	similar amounts not included above 11	1.	361,483.				
QĘ.		~	Noncash contributions included in lines 1a-1f	_	2,850.				
Son		_	Total. Add lines 1a-1f	Ψ		1,672,388.			
<u> </u>		<u>'''</u>	Total. Add lines 1a-11		Business Code				
σ.	2	_	PERFORMANCE INCOME		711110	728,000.	728,000.		
vic.	2	a h	PERFORMANCE RENTALS		711110	66,903.			
Ser		ם ב	COMMUNITY ENGAGEMENT	P	711110	13,356.	13,356.		
E S		ر م	EDUCATION PROGRAM		711110	6,374.	6,374.		
gra Re		u -	EDUCATION TROCKER		- / I I I I I	0,374.	0,374.		
Program Service Revenue		e	All other program service revenue						
			Total. Add lines 2a-2f			814,633.			
_	3	9	Investment income (including dividends			011/0331			
	3		, ·	-	•	96,382.			96,382.
	4		other similar amounts) Income from investment of tax-exempt			30,3021			3073021
	5		·	-					
	3		Royalties(i) Re		(ii) Personal				
	6	_			(ii) i Greenai	-			
						_			
			' " 			_			
			Not worth in come or (loss)		l				
			Net rental income or (loss) Gross amount from sales of (i) Secu		(ii) Other				
	′	а		itics	(ii) Other	-			
		.	assets other than inventory Less: cost or other basis			-			
<u>o</u>		D							
Revenue		_	and sales expenses 7b Gain or (loss) 7c			-			
ě			· /		l				
er F			Net gain or (loss)	···	T				
Ğ	8	а	including \$ 140,805. of						
			contributions reported on line 1c). See						
			•	0-	278,825.				
		L	Part IV, line 18	. —	105,758.	-			
					•	173,067.			173,067.
			Net income or (loss) from fundraising ex Gross income from gaming activities. So			173,007			173,007.
	9	а		- 1					
		L	Part IV, line 19 Less: direct expenses			_			
			Net income or (loss) from gaming activit		<u> </u>				
			, , ,	F					
	Ю	а	Gross sales of inventory, less returns	404	22,551.				
		L	and allowances		40 - 40	-			
			Less: cost of goods sold			9,988.			9,988.
_		C	Net income or (loss) from sales of inven	.ory	Business Code	3,300.			3,3001
snc	44	_			Dusiliess Code				
nec	11								
Miscellaneous Revenue		b							
Re		q	All other revenue						
Σ			Total. Add lines 11a-11d						
		-				2,766,458.	814,633.	0.	279,437.
	12		Total revenue. See instructions			<u> 2,100,300</u>	OT=,000.	1 0 •	

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

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	150 142	(2 (57	47 742	47 742
	trustees, and key employees	159,143.	63,657.	47,743.	47,743
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	010 101	424 CEE	101 040	105 606
7	Other salaries and wages	812,181.	424,655.	191,840.	195,686
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	120 762	72 020	20 254	2F 400
9	Other employee benefits	138,763. 80,348.	73,920. 40,565.	29,354. 19,729.	35,489 20,054
10	Payroll taxes	00,340.	40,363.	19,729.	20,054
11	Fees for services (nonemployees):				
	Management	16 265	16 112	252	
b	Legal	16,365.	16,113.	252.	
С	Accounting	18,100.		18,100.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	E20 61E	106 727	16 074	25 014
	column (A), amount, list line 11g expenses on Sch O.)	528,615.	486,727.	16,874.	25,014. 490.
12	Advertising and promotion	109,412.	105,687.	3,235.	
13	Office expenses	51,414.	25,732.	14,318.	11,364 33,750
14	Information technology	54,377.	13,571.	7,056.	33,730
15	Royalties	134,023.	116,291.	8,866.	8,866.
16	Occupancy	8,555.	2,054.		1,990
17	Travel	0,333.	4,054.	4,511.	1,990
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4 220		4 220	
20	Interest	4,220.		4,220.	
21	Payments to affiliates	381,488.	373,094.	8,394.	
22	Depreciation, depletion, and amortization	47,324.	373,094.	7,852.	1,691
23	Other expanses, Itamiza expanses not severed	4/,344.	31,101.	1,034.	1,091
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 0.) HOSPITALITY, HOUSING AN	69,285.	56,855.	3,985.	8,445.
a	BANK AND CREDIT CARD FE	63,927.	52,199.	1,383.	10,345
a -	EQUIPMENT RENTAL	47,798.	44,548.	2,820.	430.
q	PRINTING AND REPRODUCTI	38,794.	15,755.	2,203.	20,836
d	·	25,427.	21,864.	3,563.	20,030
	All other expenses	2,789,559.	1,971,068.	396,298.	422,193
25	Total functional expenses. Add lines 1 through 24e	2,105,559.	1,511,000	330,2300	400,1JJ
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)				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2022

