** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

A F	For the	e 2022 calendar year, or tax year beginning $$ J $$ U $$ L $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ل ending	UN 30, 2	2023	
3 (Check if applicable	C Name of organization ASSOCIATION OF PERFORMING ARTS				eation number
	Addre chang	PROFESSIONALS				
	Name chang	Doing business as		39-13	13199	95
	Initial return Final return		Room/suite 6 5 0	E Telephone (202		3-2787
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	\$	3,310,873.
	Amen- return			H(a) Is this a	group re	
	Application	F Name and address of principal officer: LIBA RICHARDS				? Yes X No
	pendi	SAME AS C ABOVE				cluded? Yes No
1	Гах-ех	empt status: \overline{X} 501(c)(3) $\overline{}$ 501(c) () (insert no.) $\overline{}$ 4947(a)(1)	or 527	7 ' '		list. See instructions
	Websi			H(c) Group ex		
		organization: X Corporation Trust Association Other	L Year			State of legal domicile: WI
	art I	Summary		-		<u> </u>
	1	Briefly describe the organization's mission or most significant activities: THE	ASSOCI	ATION OF	PER	RFORMING
Governance		ARTS PROFESSIONALS DEVELOPS AND SUPPORT A				
naı	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its	net ass	ets.
Ver	3				1 1	25
		Number of independent voting members of the governing body (Part VI, line 1b)				20
ري م	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)				14
iŧie	6	Total number of volunteers (estimate if necessary)				136
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.
				Prior Year		Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		4,988,0	070.	1,315,108.
Revenue	9	Program service revenue (Part VIII, line 2g)		382,4	417.	1,861,037.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		60,8	376.	40,739.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		89,0	027.	93,989.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,520,3	390.	3,310,873.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,065,0	000.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,059,5	556.	1,107,933.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ē	. в	Total fundraising expenses (Part IX, column (D), line 25) 46,7	29.			
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,726,3	341.	2,330,980.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,850,8	397.	3,438,913.
		Revenue less expenses. Subtract line 18 from line 12		669,4	493.	-128,040.
t Assets or	3		Ве	ginning of Curre		End of Year
sets	20	Total assets (Part X, line 16)		6,114,1		5,996,329.
t As	21	Total liabilities (Part X, line 26)		2,841,9		2,740,144.
-Net/		Net assets or fund balances. Subtract line 21 from line 20		3,272,2	225.	3,256,185.
Pa	art II	Signature Block				
	-	lties of perjury, I declare that I have examined this return, including accompanying schedule				knowledge and belief, it is
rue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowled	ge.	
Sig	n	Signature of officer		Date		
Her	e	LISA RICHARDS, PRESIDENT AND CEO				
		Type or print name and title		Data I		T DTIN
	_	Print/Type preparer's name Preparer's signature		Date	Check if	PTIN
aic		STEPHEN MACKALL			self-employe	
	parer	Firm's name SB & COMPANY, LLC) F 0	Firm's	EIN 20	0-2153727
Jse	Only	Firm's address 10200 GRAND CENTRAL AVE., SUITE 2	450		, .	10\504 0010
		OWINGS MILLS, MD 21117		Phone	no. (4	10)584-2218
100	tha II	RS discuss this return with the preparer shown above? See instructions				X Ves No

Pa	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 ASSOCIATION OF PERFORMING ARTS PROFESSIONALS DEVELOPS AND SUPPORTS
	A ROBUST PERFORMING ART PRESENTING, BOOKING, AND TOURING FIELD AND THE
	PROFESSIONALS WHO WORK IN IT.
	INGI EDDIONALD WIG WORK IN II.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? Yes X No
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	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 \$ 958,774 · including grants of \$) (Revenue \$1,861,037 ·)
	MEMBERS CONFERENCE - MORE THAN 3,600 PERFORMING ARTS PROFESSIONALS
	ATTEND THE CONFERENCE. ACTIVITIES INCLUDE PROFESSIONAL DEVELOPMENT,
	ROUND TABLE DISCUSSIONS, PRESENTATIONS, ARTIST SHOWCASES, AND
	EXHIBITIONS.
	ACC FFC
4b	(Code:) (Expenses \$466,556. including grants of \$) (Revenue \$) PROFESSIONAL DEVELOPMENT INCLUDES LEADERSHIP PROGRAMS FOR EMERGING AND
	MID-CAREER ARTS PROFESSIONALS, FOCUSED ARTIST INSTITUTES, THE
	DEVELOPMENT AND PRESENTATION OF YEAR-ROUND WORKSHOPS, INTENSIVES AND
	WEBINARS ON TOPICS AND ISSUES IMPACTING THE FIELD, PROFESSIONAL
	DEVELOPMENT SESSIONS PROGRAMMED AT THE ANNUAL CONFERENCE, AND THE
	SHARING OF RESOURCES AND INFORMATION THROUGH ONLINE TOOLS AND NETWORKS.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,368,735 • including grants of \$ 93,989 •)
4e	Total program service expenses 2,794,065.
	Form 990 (2022)

			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_	<u> </u>	
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			l
	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		X
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?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l		- v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		X
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	Did the appropriation provides an efficiency of the control of the United Obstaco			X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		 ^
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	···		
• • • • • • • • • • • • • • • • • • • •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢ "		†
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	ــــــــــــــــــــــــــــــــــــــ		†
13	,	19		x
20a	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		†
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's curre and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>	ent		
	, , ,	23	х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	l l		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	I		۱
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			₩.
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employed			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contentity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part	 		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	/// 27		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- v
05 -	Part V, line 1	0-		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	 		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.			
30	If "Yes," complete Schedule R, Part V, line 2			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	36		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2022)

(gambling) winnings to prize winners?

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2 b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X	
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	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	provided to the payor?	7a		X
b	, , , , , , , , , , , , , , , , , , , ,			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			37
	to file Form 8282?	 T		7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e		
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are single or a contribution of cars, boats, airplanes, or other vehicles, did the organizations are single or other vehicles.			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			0		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
a b				9b		
10	Section 501(c)(7) organizations. Enter:			30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a	1			
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			_
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			-	000	(0.0.0.
232005	i 12-13-22			Form	22U	(2022)

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 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 20									
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		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6	Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b	Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed WI									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	ASSOCIATION OF PERFORMING ARTS PROFESSIONALS - (202) 833-2787									
	919 18TH STREET, NW, SUITE 650, WASHINGTON, DC 20006									

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.

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

- 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.

(A) Name and title	(B) Average hours per week	(do box	not c	(C Posi heck i	ition		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LISA RICHARDS PRESIDENT & CEO	40.00			Х				210 000	0.	0.
(2) NIIYO NARNOR-MADISON	40.00			Λ				210,000.	0.	<u> </u>
DIRECTOR OF OPERATIONS AND EVENTS	40.00	1				x		113,451.	0.	0.
(3) KRISTA BRADLEY	40.00					^		113,431.	0.	0.
DIRECTOR, PROGRAMS & RESOURCES	40.00					Х		110,543.	0.	0.
(4) JENNY THOMAS	40.00									
DIRECTOR, MARKETING & COMMS						Х		100,658.	0.	0.
(5) RENAE WILLIAMS NILES	1.00									
CHAIR		Х		Х				0.	0.	0.
(6) MICHAEL REED	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(7) DANIEL BERNARD ROUMAIN	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(8) FRANCINE SHEFFIELD	1.00									
SECRETARY		Х		Х				0.	0.	0.
(9) ANNA GLASS	1.00								_	_
TREASURER		Х		Х				0.	0.	0.
(10) ALICIA ADAMS	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) AISHA AHMAD-POST	1.00	1								
DIRECTOR		Х						0.	0.	0.
(12) LULANI ARQUETTE	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(13) MERCEDES CAXAJ	1.00	ļ								•
DIRECTOR	1 00	Х						0.	0.	0.
(14) EDDIE COTA	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) KAREN FISCHER	1.00	.,								•
DIRECTOR	1 00	Х						0.	0.	0.
(16) JAMIE GRANT	1.00	3,7							_	^
01RECTOR (17) CHRIS HARRINGTON	1 00	Х	\vdash					0.	0.	0.
	1.00	Х						0.	0.	0.
DIRECTOR	<u> </u>	Λ						1 0.	U •	990 (2022)

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Form 990 (2022) TROF ED.									37 1131	JJJ rage U
Part VII Section A. Officers, Directors, 1	Trustees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	pmpensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week (list any					1711 43		from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 (420)	and related
	below	idual	ution	 	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			-
(18) LANE HARWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(19) CHRISTOPHER HEACOX	1.00									
DIRECTOR		Х						0.	0.	0.
(20) AMY LAM	1.00									
DIRECTOR		Х						0.	0.	0.
(21) MARIA LOPEZ DE LEON	1.00									
DIRECTOR		Х						0.	0.	0.
(22) BETH MACMILLAN	1.00									
DIRECTOR		Х						0.	0.	0.
(23) STEPHANIE MCKEE-ANDERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(24) JILL ROBINSON	1.00									
DIRECTOR		Х						0.	0.	0.
(25) BEATRICE THOMAS	1.00									
DIRECTOR		Х						0.	0.	0.
(26) TOBIAS TUMARKIN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
1b Subtotal								534,652.	0.	0.
c Total from continuation sheets to Par	rt VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								534,652.	0.	0.

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
•	EXHIBITION & EVENT SERVICES	120,091.
SWAPCARD, INC., 1411 BROADWAY, 16TH FLOOR, NEW YORK, NY 10018	CONFERENCE PLATFORM	109,951.
ARTS CONSULTING GROUP 292 NEWBURY ST. SUITE 315, BOSTON, MA 02115		105,000.
,		,

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2022)

\$100,000 of compensation from the organization

Form 990_ PROFESSIO	DNALS								39-113	1995
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours			(O Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)		other compensation from the organization and related organizations
(27) CRISTINA VAZQUEZ DIRECTOR	1.00	Х						0.	0.	0.
(28) JACOB YARROW DIRECTOR	1.00	х						0.	0.	0 .
(29) JOHN ZION DIRECTOR	1.00	X						0.	0.	0
JINDC10K								0.	0.	0
otal to Part VII, Section A, line 1c										

39-1131995 PROFESSIONALS Form 990 (2022) Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
					lunction revenue	business revenue	sections 512 - 514
S (O	1 -	Federated campaigns 1a					
ant st			728,911.				
Contributions, Gifts, Grants and Other Similar Amounts			720,711.				
ts, An		Fundraising events 1c					
a 읔	C	Related organizations 1d					
ini	•	Government grants (contributions) 1e					
ior	f	All other contributions, gifts, grants, and					
the state		similar amounts not included above 1f	586,197.				
ΞÓ	ç	Noncash contributions included in lines 1a-1f 1g \$					
Sa	ŀ	Total. Add lines 1a-1f		1,315,108.			
			Business Code	, ,			
_	0.6	ANNUAL CONFERENCE		1,861,037.	1 861 037		
<u>i</u>			71110	1,001,057.	1,001,057.		
er re	k						
Program Service Revenue	C	·					
e a	C						
99 H	•	·					
P.	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		1,861,037.			
	3	Investment income (including dividends, intere		-			
		other similar amounts)	,	40,739.			40,739.
	4	Income from investment of tax-exempt bond pi		207.000			1077050
		·					
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
	k	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	(Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		Less: cost or other basis					
ø.							
Ž		and sales expenses					
Other Revenue		Gain or (loss) 7c					
Ğ.		Net gain or (loss)					
þe	8 8	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	k	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	•	Part IV, line 19 9a					
	L						
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold10b					
	(Net income or (loss) from sales of inventory					
			Business Code				
Snc	11 a	OTHER INCOME	900099	93,989.	93,989.		
ne Tue	k			, = = = =	,		
Miscellaneous Revenue							
Sce							
Ĕ	•	All other revenue		02 000			
		Total. Add lines 11a-11d		93,989.		^	40 730
	12	Total revenue. See instructions		3,310,873.	μ, yoo, U26.	0.	40,739.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	320,543.	63,242.	257,301.	
6	trustees, and key employees Compensation not included above to disqualified	320,343.	03,242.	251,501.	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	712,936.	673,337.	20,444.	19,155
8	Pension plan accruals and contributions (include	, , , , , ,	2.2,33.4	,	
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	-372.	-265.	-100.	-7
0	Payroll taxes	74,826.	56,103.	17,515.	
1	Fees for services (nonemployees):			·	•
а	Management				
b	Legal	107,983.	21,305.	86,678.	
С	Accounting	29,500.	5,820.	23,680.	
	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,				
	column (A), amount, list line 11g expenses on Sch 0.)	504,603.	455,359.	34,104.	15,140
2	Advertising and promotion	107.604	110 005	2 2 4 7	
3	Office expenses	127,694.	118,237.	8,847.	610
4	Information technology	242,830.	209,019.	31,630.	2,181
5	Royalties	250 601	170 407	75 000	F 174
6	Occupancy	258,691.	178,497.	75,020. 2,570.	5,174 480
7	Travel	169,757.	166,707.	4,5/0.	480
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	417,472.	416,115.	1,269.	88
9	Conferences, conventions, and meetings	417,474.	410,113.	1,209.	00
0	Interest				
!1 !2	Payments to affiliates	47,862.	33,025.	13,880.	957
3		24,844.	20,750.	3,830.	264
ა 4	Other expenses. Itemize expenses not covered	21,011.	20,730.	3,030.	201
7	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.)				
а	EQUIPMENT/ RENTAL	234,930.	228,259.	6,241.	430
b	BANK AND CREDIT CARD FE	113,065.	97,333.	14,717.	1,015
c	HONORARIUM	43,971.	43,444.	493.	34
d	PRINT ART	7,778.	7,778.		
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	3,438,913.	2,794,065.	598,119.	46,729
:6	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)				

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

Par	τλ	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			132,176.	1	2,109,187
	2	Savings and temporary cash investments			1,578,255.	2	
	3	Pledges and grants receivable, net			451,231.	3	276,091
	4	Accounts receivable, net			7,444.	4	40,218
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	onsL		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
က္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			6,954.	8	
¥	9	Prepaid expenses and deferred charges			41,282.	9	49,610
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	917,538.			
	b	Less: accumulated depreciation		901,499.	63,901.		16,039
	11	Investments - publicly traded securities			2,060,326.	11	1,954,671
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			4 550 550	14	4 550 540
	15	Other assets. See Part IV, line 11			1,772,579.	15	1,550,513
_	16	Total assets. Add lines 1 through 15 (must eq			6,114,148.	16	5,996,329
	17	Accounts payable and accrued expenses			113,882.	17	496,224
	18	Grants payable			438,679.	18	57,950
	19	Deferred revenue			294,372.	19	412,647
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-				00	
<u>a</u>	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate				23 24	
	2 4 25	Other liabilities (including federal income tax, p				24	
	23	parties, and other liabilities not included on line					
		of Schedule D	•	·	1,994,990.	25	1,773,323
	26	Total liabilities. Add lines 17 through 25			2,841,923.		2,740,144
		Organizations that follow FASB ASC 958, ch					
es		and complete lines 27, 28, 32, and 33.					
ا <u>۾</u>	27				807,203.	27	1,273,201
gal!	28	Net assets with donor restrictions			2,465,022.	28	1,982,984
<u> </u>		Organizations that do not follow FASB ASC					
- ₽		and complete lines 29 through 33.	,	_			
ğ	29	Capital stock or trust principal, or current fund	S			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,272,225.	32	3,256,185
-	33				6,114,148.	33	5,996,329

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,31		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,43		
3	Revenue less expenses. Subtract line 2 from line 1	3	-12		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,27		
5	Net unrealized gains (losses) on investments	5	11	2,0	00.
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	3,25	6,1	<u>85.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Ο.			
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	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule 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?		3a		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				
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATION OF

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.

PERFORMING ARTS

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

PROFESSIONALS 39-1131995 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No 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.)

<u>5e</u> 0	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")						-
2	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
	Total support. Add lines 7 through 10					40	
	Gross receipts from related activities,			f		12	
13	First 5 years. If the Form 990 is for the	ū		, and the second	•		
Sec	organization, check this box and stopertion C. Computation of Publi					·····	
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021		•			15	%
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies					mere, ericent time be	
b	33 1/3% support test - 2021. If the o		-				
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	-	•	• • •	-		
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Ti	he organization qu	alifies as a publicly	/ supported organi	ization	

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	1372021.	1697146.	1539758.	4988070.	1315108.	10912103.
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	2140117.	2207413.	269,880.	382,417.	1861037.	6860864.
3	Gross receipts from activities that				•		
_	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3512138.	3904559.	1809638.	5370487.	3176145.	17772967.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	15,000.	380,000.			142,800.	537,800.
t	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						0.
,	Add lines 7a and 7b	15,000.	380,000.			142.800.	537,800.
	Public support. (Subtract line 7c from line 6.)		000,000				17235167.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	3512138.	3904559.	1809638.	5370487.	3176145.	17772967.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	46,029.	65,735.	28,728.	60,876.	40,739.	242,107.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975				62,713.		62,713.
	Add lines 10a and 10b	46,029.	65,735.	28,728.	123,589.	40,739.	304,820.
	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.)	24,412.	11,361.	21,937.	26,314.	93,989.	178,013.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3582579.	3981655.	1860303.	5520390.	3310873.	18255800.
14	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (li			olumn (f))		15	94.41 %
	Public support percentage from 2021					16	93.47 %
Sec	ction D. Computation of Inves	tment Income	Percentage			•	
17	Investment income percentage for 20	022 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	1.67 %
18	Investment income percentage from 2					18	1.66 %
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	nd stop here. The	organization qualif	ies as a publicly s	upported organizat	tion	X
L	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

232023 12-09-22

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		
	3с		
	30		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	0		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	.04		
	10b		
ule	A (Forn	n 990)	2022

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		
	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		
Sect	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			110
	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		
Sect	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			
	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		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
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	e instruction	s).	
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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

232025 12-09-22 Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	unization (see

Schedule A (Form 990) 2022

instructions).

39-1131995 Page 7 **PROFESSIONALS** Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Schedule A (Form 990) 2022

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

ASSOCIATION OF PERFORMING ARTS

39-113<u>1995 Page 8</u> PROFESSIONALS Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

ASSOCIATION OF PERFORMING ARTS
PROFESSIONALS

Employer identification number
39-1131995

Organiza	ation type (check or	ne):
Filers of	:	Section:
Form 990	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
X	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special l	Rules	
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization
ASSOCIATION OF PERFORMING ARTS
PROFESSIONALS

Employer identification number

Page 2

39-1131995

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 142,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- - - - -	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		- - - - -	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
ASSOCIATION OF PERFORMING ARTS
PROFESSIONALS

Employer identification number

39-1131995

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	Schedule B (Form 990) (

Name of organization **Employer identification number** ASSOCIATION OF PERFORMING ARTS **PROFESSIONALS** 39-1131995 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

Political Campaign and Lobbying Activities (Form 990)

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. **Employer identification number** ASSOCIATION OF PERFORMING ARTS 39-1131995 PROFESSIONALS Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

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Part II-A Complete if the org section 501(h)).	anization is exen	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under
	tion belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar	re of excess lobbying e	expenditures).			
B Check if the filing organiza	tion checked box A an	nd "limited control" pro	visions apply.		T
	ts on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (g	grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legislative bod	y (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ente	er the amount from the	following table in both	n columns.		
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000	· · · · · · · · · · · · · · · · · · ·	0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (en	tor 25% of line 1f				
h Subtract line 1g from line 1a. If zer	,				
i Subtract line 1f from line 1c. If zero	,				
j If there is an amount other than ze		ine 1i did the organiza			
reporting section 4911 tax for this	0			Γ	Yes No
(Some organizations the	4-Year Ave	raging Period Under	Section 501(h) have to complete all c		elow.
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		•
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	355,547.	253,128.	392,545.	321,946.	1,323,166.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,984,749.
c Total lobbying expenditures	7,364.	7,000.			14,364.
d Grassroots nontaxable amount	88,887.	63,282.	98,136.	80,486.	330,791.
e Grassroots ceiling amount (150% of line 2d, column (e))					496,187.
f Grassroots labbuing expanditures	6 628	6 300.			12 928.