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			26,550.	1	33,968.
	2	Savings and temporary cash investments			2,938,742.	2	3,080,297.
	3	Pledges and grants receivable, net			6,430.	3	133,930.
	4	Accounts receivable, net			300.	4	400.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial (contributor, or 35%			
		controlled entity or family member of any of these	e pers	ons		5	
	6	Loans and other receivables from other disqualifi	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,256.	8	4,759.
Ä	9	B ::			9,050.	9	8,707.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,408,688.			
	b	Less: accumulated depreciation	10b	5,761,340.	7,008,549.	10c	6,647,348.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		158,342.	15	149,432	
	16	Total assets. Add lines 1 through 15 (must equa		ı	10,150,219.	16	10,058,841
	17	Accounts payable and accrued expenses			97,836.	17	106,446.
	18	Grants payable				18	
	19	Deferred revenue			51,991.	19	17,870
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
S	22	Loans and other payables to any current or form	er offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial (contributor, or 35%			
iab		controlled entity or family member of any of these	e pers	ons		22	
_	23	Secured mortgages and notes payable to unrelate	ted thi	rd parties	193,318.	23	158,766.
	24	Unsecured notes and loans payable to unrelated	l third	parties		24	
	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			157,615.	25	149,401.
	26	Total liabilities. Add lines 17 through 25			500,760.	26	432,483.
S		Organizations that follow FASB ASC 958, check	ck her	e X			
Š		and complete lines 27, 28, 32, and 33.					
aa	27	Net assets without donor restrictions			9,447,258.	27	9,165,883.
Ä	28	Net assets with donor restrictions			202,201.	28	460,475.
Ĕ		Organizations that do not follow FASB ASC 95	58, ch	eck here			
ř T		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equ				30	
ţ	31	Retained earnings, endowment, accumulated inc				31	
Ne	32	Total net assets or fund balances			9,649,459.	32	9,626,358.
	33	Total liabilities and net assets/fund balances	<u> </u>		10,150,219.	33	10,058,841.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
		_			
1	Total revenue (must equal Part VIII, column (A), line 12)		2,76		
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,78		
3	Revenue less expenses. Subtract line 2 from line 1	3			01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	,64	<u>9,4</u>	<u>59.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	62,62	6,3	58.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

MAHAIWE PERFORMING ARTS CENTER INC

57-1140453 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and						_			
	membership fees received. (Do not									
	include any "unusual grants.")	1297774.	1553931.	2690203.	2095880.	1675172.	9312960.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	1297774.	1553931.	2690203.	2095880.	1675172.	9312960.			
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)						585,200.			
_6	Public support. Subtract line 5 from line 4.						8727760.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4	1297774.	1553931.	2690203.	2095880.	1675172.	9312960.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	8,026.	6,792.	10,488.	18,855.	96,382.	140,543.			
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.)						0.450500			
11	Total support. Add lines 7 through 10						9453503.			
12	Gross receipts from related activities,	•				<u> </u>	,860,238.			
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)				
<u></u>	organization, check this box and stor						<u></u>			
	ction C. Computation of Publ			. (0)		I I	92.32 %			
	Public support percentage for 2023 (14	04 4 5			
15	Public support percentage from 2022					15				
Iba	33 1/3% support test - 2023. If the contain have The approximation qualifies	•		•		•				
h	stop here. The organization qualifies33 1/3% support test - 2022. If the organization									
D	and stop here. The organization qual									
170										
11 d	10% -facts-and-circumstances tes and if the organization meets the fact	-								
	meets the facts-and-circumstances to		·	•		· ·				
h	10% -facts-and-circumstances tes	· ·	•			 17a and line 15 is				
IJ	more, and if the organization meets the	-					1070 01			
	organization meets the facts-and-circ				-					
12										
-10	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (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.)

Se	ction A. Public Support	clow, picase com	piete i dit ii.j				
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	` `	<u> </u>	<u> </u>	1 ,	`,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2023 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage	•			
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	
k	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	· ·			*	•	
20	Private foundation. If the organization			•		ū	

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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		
SD		
3с		
40		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	Na
_			res	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	_~		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	on to dapported organizations in Too, december in Edit Filme Tole played by the organization in this regard.	- Ju		

Schedule A (Form 990) 2023

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Sche	dule A (Form 990) 2023 MAHAIWE PERFORMING ART	S CEN	TER INC	57-1140453 Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	· ·
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust o	n Nov. 20, 1970 (e <i>xplair</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations may	ust complet	te Sections A through E	<u>.</u>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

emergency temporary reduction (see instructions).