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	o)
the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5),	or sec	tion	
301(0)(0).			Yes	N
		1	103	<u>``</u>
Mana and advantially all (000) an arraya di sa manais ad arraya di sa di advantial a di sa manada ango				l
, , , , , , , , , , , , , , , , , , , ,				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	ne prior year? on 501(c)(5),	2 3 or sec		0:-
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year? on 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

ASSOCIATION OF PERFORMING ARTS Name of the organization **PROFESSIONALS**

Employer identification number 39-1131995

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Bonor advised fands	(b) I unus and other accounts
1	Total number at end of year	+	
2		+	
3	Aggregate value of grants from (during year)	+	
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in	Luviting that the assets hold in depar advise	d fundo
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati		·
	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	Preservation of a	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 o	f 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
b			_
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
7	Amount of overage incorrect in manifesting inspecting base	dling of violetions, and enforcing concernati	
7	Amount of expenses incurred in monitoring, inspecting, hand	alling of violations, and emorcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservati		
Ū	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.		
Par		f Art, Historical Treasures, or Oth	er 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 an	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items	i.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u> _
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	\$ <u> </u>
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

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

chedule D (Form 990)) 2022	PROFESSIONALS

	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or Othe	er Simil	ar Assets	(contin	ued)	age Z
3	Using the organization's acquisition, accession						Toorier	idea)	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other	3 1 3					
С	Preservation for future generations	_							
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's exe	empt purr	ose in Part	XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		3			,	,		
	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other assets not	included	i			
	on Form 990, Part X?		•			_	Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
		•	· ·				Amount	t	
С	Beginning balance				1c	:			
	Additions during the year					1			
е	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				ility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided on Part XII	l				
Par	t V Endowment Funds. Complete in	the organization and	swered "Yes" on Fo	orm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	(e) Four	years	back
1a	Beginning of year balance	1,172,443.	1,388,104.	1,090,080.	1	,130,908.	1,	128,	778.
b	Contributions	150.	220.	100.					95.
С	Net investment earnings, gains, and losses	118,643.	-196,666.	341,449.	41,449. 2,697. 39,0				066.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	12,680.	19,215.	43,525.		43,525.		37,	031.
f	Administrative expenses								
g	End of year balance	1,278,556.	1,172,443.	1,388,104.	1	,090,080.	1,	130,	908.
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	63.0000	_%						
b	Permanent endowment 37.0000	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held a	nd administered for t	he				
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Pai	t VI Land, Buildings, and Equipm		Death W. Barridge C) F 000 D+ V	. II 40				
	Complete if the organization answered	1		i					
	Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value					е			
		basis (investm	ierit) Dasis	(other) d	epreciation)[]			
	Land								
b	Buildings								
С	Leasehold improvements	_ ^4 = =	20		0.01	400	1 /	- ^	20
d	Equipment		038.		901,	499.	Т (o , U	39.
<u>е</u>	Other						1 /	<u>. </u>	39.
rota	. Add lines 1a through 1e. (Column (d) must ex	aual Form QQA Part \	(column (R) line 1	Oc)		1	Τ(υ, υ	၁ ၂.

Schedule D (Form 990) 2022 PROF ESSIONAL	<u> </u>	39	-1131995 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization and the	on Form 000 Part IV line	11h Soo Form 900 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	Lof-vear market value
/O =:	(b) Book value	(c) Wethod of Valuation. Cost of end	1-01-year market value
(2) Closely held equity interests			
(3) Other			
(A)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tetal (Col. (h) must equal Form 000, Part V, col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	(b) Book value	(b) Welfied of Valuation. Good of Cite	Tor your market value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5) (6)			
(7)			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	,	(b) Book value
(1) SECURITY DEPOSITS	<u> </u>		22,741.
	TING LEASE		1,527,772.
(3)			1/32////20
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		1,550,513.
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			. ,
(2) OPERATING LEASE PAYABLE			1,773,323.
(3)			=,,020
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

PROFESSIONALS Schedule D (Form 990) 2022

Pal	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		nevellue per Kei	urn.	
1	Total revenue, gains, and other support per audited financial statements			1	3,422,873.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	112,000.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	112,000.
3	Subtract line 2e from line 1			3	3,310,873.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial State			5	3,310,873.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		Expenses per H	eturr	l.
1	Total expenses and losses per audited financial statements			1	3,438,913.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			'	3,430,313.
a	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d	·		2e	0.
3	Subtract line 2e from line 1			3	3,438,913.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	3,438,913.
Pa	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			; Part X	x, line 2; Part XI,
PAI	RT V, LINE 4:				
THE	WILLIAM DAWSON EDUCATION ENDOWMENT WAS	ESTABLIS	SHED TO BEN	EFIT	STUDENTS
OF	ARTS ADMINISTRATION AND ARTS ADMINISTRAT	ORS BY	SUPPORTING :	HOUS	SING,
TRA	INSPORTATION AND FOOD FOR STUDENTS ENGAGE	D IN AN	INTERNSHIP	OR	
PRO	FESSIONAL DEVELOPMENT ACTIVITIES OF ASSO	CIATION	OF PERFORM	ING	ARTS
PRO	FESSIONALS, AND TO SUPPORT PROFESSIONAL	DEVELOP	MENT ACTIVI	TIES	S OF APAP
MEI	BERS OR STUDENTS IN MEMBER GRADUATE PROG	RAMS IN	ARTS ADMIN	ISTE	RATION.
THE	E ENDOWMENT WAS CREATED TO CELEBRATE AND	HONOR TH	HE MEMORY O	F W]	ILLIAM

STUDENT AND FACULTY ATTENDANCE AT APAP'S ANNUAL CONFERENCE AND

Schedule D (Form 990) 2022

DAWSON, FORMER APAP EXECUTIVE DIRECTOR, WHO HAD A PASSION FOR PROFESSIONAL

DEVELOPMENT FOR THE PERFORMING ARTS PRESENTING FIELD. ACTIVITIES INCLUDE

SUPPORT OF BOLZ CENTER FOR ARTS ADMINISTRATION, UNIVERSITY OF WISCONSIN

Part XIII Supplemental Information (continued)
PROFESSIONAL DEVELOPMENT AND LEADERSHIP INITIATIVES FOR THOSE CURRENTLY
WORKING IN THE FIELD.
PART X, LINE 2:
THE ASSOCIATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON INCOME OTHER
THAN NET UNRELATED BUSINESS INCOME UNDER SECTION 501(C) (3) OF THE
INTERNAL REVENUE CODE.
THE PROVISIONS INCLUDED IN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE
UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING
FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL
STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR
RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX
RETURN. THE ASSOCIATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS
AS OF JUNE 30, 2023 AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD
REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY
EFFECT ON ITS TAX-EXEMPT STATUS. AS OF JUNE 30, 2023, THE STATUTE OF
LIMITATIONS FOR FISCAL YEARS 2020 THROUGH 2023 REMAINS OPEN WITH THE U.S.
FEDERAL JURISDICTION OR THE STATE AND LOCAL JURISDICTION IN WHICH THE
ASSOCIATION FILES TAX RETURNS. IT IS THE ASSOCIATION'S POLICY TO RECOGNIZE
INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS
INCOME TAX EXPENSE.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

ASSOCIATION OF PERFORMING ARTS PROFESSIONALS

Employer identification number 39-1131995

			Yes	No
1 a	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			
	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.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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		<u>X</u>
b	Any related organization?	5b		X
	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:			
	The organization?	6a		<u>X</u>
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		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	other deferred benefits		(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	rtable			reported as deferred on prior Form 990	
(1) LISA RICHARDS	(i)	210,000.	0.	0.	0.	0.		0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASSOCIATION OF PERFORMING ARTS PROFESSIONALS

Employer identification number 39-1131995

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

PRESENTING FIELD AND THE PROFESSIONALS WHO WORK IN IT.

FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION SHALL HAVE TWO CATEGORIES OF MEMBERS: (I) VOTING MEMBERS

AND (II) NONVOTING MEMBERS. VOTING MEMBERSHIP IN THE ASSOCIATION SHALL BE

OPEN TO ANY INDIVIDUAL OR ORGANIZATION THAT OPERATES IN THE PERFORMING

ARTS, PRESENTING OR TOURING INDUSTRIES. ADDITIONAL MEMBERSHIP

CLASSIFICATIONS SHALL BE DETERMINED BY THE BOARD OF DIRECTORS. EACH VOTING

MEMBER SHALL BE ENTITLED TO ONE VOTING REPRESENTATIVE. EACH VOTING

REPRESENTATIVE SHALL HAVE ONE VOTE UPON EACH DISTINCT MATTER INCLUDED AS AN

AGENDA ITEM IN A WRITTEN BALLOT AND/OR SUBMITTED TO A VOTE AT MEETINGS OF

THE MEMBERS AS PROVIDED HEREIN. ALL OTHER REPRESENTATIVES SHALL HAVE THE

PRIVILEGE OF THE FLOOR BUT SHALL NOT BE ENTITLED TO VOTE AT MEETINGS OF THE

MEMBERS.

THE BOARD OF DIRECTORS SHALL HAVE THE POWER TO SET DUES FOR ONE OR MORE

CATEGORIES OF MEMBERSHIP AND MAY VARY THE AMOUNT OF DUES AMONG SUCH

CATEGORIES OF MEMBERS. HOWEVER, DUES SET FOR MEMBERS MUST BE SUBSEQUENTLY

RATIFIED BY A SIMPLE MAJORITY OF THE VOTING MEMBERS REPRESENTED AT A

REGULAR OR SPECIAL MEETING OF THE MEMBERS AS SET FORTH HEREIN.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ASSOCIATION HAS MEMBERS WHO HAVE THE POWER TO ELECT ONE OR MORE MEMBERS
OF THE GOVERNING BODY.

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

Schedule O (Form 990) 2022

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

Name of the organization ASSOCIATION OF PERFORMING ARTS PROFESSIONALS

Employer identification number 39-1131995

FORM 990, PART VI, SECTION A, LINE 7B:

THERE ARE A COUPLE OF DECISIONS THAT ARE MADE BY THE GOVERNING BODY WHICH

ARE SUBJECT TO MEMBER APPROVAL IN ACCORDANCE WITH THE ASSOCIATION'S BYLAWS.

THOSE DECISIONS ARE IN REGARD TO CHANGES TO MEMBERSHIP DUES OR CHANGES TO

THE ASSOCIATION'S BYLAWS. THESE TWO TYPES OF DECISIONS, ONCE MADE BY THE

GOVERNING BOARD, ARE SUBJECT TO MEMBER RATIFICATION. MEMBERS MUST VOTE AND

APPROVE ANY SUCH CHANGES AS DESCRIBED HEREIN.

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

A COPY OF THE FORM 990 IS CIRCULATED TO THE ASSOCIATION'S BOARD CHAIR,

BOARD TREASURER AND PRESIDENT & CEO FOR REVIEW. UPON FINALIZATION/APPROVAL,

THE FORM 990 IS SIGNED BY THE PRESIDENT & CEO.

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

THE ASSOCIATION OF PERFORMING ARTS PROFESSIONALS HAS A CONFLICT OF INTEREST

STATEMENT WHICH IS SIGNED BY BOARD MEMBERS ANNUALLY. THE CONFLICT OF

INTEREST STATEMENT WAS MOST RECENTLY UPDATED IN 2009. THE STAFF IS

CURRENTLY IN THE PROCESS OF CANVASSING THE MEMBERS OF THE BOARD OF

DIRECTORS ON ANY AREAS OF POTENTIAL CONFLICT.

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

ARTS PROFESSIONALS PRESIDENT AND CEO'S ANNUAL PERFORMANCE EVALUATION IS

CONDUCTED PRIOR TO THE END OF EACH FISCAL YEAR. THE TYPICAL REVIEW PROCESS

INVOLVES THE PRESIDENT AND CEO'S SELF ASSESSMENT IN RESPONSE TO A SET OF

PRIORITIES AND ANNUAL OPERATING PLAN ESTABLISHED BY THE BOARD OF DIRECTORS

ALONG WITH THE ANNUAL UNAUDITED FINANCIAL STATEMENT. THE EXECUTIVE

COMMITTEE REVIEWS THE CEO'S PERFORMANCE ON THE ACCOMPLISHMENTS AND

CHALLENGES OF THE PREVIOUS YEAR. THE RECOMMENDATION TO CONTINUE THE CEO

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

Schedule O (Form 990) 202		Page 2
Name of the organization	ASSOCIATION OF PERFORMING ARTS PROFESSIONALS	Employer identification number 39-1131995
WRITTEN EMPLOY	MENT CONTRACT IS BASED ON THE EXECUTIVE COMM	ITTEE'S
ASSESSMENT OF	THE PRESIDENT AND CEO AND APPROVAL BY THE BO	ARD. THE
PRESIDENT AND	CEO TRACKS AND MONITORS THE PROGRESS THROUGH	WEEKLY
CONFERENCE CAL	LS WITH THE EXECUTIVE COMMITTEE.	
FORM 990, PART	VI, SECTION C, LINE 19:	
THE ASSOCIATIO	ON MAKES ITS GOVERNING DOCUMENTS AND CONFLICT	OF INTEREST
POLICY AVAILAB	BLE TO THE PUBLIC UPON REQUEST. THE ASSOCIATI	ON MAKES ITS
AUDITED FINANC	CIAL STATEMENTS AVAILABLE TO THE PUBLIC ON IT	'S WEBSITE.
FORM 990, PART	IX, LINE 11G, OTHER FEES:	
OTHER SERVICES	5 :	
PROGRAM SERVIC	E EXPENSES	455,359.
MANAGEMENT AND	GENERAL EXPENSES	34,104.
FUNDRAISING EX	PENSES	15,140.
TOTAL EXPENSES	3	504,603.
TOTAL OTHER FE	ES ON FORM 990, PART IX, LINE 11G, COL A	504,603.
FORM 990, PART	XII, LINE 2C:	
THE PROCESS HA	AS NOT CHANGED FROM PRIOR YEAR.	

SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Employer identification number 39-1131995

OMB No. 1545-0047

Open to Public Inspection

ASSOCIATION OF PERFORMING ARTS Name of the organization **PROFESSIONALS**

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	(g) etion 512(b)(13) controlled entity?	
		,		501(c)(3))		Yes	No	

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization (b) Primary activity Primary activity Of related organization (c) Legal domicile (state or foreign country) Primary activity Of related organization (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Of related, unrelated, excluded from tax under sections 512-514) (g) Share of total income Of rend-of-year assets (h) Disproportionate allocations? Ocade V-UBI amount in box 20 of Schedule K-1 (Form 1065) Of seneral or managing partner? Yes No
Name, address, and EIN of related organization Primary activity Primary activity Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Percentage ownership Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514)
toreign country) State of foreign country excluded from tax under sections 512-514) assets 20 of Schedule Factor Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes Yes
Country Sections 512-514) Yes No K-1 (Form 1065) Yes No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

art V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 34, 35b, or 36.
-------	--	---------------------------------------	--------------------	-------------------------------

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a				
	b Gift, grant, or capital contribution to related organization(s)								
С	c Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)								
е	e Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)				1f				
g	g Sale of assets to related organization(s)				1g				
h	n Purchase of assets from related organization(s)				1h				
i	Exchange of assets with related organization(s)				1i				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u> </u>		
-1	Performance of services or membership or fundraising solicitations for related organization(s)				11				
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m				
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n				
0	Sharing of paid employees with related organization(s)				10	X			
р	Reimbursement paid to related organization(s) for expenses				1 p				
q	Reimbursement paid by related organization(s) for expenses				1q				
r	Other transfer of cash or property to related organization(s)				1r				
	Other transfer of cash or property from related organization(s)				1s				
2	If the answer to any of the above is "Yes," see the instructions for information on who must con	nplete th	is line, including covered r	elationships and transaction thresholds.					
	(a) (b) Name of related organization Transactype (a)	ction	(c) Amount involved	(d) Method of determining amount invo	olved				
1)									
2)									
3)									
4)									
5)									
6)									

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box of Schedule K-	General managin partner	(k) Percentage ownership
	-									

Form 8879-TF

THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for a Tax Exempt Entity

ar beginning	JUL	1	. 2022, and ending	JUN	30	. 20 2 3

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

For calendar year 2022, or fiscal year Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

ASSOCIATION OF PERFORMING ARTS

EIN or SSN 39-1131995

PROFESSIONALS LISA RICHARDS Name and title of officer or person subject to tax

PRESIDENT AND CEO

Part I Type of Return and Return Information
--

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more

iai i Oi	ie iirie iiri arci.		
1a	Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	. 1b
2a	Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here X	b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Inder p	penalties of perjury, I declare that X	I am an officer of the above entity or I am a person subject to tax with res	spect to (name
f entity	y)	, (EIN) and that I hav	e examined a copy of the
022 el		edules and statements, and, to the best of my knowledge and belief, they are tr	rue, correct, and

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN:	check	one	box	only
------	-------	-----	-----	------

X I authorize	SB	&	COMPANY,	LLC		to enter my PIN	31995
					ERO firm name		Enter five numbers, but

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

**** THIS IS NOT A FILEABLE COPY ****

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

 $\overline{27}037520721$

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) ASSOCIATION OF PERFORMING ARTS print PROFESSIONALS 39-1131995 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 919 18TH STREET, NW, 650 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions WASHINGTON, DC 20006 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 Form 990-T (trust other than above) 06 12 Form 990-T (corporation) ASSOCIATION OF PERFORMING ARTS PROFESSIONALS • The books are in the care of ▶ 919 18TH STREET, NW, SUITE 650 - WASHINGTON, DC 20006 Telephone No. ▶ (202) 833-2787 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 1,743. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

EXTENDED TO MAY 15, 2024

Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	rn	OMB No. 1545-0047
		For ca	lendar year 2022 or other tax year beginning $\mathrm{JUL}1$, 2022)23 .	2022
	rtment of the Treasury nal Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
Α [Check box if address changed.		Name of organization (DEmpl	oyer identification number
B E	Exempt under section	Print	PROFESSIONALS	3	9-1131995
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 919 18TH STREET, NW, 650		o exemption number nstructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006	F	Check box if
		С Во	ook value of all assets at end of year		an amended return.
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
<u>H</u>	Check if filing only to)	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u> </u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J_	Enter the number of	attach	ed Schedules A (Form 990-T)		1
K	During the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
	If "Yes," enter the na	ame an	d identifying number of the parent corporation.		
	The books are in car		ASSOCIATION OF PERFORMING ARTS P Telephone number	(202) 833-2787
Pa	art I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			. 1	12,858.
2	Reserved			2	10.000
3	Add lines 1 and 2				12,858.
4	Charitable contrib	utions ((see instructions for limitation rules)	. 4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	12,858.
6	Deduction for net	operati	ing loss. See instructions STATEMENT 1	. 6	12,858.
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from		***************************************		1 000
8			rally \$1,000, but see instructions for exceptions)		1,000.
9			duction. See instructions		1 000
10	Total deductions.			. 10	1,000.
11	Unrelated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		•
D	enter zeroart II Tax Com	nutat	ion	11	0.
					0.
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	U •
2		_	ates. See instructions for tax computation. Income tax on the amount on		
_	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	. 2	
3 4	Proxy tax. See ins			4	
4 5	Other tax amounts Alternative minimu				
_			`	6	
6	rax on noncomp	nant id	cility income. See instructions	. 0	

7 Total. Add lines 3 through 6 to line 1 or 2, whichever appliesLHA For Paperwork Reduction Act Notice, see instructions.

Form 9		,						Р	age 2
Part		Tax and Payments			1				
1a		gn tax credit (corporations attach Form 1118; tr	usts attach Form 1116)						
b									
С		eral business credit. Attach Form 3800 (see instr							
d		it for prior year minimum tax (attach Form 8801							
е		I credits. Add lines 1a through 1d				1e			
2		ract line 1e from Part II, line 7				2			0.
3	Othe	r amounts due. Check if from: Form 4255	Form 8611 Form	า 8697	Form 8866				
						3			
4	Tota	I tax. Add lines 2 and 3 (see instructions).	Check if includes tax pre	viously d	eferred under				
	secti	on 1294. Enter tax amount here				4			0.
5	Curre	ent net 965 tax liability paid from Form 965-A, Pa	art II, column (k)		1	5			0.
6a	Payn	nents: A 2021 overpayment credited to 2022		6a	1,743.				
b	2022	estimated tax payments. Check if section 643(g) election applies	6b					
С	Tax	deposited with Form 8868		6c					
d	Forei	gn organizations: Tax paid or withheld at source	e (see instructions)	6d					
е	Back	cup withholding (see instructions)		. 6e					
f		it for small employer health insurance premiums							
g		r credits, adjustments, and payments:							
•				_ al 6g					
7	Tota	I payments. Add lines 6a through 6g				7	1	L,74	13.
8		nated tax penalty (see instructions). Check if For				8			
9		due. If line 7 is smaller than the total of lines 4, 5				9			
10		payment. If line 7 is larger than the total of lines				10		L,74	13.
11		r the amount of line 10 you want: Credited to 2			43. Refunded	11			0.
Part		Statements Regarding Certain Activ							
1		ny time during the 2022 calendar year, did the or						Yes	No
•		a financial account (bank, securities, or other) in	•	•	•			100	110
		EN Form 114, Report of Foreign Bank and Finar		-	-				
	here	· · · · · · · · · · · · · · · · · · ·	real / teesante. It is easy of ter tr	io riarrio c	or the foreign occurry				Х
2		ng the tax year, did the organization receive a dis	stribution from or was it the gra	entor of c	or transferor to a		—— h		
_		gn trust?	,		•				Х
		es," see instructions for other forms the organiza							
3		r the amount of tax-exempt interest received or a	-		¢				
			21,627. Do not						
4		•			• •	•	.		
_		n on Schedule A (Form 990-T). Don't reduce the	•	-	· · · · · · · · · · · · · · · · · · ·) .		
5		2017 NOL carryovers. Enter the Business Activi							
	tne a	mounts shown below by any NOL claimed on a							
		Business Activity Cod	le		lable post-2017 NOL c				
		541800		\$		23,8	,00.		
				\$					37
6a		he organization change its method of accountin	· , , , , , , , , , , , , , , , , , , ,						_X_
b		is "Yes," has the organization described the cha	ange on Form 990, 990-EZ, 990-	-PF, or Fo	orm 1128? If "No,"				
David		ain in Part V							
Part		Supplemental Information							
Provide	e the e	explanation required by Part IV, line 6b. Also, pro	ovide any other additional inform	nation. Se	ee instructions.				
	<u> </u>								
Sign		Inder penalties of perjury, I declare that I have examined this retu orrect, and complete. Declaration of preparer (other than taxpaye				dge and be	elief, it is true,		
Here					M	ay the IRS	discuss this r	eturn w	ith
пеге	-) (((((((((((((((((((PRESII	DENT			shown below	_	
		Signature of officer [Date Title		ins	structions)	? X Yes	3	No
		Print/Type preparer's name Prepa	rer's signature	Date	Check i	f PTIN	1		
Paid					self- employed				
Prepa	arer	STEPHEN MACKALL					31227		
Use (-	LC		Firm's EIN	2()-2153	372	7
	- · · · y	10200 GRAND C	ENTRAL AVE., SUI	TE 2					
		Firm's address OWINGS MILLS,	MD 21117		Phone no. (410)	584-2	2218	3

0.