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

Schedule A (Form 990) 2023

4

5

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

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 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
c	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, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

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

Open to Public Inspection

Name of the organization

MAHAIWE PERFORMING ARTS CENTER INC

Employer identification number 57-1140453

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	(4) 2 51161 4411054 181145	(2) i dilab dila balisi debedilib					
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	L	ed funds					
3	are the organization's property, subject to the organization's	_						
6	Did the organization inform all grantees, donors, and donor a							
Ü	for charitable purposes and not for the benefit of the donor of							
Par								
1	Purpose(s) of conservation easements held by the organizat		,					
·	Preservation of land for public use (for example, recrea		a historically important land area					
	Protection of natural habitat		a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
	Total acreage restricted by conservation easements							
	Number of conservation easements on a certified historic str		 					
	Number of conservation easements included on line 2c acqu							
	on a historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re							
	year							
4	Number of states where property subject to conservation ea	sement is located						
5	Does the organization have a written policy regarding the pe							
	violations, and enforcement of the conservation easements i		Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year					
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	n)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement and					
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statem	ents that describes the					
	organization's accounting for conservation easements.							
Par	t III Organizations Maintaining Collections o		ther Similar Assets.					
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works					
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,					
	provide the following amounts relating to these items.							
	(i) Revenue included on Form 990, Part VIII, line 1		\$					
			_					
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia						
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1		\$					
b	Assets included in Form 990, Part X		\$					
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2023					

332051 09-28-23

Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	or Other	Similar A	ssets(cc	ontinued	d)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	t make sig	nificant use o	of its		
	collection items (check all that apply).									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е								
С	Preservation for future generations									-
4	Provide a description of the organization's co	ollections and explai	n how t	hev further t	he organization	on's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be many							☐ Ye	s [☐ No
Pai	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa	-		J			,	,	,	
1a	Is the organization an agent, trustee, custod	ian, or other interme	diary fo	r contributio	ns or other as	ssets not i	ncluded			-
	on Form 990, Part X?		-					Ye	s [☐ No
b	If "Yes," explain the arrangement in Part XIII									
								Amo	ount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			-
2a	Did the organization include an amount on F							Ye	s	No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	xplanati	on has been	provided in F	Part XIII			[
	t V Endowment Funds Complete if									
	•	(a) Current year	(b) F	Prior year	(c) Two year	s back (c	i) Three years b	ack (e)	Four year	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									-
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end haland	re (line 1	La column (:	a)) held as:	I				
a	Board designated or quasi-endowment	Torre your orra balance	%	19, 00:01:111 (ajj riola ao.					
b	Permanent endowment	%								
·	The percentages on lines 2a, 2b, and 2c sho	Ī.								
22	Are there endowment funds not in the posse	•	ation th	at are hold a	and administa	rod for the				
Ja	organization by:	sssion of the organiz	ation th	at are rielu a	ind administe	iled for tile	-		Yes	No
	(i) Unrelated organizations?							3.	a(i)	1
	(ii) Related organizations?								``	+
h	If "Yes" on line 3a(ii), are the related organization								` '	+
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm		JWITICITE	iuiius.						
	Complete if the organization answere		0, Part I	V, line 11a. 9	See Form 990), Part X, li	ne 10.			
-	Description of property	(a) Cost or o		·	or other		umulated	(d) F	Book va	lue
	becompact of property	basis (investr			(other)		eciation	(4, 5	Joon va	
1a	Land	- '			3,431.	<u> </u>			133,	431.
	Buildings				3,174.	4,9	13,288.	5.8	349,	886.
	Leasehold improvements				, •	., .	-,	1		
	Equipment			1.49	1,796.	8	48,052.	1 6	543,	744.
	Other				0,287.					287.
	. Add lines 1a through 1e. (Column (d) must e		X. line					6.6	547,	
. 014		gaari omi ooo, i art	.,	. Jo, Joidini	· (<i>□)//</i>		~ .		/	0) 0000

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 MAHAIWE PERE Part VIII Investments - Other Securities			-1140453 Page
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			·
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 000 Part IV line	a 11d Soo Form 900 Part V line 15	
	Description	7 Tu. See Form 990, Fart A, line 15.	(b) Book value
	- CSOTIPLION		(b) Book value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities	. (=)//		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11e or 11f, See Form 990. Part X. line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			. ,
(1) Tederal income taxes			1/0//01