0. 3,876.

17,084.

21,627.

131.

536.

1,412.

7,374.

18,714.

17,084.

NOL CARRYOVER AVAILABLE THIS YEAR

131.

536.

06/30/13

06/30/14

06/30/15

06/30/16

06/30/17

06/30/18

FORM 990-T	PF	RE 2018 NOL SCH	EDULE	STATEMENT 1
	NOL CARRY FORWARD FF		LINE 6	21,627. 12,858.
	A PORTION OF PRE-201 A ENTITY	.8 NOL SCHEDULE A	A SHARE	
	1		0.	
NET OPERA' BALANCE A EXPIRING	EDULE A SHARE OF PRETING DEDUCTION FTER PRE-2018 NOL DE NET OPERATING LOSSES WARD OF NET OPERATIN	EDUCTION		0. 12,858. 0. 0. 8,769.
FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR

1,412.

7,374.

0.

0.

0.

14,838.

0.

0.

3,876.

131.

536.

17,084.

21,627.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Department of the Treasury

Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Revenue Service Do not enter SSN numbers on this form as it r	nay be n	nade public if your organiza	tion is a 501(c)(3).	501(c)(3) Organizations Only
A N	lame of the organization ASSOCIATION OF PERFORM PROFESSIONALS	ING	ARTS	B Employer ident	
<u>c</u> ι	Inrelated business activity code (see instructions) 54180	0		D Sequence:	1 of 1
<u>E</u> [Describe the unrelated trade or business ADVERTISING	REVE	NUE FROM NON	-MEMBERS	
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
_	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
40	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10	44,573.	31,715	12,858.
11 12	Advertising income (Part IX) Other income (see instructions; attach statement)	12	11,5/5	31,713	12,050.
13	Total. Combine lines 3 through 12	13	44,573.	31,715	. 12,858.
			•	-	
Pa	t II Deductions Not Taken Elsewhere See instructi directly connected with the unrelated business in		r iiriitations on dedt	ictions. Deduction	ons must be
1	Compensation of officers, directors, and trustees (Part X)			<u>1</u>	
2	Salaries and wages				2
3	Repairs and maintenance				3
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses			6	5
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			8t	
9 10	Depletion Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15					
16	Unrelated business income before net operating loss deduction. S				
	column (C)				12,858.
17	Deduction for net operating loss. See instructions				
18	Unrelated business taxable income. Subtract line 17 from line 1				12,858.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Pac	ıe	2

Part	III Cost of Goods Sold Enter metho	od of inventory valuation	on		Page 2
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter he	· ·			Vac Na
9 Part	Do the rules of section 263A (with respect to property pr IV Rent Income (From Real Property and				Yes No
	· · · · ·	•		<u> </u>	
1	Description of property (property street address, city, sta	ite, ZIP code). Check	if a dual-use. See instru	ictions.	
	В				
	c \square				
	D				
		Α	В	С	D
2	Rent received or accrued				
a	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns At Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	hrough D. Enter here	and on Part I, line 6, co	lumn (A)	0.
5	Total deductions. Add line 4 columns A through D. Ente	er here and on Part I I	ine 6. column (R)		0.
Part		e instructions)	(B)		
1	Description of debt-financed property (street address, cit	ry, state, ZIP code). Cl	neck if a dual-use. See	instructions.	
	A				
	В 🔲				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
_	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
e	financed property (attach statement)	%	%	%	0/
6 7	Divide line 4 by line 5 Gross income reportable. Multiply line 3 by line 6	%	<u>%</u>	<u>%</u>	%
7 8	Gross income reportable. Multiply line 2 by line 6 L Total gross income (add line 7, columns A through D). I	Enter here and an Dar	t Lline 7 column (A)		0.
0	i otal gross income (add line 7, columns A through D). I	Linter Here and On Par	ri, iirie 7, columni (A)		•
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thro				0.
11	Total dividends-received deductions included in line 1	0			0.

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganization	s (see inst	ructions)	Page 3
		-					Exempt Contro	, , , , , , , , , , , , , , , , , , , ,		
	Name of controlle organization	d	2. Employer identification number	incon	unrelated me (loss) structions)	4. Tota	al of specified ments made	5. Part of of that is included controlling tion's gross	olumn 4 ded in the organiza-	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
		1		1	Controlled O	-				
7	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif syments mad		that is inc	of column 9 cluded in the organization' income		Deductions directly connected with come in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I column (A)	, Ente	d columns 6 and 11. er here and on Part I, line 8, column (B)
Totals).	0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee instructio	ns)	
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected (attac	Set-asides h statemer	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)					Add amou	ınte in				Add amounts in
Totals					column 2 here and o line 9, colu	. Enter n Part I,				column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income	, Other 1	Than Adve		g Income	see instruction	ons)	-
1	Description of exploite	ed activity:		-						
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	_ 2	
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,		
	line 10, column (B)								. 3	
4	Net income (loss) from									
	lines 5 through 7								. 4	
5	Gross income from ac	tivity that i	is not unrelated busi	iness incor	me				5	
6	Expenses attributable								. 6	
7	Excess exempt expen			6, but do no	ot enter mor	e than th	he amount on I	ine		
	4. Enter here and on F	Part II, line	12						. 7	

Schedule A (Form 990-T) 2022

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on a c	onsolidated basis.		
	A JOB BANK				
	В 💹				
	c				
	D 🔛				
Enter a	amounts for each periodical listed above in the c	corresponding column.			
		44,573.	В	С	D
2	Gross advertising income				44,573.
_	Add columns A through D. Enter here and on l	Part I, line 11, column (A)			44,373.
а 3	Direct advertising costs by periodical	31,715.			
а	Add columns A through D. Enter here and on I				31,715.
-	Add Coldmins At all Cagin B. Enter Hore and on the				
4	Advertising gain (loss). Subtract line 3 from line	e			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8	12,858.			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les	I I			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre		ol or zero here and o	n	
а					0.
	Part II. line 13				
Part	X Compensation of Officers, Direction	ectors, and Trustees (se	e instructions)		
Part	X Compensation of Officers, Dire	ectors, and Trustees (se	e instructions)	3. Percentage	4. Compensation
Part	X Compensation of Officers, Direction 1. Name	ectors, and Trustees (se	e instructions)		
Part	X Compensation of Officers, Dire	ectors, and Trustees (se	e instructions)	3. Percentage	4. Compensation
1)	X Compensation of Officers, Dire	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2)	X Compensation of Officers, Dire	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3)	X Compensation of Officers, Dire	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
1) 2) 3)	X Compensation of Officers, Dire	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3) 4)	X Compensation of Officers, Direction 1. Name	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
Part 1) 2) 3) 4) Total Part	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business

990-T SCH	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20 06/30/21 06/30/22	1,163. 236. 22,481.	0. 0. 0.	1,163. 236. 22,481.	1,163. 236. 22,481.
NOL CARRYO	VER AVAILABLE THIS	YEAR	23,880.	23,880.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

2022 FR-120 SUB Extension of Time to File a DC Corporation Franchise Tax Return

ENTER DOLLAR AMOUNTS

1	Total estimated corporation franchise tax liability for the tax period.	1	250	. 00
2	Estimated franchise tax payments (include any tax overpayment credit).	2		. 00
3	Other payments.	3		. 00
4	Total payments and credits (add Lines 2 and 3).	4		. 00
5	Balance due (Line 1 minus Line 4). Payment in full must be submitted with this form or your request will be denied. (Note: you will be subject to the failure-to-pay penalty and interest on any tax due and not paid with this form.)	5	250	. 00

Detach at perforation and mail the voucher, with payment attached, to the: Office of Tax and Revenue

PO Box 96019 Washington DC 20090-6019

243351 12-13-22

Government of the District of Columbia 2022 FR-120 SUB Extension of Time to File a DC Corporation Franchise Tax Return

Amount of payment (dollars only)

250 . **00**

Taxpayer Identification Number 391131995

Tax period ending (MMDDYYYY)

06302023

Business Name or Designated Agent name

ASSOCIATION OF PERFORMING ARTS PROF

Business mailing address (number, street and suite/apartment number if applicable)

919 18TH STREET, NW

State ZIP Code + 4 WASHINGTON DC 20006

A 6 or 7 month extension of time to file

15, 2023, for calendar year 2022, or until

Mark

Mark

if Living or Traveling Outside the U.S.

MAY15 , 2024 or fiscal year ending 2023 , is requested.

SOFTWARE DEVELOPER USE ONLY

if Combined Report

VENDOR ID# 1019

Rev 10/2022

Government of the District of Columbia

Name of corporation

Business mailing address #1

Business mailing address #2

919 18TH STREET, NW

2022

D-20 SUB Corporation Franchise Tax Return

Taxpayer Identification Number (TIN) Number of business locations 391131995 1 In DC: Outside DC:

ASSOCIATION OF PERFORMING ARTS PROF

Tax period ending (MMDDYYYY)

06302023

SOFTWARE DEVELOPER USE ONLY

1019

VENDOR ID #

QHTC located in DC Ballpark TIF area Mark if: AMENDED RETURN Mark if:

FINAL RETURN Mark if: Mark if: CERTIFIED QHTC Mark if: COMBINED REPORT*

*You must fill in the Designated Agent info below

**Worldwide form must be filed with this return

WORLDWIDE** Mark if:

City ZIP code+4 WASHINGTON 20006 DC

Designated Agent Name Designated Agent TIN

0

•	R	EAD INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business items, see in	nstructions.)			ounts only. It amount is zero, leave line blan mount and fill in space.
	1	Gross receipts, minus returns and allowances			1	00. 0
111	2	Cost of goods sold (from D-20 Schedule A) and/or operations (attach statement)			2	.00
GROSS INCOME	3	Gross profit from sales and/or operations Line 1 minus Line 2	Mark if minus		3	.00
ತ್ತ	4	Dividends from Form D-20, Schedule B			4	.00
S	5	Interest (attach statement)			5	.00
SS	6	Gross rental income from D-20, Schedule I, Column 3, Line 6			6	.00
GR	7	Gross royalties (attach statement)			7	.00
	8	(a) Net capital gain (loss) (attach a copy of your federal Schedule D)	Mark if minus		8(a)	.00
		(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	Mark if minus		8(b)	.00
	9	Capital gains deferred on federal return due to investment in a federal			9	.00
		Qualified Opportunity Fund				
	10	Other income (loss) (attach statement)	Mark if minus		10	.00
	11	Total gross income. Add Lines 3 - 10	Mark if minus		11	.00
	12	Compensation of officers from Form D-20, Schedule C			12	.00
	13	Salaries and wages			13	.00
	14	Repairs			14	.00
SS	15	Bad debts			15	.00
2	16	Rent			16	.00
ပ်	17	Taxes From Form D-20, Schedule D			17	.00
EDUCTIONS	18	(a) Interest payments	.00			
		(b) Minus nondeductible payments to related entities	.00	=	18c	.00
	19	Contributions and/or gifts (attach statement)			19	.00
	20	Amortization (attach a copy of your federal Form 4562)			20	.00
	21	Depreciation (attach a copy of your federal Form 4562)			21	.00
		Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)				
	22	Depletion (attach statement)			22	.00
	23	(a) Enter royalty payments made	.00			
		(b) Minus nondeductible payments to related entities	.00	=	23c	.00

D-20 FORM, PAGE 2

Taxpayer Name: ASSOCIATION OF PERFORMIN



If you want to allow the preparer to discuss this return with the Office Χ

of Tax and Revenue, mark here.

Taxpayer Identification Number (TIN) 391131995

24 25 26 27 28 if minus 28 29a 29b 29b 2if minus 30 31 31 32 33 34 35 36 if minus 34 35 40 41a	5	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
25 26 27 28 29a 29b 29c 31 minus 29c 31 31 31 31 31 31 31 31 31 31 31 31 31	5	.00 .00 .00 .00 .00 .00 .00 .00 .00
26 27 28 29a 29b 29b 29c 31 minus 30 31 31 31 35 36 minus 35 36 minus 36 37 38 40 41a	66 7 8 9a 9b 9c 0 1 1.00 2 3 4 5 6 7 8 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00
27 28 29a 29b 29c 31 31 31 31 31 31 31 31 31 31 31 31 31	7 8 99a 99b 99c 91 1 1.00 2 3 4	.00 .00 .00 .00 .00 .00 .00 .00
27 28 29a 29b 29c 31 31 31 31 31 31 31 31 31 31 31 31 31	7 8 99a 99b 99c 91 1 1.00 2 3 4	.00 .00 .00 .00 .00 .00 .00 .00
28 if minus 29a 29b 29c if minus 30 31 32 if minus 32 if minus 34 35 if minus 36 37 38 40 41a	3	00. 00 .00 .00 .00 .00 .00 .00 .00 .00
29a 29b 29c 30 31 31 31 32 33 31 35 36 37 38 40 41a	9a 9a 9b 9c 0 1 1.00 2 3 4 5 6 7 8	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
29b if minus 29c if minus 30 31 if minus 32 if minus 33 if minus 34 35 if minus 36 37 38 40 41a	9b 9c 0 1 1.00 2 3 4 5	.00 .00 .00 .00 .00 .00 .00
29c if minus 29c if minus 30 31 31 32 32 34 35 35 36 if minus 36 37 38 40 41a	9c 0 1 1.00 2 3 4 5 6 7 8	.00.00
30 31 32 32 34 35 35 36 if minus 36 37 38 40 41a	1 1.00 2 3 4 5 5 6 7 8 .00	00.00 00.00 00.00 00.00 .00
31 2 if minus 32 2 if minus 33 3 if minus 34 35 36 37 38 40 41a	1.00 2 3 4 5 6 7 8	00.00 00.00 00.00 00.00 00.00
32 if minus 33 if minus 34 35 35 if minus 36 37 38 40 41a	2 3 4 5 5 6 7 8 8 .00	0 .00 0 .00 .00 .00
33 34 35 35 36 if minus 36 37 38 40 41a	.00	.00 .00 .00 .00 .00 .00 .00
33 34 35 35 36 if minus 36 37 38 40 41a	.00	.00 .00 .00 .00 .00 .00 .00
34 35 35 36 37 38 40 41a	4 5 7 8 .00	.00
34 35 35 36 37 38 40 41a	4 5 7 8 .00	.00
34 35 35 36 37 38 40 41a	4 5 7 8 .00	.00 .00
35 36 37 38 40 41a	.00	.00 00.00
36 37 38 40 41a	.00	.00 00.00
36 37 38 40 41a	.00	.00 00.00
37 38 40 41a	7 8 .00	0.00
37 38 40 41a	7 8 .00	0.00
38 40 41a	.00	
40 41a	.00	.00
41a	0.5	
41a	J 23	00. 05
		.00
	. 25	- 00
/ - I -		.00
41b		.00
41c	1c	.00
41d	1d	.00
42		.00
43	3 25	
44		
due. 45		.00
.ac. 70	4	
S 45	4	.00
	4 5	.00
S	4 5 6	.00
lue	42	42

Email Address

SMACKALL@SBANDCOMPANY.COM

Preparer's signature (if other than taxpayer) Preparer's PTIN P03122714

Rev. 10/2022 243411 11-17-22

220203531040

Taxpayer Name: ASSOCIATION OF PERFORMI Taxpayer Identification Number (TIN) 391131995

chedule A - Cost of Goods Sold (See specific instructions for Line 2.)				Schedu				
Inventory at beginning of year	.			N <i>A</i>	AME AND ADDRESS	AMOUNT		
2. Merchandise bought for manufacture or sale								
3. Salaries and wages								
Other costs per books (attach statement) (Additional federal depreciation and additional IRC § 179 expenses are not allowable.)								
5. Total								
6. Minus: Inventory at end of tax year								
7. Cost of goods sold (Enter here and on D-20, Line 2.)								
Method of inventory valuation:								
				Total D	Dividends			
				Minus	deduction for Subp	art F Income.		
					deduction for divide	ends received from		
				TOTAL	. (Enter here and on	D-20, Line 4.)		
Schedule C - Compensation of officers (See specific instructio		s for Lir	ne 12. If	more th	an 3 offices attach a	additional sheets as	needed.)	
Col. 1	Col.			l. 3	Percent of (Corporation	Col. 6	Col. 7
Name and Address of Officer	Official		Percent	of Time	Stock		Amount	Expense Account
	Omolai	11110	Devo Busi	tea to ness	Col. 4 Common	Col. 5 Preferred	of Compensation	Allowances
				%	%	%		
				%	%	%		
				%	% % %			
TOTAL COMPENSATION OF OFFICERS (Enter here and o	n D-20. Li	ne 12.)						
Schedule D - Taxes (See specific instructions for Line								
EXPLANATION		AM	OUNT			EXPLANATION		AMOUNT
Oshadula E. Bassasilistica of the ast income assate	1 am Faida		D0	_	TOTAL (Enter here a	and on D-20, Line 1	7.)	
Schedule E - Reconciliation of the net income reporter Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	on reae		1285		otal DC taxable income	e reported (from D-20, L	ine 36).	
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOM	ie 📙		1200	\neg				
2. Income taxes (see specific instructions for line 17).				0				
DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.					N-TAXABLE INCOM let income apportioned			
4. Interest on obligations of states, territories of the U.S. or					vet income apportioned	or anocated to outside	БС.	0
any Political Subdivision thereof.				- 1	Other non-taxable inconncluding NOL (itemize):	ne and additional deduc	ctions	
 Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional 								
IRC § 179 expenses).								
(a)	- -			((b)			
(b)	- -			_				0
6. TOTAL of Lines 1-5.			1285	8 10.	TOTAL of Lines 7, 8 and	d 9.		0

Taxpayer Name: ASSOCIATION OF PERFORMIN Taxpayer Identification Number (TIN) 391131995



Schedule F - DC apportionment factor (See instructions.)

Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar.

Carry all factors to six decimal places and truncate.

For all businesses other than financial institutions:

SALES FACTOR: All gross receipts of the business other than gross receipts	Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
from non-business income.	. 00	. 0	0
For Financial Institutions:			
SALES FACTOR: All gross income of the financial institution other than gross income from non-business income.	. 00	. 0	0
PAYROLL FACTOR: Total compensation paid or accrued by the financial institution.	. 00	. 0	0

4. **SUM OF FACTORS:** (For Financial Institutions add Lines 2 and 3 of Column 3)

5. **DC APPORTIONMENT FACTOR:** For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31 For financial institutions divide Line 4, Column 3 by 2. Enter on D-20, Line 31.

Schedule G- Balance Sheets	Beginning of Taxa	ble Year	End of T	axable Year
	(A) Amount	(B) Total	(A) Amount	(B) Total
1. Cash				
Trade notes and accounts receivable (a) MINUS: Allowance for bad debts				
3. Inventories				
4. Gov't obligations: (a) U.S. and its instrumentalities				
(b) States, subdivisions thereof, etc				
5. Other current assets (attach statement)				
6. Loans to stockholders				
7. Mortgage and real estate loans				
8. Other investments (attach statement)				
9. Buildings and other fixed depreciable assets				
(a) MINUS: Accumulated depreciation				
10. Depletable assets				
(a) MINUS: Accumulated depletion				
11. Land (net of any amortization)				
12. Intangible assets (amortizable only)				
(a) MINUS: Accumulated amortization				
13. Other assets (attach statement)				
14. TOTAL ASSETS 15. Accounts payable				
16. Mortgages, notes, bonds payable in less than 1 year				
17. Other current liabilities (attach statement)				
18. Loans from stockholders				
19. Mortgages, notes, bonds payable in 1 year or more				
20. Other liabilities (attach statement)				
21. Capital stock: (a) Preferred stock				
(b) Common stock				
22. Paid-in or capital surplus (attach statement)				
23. Retained earnings - Appropriated (attach statement)				
24. Retained earnings - Unappropriated				
25. MINUS: Cost of treasury stock				
26. TOTAL LIABILITIES AND CAPITAL				

Taxpayer Identification Number (TIN) 391131995



Schedule H-1 - Reconciliation of Income (Loss) per Books With Income (Loss) per Return 7. Income recorded on books this year and not included in this return (itemize). 1. Net income per books 2. Federal income tax Tax-exempt interest 3. Excess of capital losses over capital gains 4. Taxable income not recorded on books this year (itemize) 8. Deductions on this tax return and not charged 5. Expenses recorded on books this year and against book income this year (itemize). not deducted on this return (itemize). (a) Depreciation (a) Depreciation ... (b) Depletion _____ 9. TOTAL of Lines 7 and 8 10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.) 6. TOTAL of Lines 1 through 5 Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books (a) Cash 1. Balance at beginning of year 5. Distributions: (b) Stock 2. Net income per books (c) Property 3. Other increases (itemize) 6. Other decreases (itemize). _ 7. TOTAL of Lines 5 and 6 8. Balance at end of year (Line 4 minus Line 7) ... 4. TOTAL of Lines 1, 2 and 3 Schedule I - Income from Rent Col. 2 Kind of Col. 4 Depreciation* Col. 6 Taxes, Interest Col. 1 Address of Property Col. 3 Gross Col. 5 Repairs or Amortization (per Federal Form 4562) and other Expenses' Property Amount of Rent (Explain in Sch. I-1) (Explain in Sch. I-1) 1. 3. 5. 6. TOTAL (Enter the total of Col. 3 on D-20, Line 6. Enter total of Col 4, 5, and 6 on appropriate deduction lines.) *excludes federal depreciation and additional IRC §179 expenses.