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY	149,401.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	149,401.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

MAHAIWE PERFORMING ARTS CENTER INC

Employer identification number 57-1140453

	Complete if the organization answer	red "Y	es" o	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not		
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	I III ACTIVITY I have custody I I I I I I I I I I I I I I I I I I I							
		Yes	No					
- Total								
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from re	egistration		

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			GALA			col. (c))
<u>e</u>			(event type)	(event type)	(total number)	35(5)/
Revenue			440 600			440 600
3ev	1	Gross receipts	419,630.			419,630.
_			140 005			140 005
	2	Less: Contributions	140,805.			140,805.
			270 025			270 025
	3	Gross income (line 1 minus line 2)	278,825.			278,825.
		Ocali asilasa				
	4	Cash prizes				
	5	Noncash prizes				
Se	J	Noncasti prizes				
ens(6	Rent/facility costs	23,943.			23,943.
Direct Expenses	Ŭ	rional admity code				
ct E	7	Food and beverages	24,839.			24,839.
Dire		3	-			-
	8	Entertainment	27,000.			27,000.
		Other direct expenses	29,976.			29,976.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			105,758.
		Net income summary. Subtract line 10 from li				173,067.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		n Dull take for the st		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				Singo, progressive singe		coi. (a) throagh coi. (c)
Re	4	Gross revenue				
	•	GIOSS Teveride				
(O	2	Cash prizes				
Direct Expenses						
(pe	3	Noncash prizes				
ίĒ						
)irec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	_	Direct consequence Add lines O. House	5 in a discours (d)			
	′	Direct expense summary. Add lines 2 through	i 5 in column (a)			
	R	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		The garming moorne carminary. Captract into r	Troffillio 1, column (a)			
9	Ent	ter the state(s) in which the organization condu	ıcts gaming activities:			
		he organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				
	_					

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Scn		140433	Page 3
11	J J	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:		
	The organization's facility	13a	%
	An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
14	Lines the fiame 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?	· L Yes	└── No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	: If "Yes," enter name and address of the third party:		
	The first that address of the third party.		
	Nama		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of convices provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III is a column of the	rt III lines Q	9h 10h
		t III, III 163 3,	30, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (For	m 990) <mark>ipplemental Info</mark>	MAHAIWE .	PERFORMING	ARTS	CENTER	INC	5/-1140453	Page 4
Part IV Su	ipplemental Info	ormation (continue	ed)					

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

MAHAIWE PERFORMING ARTS CENTER INC

 $Employer\ identification\ number\\57-1140453$

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

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

Schedule J (Form 990) 2023

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 of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANIS MARTINSON SAGARIN	(i)	139,357.	0.	0.	0.	19,786.	159,143.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

MAHAIWE PERFORMING ARTS CENTER INC

Employer identification number 57-1140453

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND FAMILY PROGRAMS. WE BRING TOGETHER DIVERSE AUDIENCES AND ARTISTS,

HIGHLIGHT NATIONAL AND REGIONAL TALENT, AND CONTRIBUTE TO THE QUALITY

OF LIFE OF OUR COMMUNITY THROUGH THE PERFORMING ARTS.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF FORM 990 IS SENT BY EMAIL TO THE EXECUTIVE AND FINANCE COMMITTEE MEMBERS FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY EACH INTERESTED PERSON IS REQUIRED TO SIGN A STATEMENT AFFIRMING

THAT THEY HAVE READ AND UNDERSTAND THE CONFLICT OF INTEREST POLICY AND

DISCLOSE ANY FINANCIAL INTEREST OR RELATIONSHIP WITH THE ORGANIZATION. THE

EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR PERIODIC REVIEW

(ANNUAL) TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE EXECUTIVE

COMMITTEE OF THE BOARD OF DIRECTORS AFTER CONDUCTING A CAREFUL REVIEW.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PERFORMERS:

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization MAHAIWE PERFORMING ARTS CENTER INC	Employer identification number 57-1140453
PROGRAM SERVICE EXPENSES	415,900.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	4,500.
TOTAL EXPENSES	420,400.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	50,822.
MANAGEMENT AND GENERAL EXPENSES	5,287.
FUNDRAISING EXPENSES	6,962.
TOTAL EXPENSES	63,071.
CONSULTING & OTHER:	
PROGRAM SERVICE EXPENSES	20,005.
MANAGEMENT AND GENERAL EXPENSES	11,587.
FUNDRAISING EXPENSES	13,552.
TOTAL EXPENSES	45,144.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	528,615.