Column No.	Explanation	Amount	Column No.	Explanation	Amount

Taxpayer Name: ASSOCIATION OF PERFORMIN

Taxpayer Identification Number (TIN) 391131995



Schedule K - Disregarded Entities (Name and TIN for any single member limited liability company that is treated as a disregarded entity for District franchise tax purposes, whose income is included in the income reported on this return, and which is doing business in the District). (See instructions.) Disregarded Entity Name **Supplemental Information** IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN: STATE OR COUNTRY OF INCORPORATION DATE OF INCORPORATION 2.(b) DATE BUSINESS BEGAN IN DC OGDEN, UT THE CORPORATION'S BOOKS ARE IN THE CARE OF -919 18TH STREET, NW WASHINGTON, DC 20006 5. LOCATED AT -During 2022, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended If you have already provided OTR with returns with the IRS? YES NO Χ a detailed statement, enter the date it was sent. MM/DD/YYYY If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 9 under Amended returns. X NO 7. Is this corporation unitary with another entity? YES If yes, explain: YES 8. Is this return made on the accrual basis? NO Χ If no, indicate basis used: Cash Basis Other (specify) YES NO 9. Did you file a franchise tax return with DC Χ If no. state reason: for the year 2021? Χ YES NO 10. Did you withhold DC income tax from wages paid to your If no, state reason: DC resident employees during 2022? 11. Did you file annual information returns, federal forms 1096 Χ YES NO and 1099, relating to payment of dividends and interest for 2022? 12. (a) Has the business been terminated? YES X NO If yes, explain and give date: YES (b) Have you moved out of DC? X NO13. Did you file an annual ballpark fee return? YES X NO

^{*}Schedule J has been deleted.

DC	FORM D-20 MINIMUM TAX LIABILITY GROSS RECEIPTS (MTLGR)	STATEMENT 1
1.	AMOUNT FROM NUMERATOR OF DC SALES APPORTIONMENT FACTOR FROM SCHEDULE F, LINE 1, COLUMN 2 OF D-20. FINANCIAL INSTITUTIONS MUST USE AMOUNT ON SCHEDULE F, LINE 2, COLUMN 2 OF D-20.	0.
2.	ADD THE ADJUSTED BASIS OF PROPERTY (LESS DEPRECIATION) FOR WHICH GAINS REPORTED IN LINE 1	0.
3.	ADD NON-BUSINESS INCOME ALLOCATED TO DC REPORTED PER D-20, LINE 33	0.
4.	TOTAL GROSS RECEIPTS (ADD LINES 1, 2 AND 3) TOTAL TO D-20, LINE 39	0.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

A F	For the	e 2022 calendar year, or tax year beginning $$ J $$ U $$ L $$ L $$, $$ $$ 2 $$ U $$ 2 $$ $$ $$ and	ل ending	UN 30, 2	2023					
3 (Check if applicable	C Name of organization ASSOCIATION OF PERFORMING ARTS				eation number				
	Addre chang	PROFESSIONALS								
	Name chang	Doing business as		39-13	13199	95				
	Initial return Final return		Room/suite 6 5 0		E Telephone number (202) 833-2787					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	\$	3,310,873.				
	Amen- return			H(a) Is this a	group re					
	Application	F Name and address of principal officer: LIBA RICHARDS				? Yes X No				
	pendi	SAME AS C ABOVE				cluded? Yes No				
1	Гах-ех	empt status: \overline{X} 501(c)(3) $\overline{}$ 501(c) () (insert no.) $\overline{}$ 4947(a)(1)	or 527	7 ' '		list. See instructions				
	Websi			H(c) Group ex						
		organization: X Corporation Trust Association Other	L Year			State of legal domicile: WI				
	art I	Summary		-		<u> </u>				
	1	Briefly describe the organization's mission or most significant activities: THE	ASSOCI	ATION OF	PER	RFORMING				
Governance		ARTS PROFESSIONALS DEVELOPS AND SUPPORT A								
naı	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its	net ass	ets.				
Ver	3				1 1	25				
		Number of independent voting members of the governing body (Part VI, line 1b)				20				
ە ق	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)				14				
iŧie	6	Total number of volunteers (estimate if necessary)				136				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.				
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.				
				Prior Year		Current Year				
	8	Contributions and grants (Part VIII, line 1h)		4,988,0	070.	1,315,108.				
Revenue	9	Program service revenue (Part VIII, line 2g)		382,4	417.	1,861,037.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		60,8	376.	40,739.				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		89,0	027.	93,989.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,520,3	390.	3,310,873.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,065,0	000.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.				
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,059,5	556.	1,107,933.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.				
ē	. в	Total fundraising expenses (Part IX, column (D), line 25) 46,7	29.							
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,726,3	341.	2,330,980.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,850,8	397.	3,438,913.				
		Revenue less expenses. Subtract line 18 from line 12		669,4	493.	-128,040.				
t Assets or	3		Ве	ginning of Curre		End of Year				
sets	20	Total assets (Part X, line 16)		6,114,1		5,996,329.				
t As	21	Total liabilities (Part X, line 26)		2,841,9		2,740,144.				
-Net/		Net assets or fund balances. Subtract line 21 from line 20		3,272,2	225.	3,256,185.				
Pa	art II	Signature Block								
	-	lties of perjury, I declare that I have examined this return, including accompanying schedule				knowledge and belief, it is				
rue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowled	ge.					
Sig	n	Signature of officer		Date						
Her	e	LISA RICHARDS, PRESIDENT AND CEO								
		Type or print name and title		Data I		T DTIN				
	_	Print/Type preparer's name Preparer's signature		Date	Check if	PTIN				
aic		STEPHEN MACKALL			self-employe					
	parer	Firm's name SB & COMPANY, LLC) F 0	Firm's	EIN 20	0-2153727				
Jse	Only	Firm's address 10200 GRAND CENTRAL AVE., SUITE 2	450		, .	10\504 0010				
		OWINGS MILLS, MD 21117		Phone	no. (4	10)584-2218				
100	tha II	RS discuss this return with the preparer shown above? See instructions				X Ves No				

	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 ASSOCIATION OF PERFORMING ARTS PROFESSIONALS DEVELOPS AND SUPPORTS
	A ROBUST PERFORMING ART PRESENTING, BOOKING, AND TOURING FIELD AND THE
	PROFESSIONALS WHO WORK IN IT.
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
	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 \$
	MEMBERS CONFERENCE - MORE THAN 3,600 PERFORMING ARTS PROFESSIONALS
	ATTEND THE CONFERENCE. ACTIVITIES INCLUDE PROFESSIONAL DEVELOPMENT,
	ROUND TABLE DISCUSSIONS, PRESENTATIONS, ARTIST SHOWCASES, AND
	EXHIBITIONS.
	
	(Code:) (Expenses \$ 466,556 • including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$466,556. including grants of \$) (Revenue \$) PROFESSIONAL DEVELOPMENT INCLUDES LEADERSHIP PROGRAMS FOR EMERGING AND
	MID-CAREER ARTS PROFESSIONALS, FOCUSED ARTIST INSTITUTES, THE
	DEVELOPMENT AND PRESENTATION OF YEAR-ROUND WORKSHOPS, INTENSIVES AND
	WEBINARS ON TOPICS AND ISSUES IMPACTING THE FIELD, PROFESSIONAL DEVELOPMENT SESSIONS PROGRAMMED AT THE ANNUAL CONFERENCE, AND THE
	DEVELOPMENT SESSIONS PROGRAMMED AT THE ANNUAL CONFERENCE, AND THE SHARING OF RESOURCES AND INFORMATION THROUGH ONLINE TOOLS AND NETWORKS.
	SHARING OF RESOURCES AND INFORMATION THROUGH ONLINE TOOLS AND NETWORKS.
	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$
	Other program convises (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 1,368,735 • including grants of \$) (Revenue \$ 93,989 •)
40	(Expenses \$ 1,368,735 including grants of \$) (Revenue \$ 93,989 ·) Total program service expenses 2,794,065 ·
<u> 70</u>	Form 990 (2022)

Form 990 (2022)

Part IV Checklist of Required Schedules

PROFESSIONALS 39-1131995 Page 3

			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_	Х	
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	_	37	
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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
40	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	Х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а	, , ,	11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
b		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
_	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	Х	
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ \ •
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Fartia, columnity,, line 1: If Yes, complete Schedule I, Parts I and II	41		_ 22

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			- T
	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	OFL		х
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.		
00	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?	36		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	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?	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		- 55		
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	l 12-13-22	Form	990	(2022)

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

					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	14				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b	Х		
	5:11			За	Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х	
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	Does the organization have annual gross receipts that are normally greater than $$100,000$, and did the	e orga	anization solicit				
	any contributions that were not tax deductible as charitable contributions?			6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts				
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X	
b				7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			37	
	to file Form 8282?	 I	 I	7c		X	
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	٠.			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e 7f			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file for		200 oo roquirod?	7g			
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11			
Ü	sponsoring organization have excess business holdings at any time during the year?						
9	9 Sponsoring organizations maintaining donor advised funds.						
	a Did the sponsoring organization make any taxable distributions under section 4966?						
b							
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the	۱	I				
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c	•	44-		Х	
14a				14a			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule the explanation subject to the section 1960 tax on payment(s) of more than \$1,000,000 in remune			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		Х	
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			ıə		-22	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х	
.0	If "Yes," complete Form 4720, Schedule O.		me?	.5			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s				
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						

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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		7.7	
	more members of the governing body?	7a_	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		7.7	
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI-
10-	Did the executation have level charters branches as effiliated?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	IUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	IIa		
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
Ū	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ASSOCIATION OF PERFORMING ARTS PROFESSIONALS - (202) 833-2787			

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Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

- 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.

(A) Name and title	(B) Average	(C) Position				tion		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	offi	oox, unless person is officer and a director					compensation from	compensation from related	amount of other
	(list any hours for related organizations below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LISA RICHARDS	line) 40.00	ıl	lns	#0	Ke	e Hig	For			
PRESIDENT & CEO	40.00	1		х				210,000.	0.	0.
(2) NIIYO NARNOR-MADISON	40.00									
DIRECTOR OF OPERATIONS AND EVENTS						X		113,451.	0.	0.
(3) KRISTA BRADLEY	40.00									
DIRECTOR, PROGRAMS & RESOURCES						Х		110,543.	0.	0.
(4) JENNY THOMAS	40.00									
DIRECTOR, MARKETING & COMMS						X		100,658.	0.	0.
(5) RENAE WILLIAMS NILES	1.00									
CHAIR	1 00	Х		X				0.	0.	0.
(6) MICHAEL REED	1.00	ļ		l					•	•
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(7) DANIEL BERNARD ROUMAIN	1.00	.,		,,					0	0
VICE CHAIR (8) FRANCINE SHEFFIELD	1 00	Х		Х				0.	0.	0.
(8) FRANCINE SHEFFIELD SECRETARY	1.00	Х		х				0.	0.	0.
(9) ANNA GLASS	1.00	Λ		^				0.	0.	<u> </u>
TREASURER	1.00	Х		Х				0.	0.	0.
(10) ALICIA ADAMS	1.00	72						0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(11) AISHA AHMAD-POST	1.00									
DIRECTOR		х						0.	0.	0.
(12) LULANI ARQUETTE	1.00							-	-	
DIRECTOR		Х						0.	0.	0.
(13) MERCEDES CAXAJ	1.00									
DIRECTOR		Х						0.	0.	0.
(14) EDDIE COTA	1.00									
DIRECTOR		Х						0.	0.	0.
(15) KAREN FISCHER	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JAMIE GRANT	1.00	1_							_	_
DIRECTOR		Х						0.	0.	0.
(17) CHRIS HARRINGTON	1.00									_
DIRECTOR		X					<u> </u>	0.	0.	0. Form 990 (2022)

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Part VIII Section A Officers Directors To							_		37 1131	JJJ Fage O
Section A. Officers, Directors, 11	rustees, Key Emp (B)	loy	ees,			ghes	t Co			
(A)	(C) Position						(D)	(E)	(F)	
Name and title	Average	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable	Reportable	Estimated
	hours per week							compensation from	compensation from related	amount of other
	(list any	tor			Π			the	organizations	compensation
	hours for	direct				P		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)	•	and related
	below	vidua	itutio	ser	empl	nest c	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Forr			
(18) LANE HARWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(19) CHRISTOPHER HEACOX	1.00									
DIRECTOR		Х						0.	0.	0.
(20) AMY LAM	1.00									
DIRECTOR		Х						0.	0.	0.
(21) MARIA LOPEZ DE LEON	1.00									
DIRECTOR		Х						0.	0.	0.
(22) BETH MACMILLAN	1.00									
DIRECTOR		Х						0.	0.	0.
(23) STEPHANIE MCKEE-ANDERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(24) JILL ROBINSON	1.00									
DIRECTOR		Х						0.	0.	0.
(25) BEATRICE THOMAS	1.00									
DIRECTOR		Х						0.	0.	0.
(26) TOBIAS TUMARKIN	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								534,652.	0.	0.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								534,652.	0.	0.

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) (B)	(C)
Name and business address Description of services	Compensation
GLOBAL EXPERIENCE SPECIALISTS, INC., 7000 EXHIBITION & EVENT	
SOUTH LINDELL ROAD, LAS VEGAS, NV 89118 SERVICES	120,091.
SWAPCARD, INC., 1411 BROADWAY, 16TH FLOOR,	
NEW YORK, NY 10018 CONFERENCE PLATFORM	109,951.
ARTS CONSULTING GROUP	
292 NEWBURY ST. SUITE 315, BOSTON, MA 02115 CONSULTING SERVICES	105,000.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Form 990_ PROFESSIONALS 39-1131995

Name and title Average Average Position Check at that apply Position Check at the companies of the com	Form 990 PROFESSIO	ЛИАПО								39-113	T 3 3 3
(A) Name and title Average hours per week (starty hours for related organizations below sine) 23 3 3 3 3 3 3 3 3	Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
Name and title Average Position Check at that apply) Position Compensation from the companisation from the organizations (W.2/1099-MISC) Compensation from the organization organization (W.2/1099-MISC) Compensation from the organization organization (W.2/1099-MISC) Compensation from the organization organization organization (W.2/1099-MISC) Compensation from the organization organization organization organization organization (W.2/1099-MISC) Compensation from the organization orga								I .		(F)	
hours per week (list any hours for related organizations below line) (227) CRISTINA VAZQUEZ 1.00 DIRECTOR 1.00 VX X 0.0 0.0 0.0 0.0 0.0 0.0								I .			
Per week (list any hours for related organizations below line) 27.7 CRISTINA VAZQUEZ	Name and title										
Week (list any hours for related organizations related organizations below line) W.2/1099-MISC) W.2/1099-MISC) Compensation from the companization organization (W.2/1099-MISC) Compensation organization organization (W.2/1099-MISC) W.2/1099-MISC) Compensation organization organ		1	(crieck all triat apply)					iy)			
Clist any hours for related organizations below											
1.00 X		1	_				oyee				
1.00 X			recto				emp		organization	(W-2/1099-MISC)	
1.00 X			ordi	gg.			ated		(W-2/1099-MISC)		
1.00 X		I .	stee	ruste			Suec				
1.00 X			ıl fr	nalt		loye	l iii				organizations
1.00 X		below	vidus	t i	ie.	emp	lest (ner			
(27) CAISTINA VAZQUEZ DIRECTOR X 0. 0. (28) JACOB YARROW 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0		line)	Indi	Insti	O#iic	Key	Higi	Forn			
DIRECTOR	(27) CRISTINA VAZOUEZ	1 00									
1.00 X		1.00	37							_	^
DIRECTOR			X						0.	0.	0
1.00 X 0. O. DIRECTOR X 0. O. O.	(28) JACOB YARROW	1.00									
1.00 X 0. O. DIRECTOR X 0. O. O.	DIRECTOR		X						0.	0.	0
DIRECTOR X 0. 0.	(29) JOHN ZION	1 00							-		
		1.00	37							^	^
	DIRECTOR		X						0.	0.	0
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			L				L	L			
Total to Part VII. Section A. line 1c	otal to Part VII, Section A, line 1c										

Form 990 (2022) PROFESS
Part VIII Statement of Revenue

			Check if Schedule O	cont	aine a	raenan	200	or note to any lin	e in this Dart VIII			
			Offeck if Scriedule O	JOHL	ما ان د	Пезрог	130 (or note to any in	(A)	(B)	(C)	(D)
									Total revenue	Related or exempt		Revenue excluded
										function revenue	business revenue	from tax under sections 512 - 514
6 6	4	_	Federated campaigns			1a						
Contributions, Gifts, Grants and Other Similar Amounts	'							728,911.	1			
20.00			Membership dues Fundraising events			1c		720 7 3 1 2 1	1			
fts,			Related organizations			1d			1			
igi Jila			Government grants (contr			1e						
Sin			All other contributions, gifts,									
uti Je		•	similar amounts not included			1 1f		586,197.				
er et		a	Noncash contributions included in			1g \$		300,23,1				
Son		•	Total. Add lines 1a-1f						1,315,108.			
<u> </u>			Business									
ø.	2	а	ANNUAL CONFERENCE 7111						1,861,037.	1,861,037.		
Program Service Revenue	_	b							, ,	, ,		
Ser		c					_					
am evel		d										
Be		е										
Pro		f	All other program service	reve	nue							
			Total. Add lines 2a-2f						1,861,037.			
	3 Investment income (including dividends, interest,											
		other similar amounts)							40,739.			40,739.
	4	/				nd p	roceeds					
	5		Royalties	. <u></u>								
						(i) Real		(ii) Personal				
	6	а	Gross rents	6a								
		b	Less: rental expenses	6b								
		c Rental income or (loss) 6c										
		d	Net rental income or (loss) <u></u>	$\overline{}$							
	7	а	Gross amount from sales of		(i) S	Securitie	es	(ii) Other				
			assets other than inventory	7a	1				-			
		b	Less: cost or other basis									
nιe			and sales expenses						-			
Revenue			Gain or (loss)		•							
			Net gain or (loss)				<u></u>	 T				
ther	8	а	a Gross income from fundraising events (not									
₽			including \$			_ of						
			contributions reported on		•							
			Part IV, line 18				8a		-			
			Less: direct expenses				8b					
	_		Net income or (loss) from			٠ ١	S					
	9	а	Gross income from gamin				0-					
		h	Part IV, line 19 Less: direct expenses				9a 9b		-			
			Net income or (loss) from									
	10		Gross sales of inventory,	•	•	1						
	10	а					10a					
		h	and allowances 10a Less: cost of goods sold 10b									
			Net income or (loss) from sales of inventory									
			The state of the section is a section of the section of t	-410	11			Business Code				
snc	11	а	OTHER INCOME					900099	93,989.	93,989.		
nec		b										
ella		С					_					
Miscellaneous Revenue		d	All other revenue									
2			Total. Add lines 11a-11d						93,989.			
	12		Total revenue. See instruction	ons					3,310,873.	1,955,026.	0.	40,739.
23200	9 12-	-13-										Form 990 (2022)

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 320,543. 63,242. 257,301. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 712,936. 673,337. 20,444. 19,155. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) -372.-265. -100. Other employee benefits 9 74,826. 56,103. 17,515. 1,208. 10 Payroll taxes Fees for services (nonemployees): Management 107,983. 21,305. 86,678. Legal 5,820. 29,500. 23,680. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 504,603. 455,359. 34,104. 15,140. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 127,694. 118,237. 8,847. 610. Office expenses 13 242,830. 209,019. 31,630. 2,181. Information technology 14 15 Royalties 75,020. 178,497. 258,691. 5,174. 16 Occupancy 169,757. 166,707. 2,570. 480. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 417,472. 416,115. 1,269. 88. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 47,862. 33,025. 13,880. 957. Depreciation, depletion, and amortization 22 24,844. 20,750. 3,830. 264. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 234,930. 228,259. 6,241. 430. EQUIPMENT/ RENTAL BANK AND CREDIT CARD FE 113,065. 97,333. 14,717. 1,015. 43,444. 43,971. 493. 34. HONORARIUM 7,778. 7,778. PRINT ART e All other expenses 3,438,913. 2,794,065. 598,119. 46,729. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)

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Form 990 (2022)

Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or note	to any I	ine in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			132,176.	1	2,109,187
2	Savings and temporary cash investments			1,578,255.	2	
3	Pledges and grants receivable, net			451,231.	3	276,091
4	Accounts receivable, net			7,444.	4	40,218
5	Loans and other receivables from any current or former officer, director,					
	trustee, key employee, creator or founder, substa	antial cor	ntributor, or 35%			
	controlled entity or family member of any of these	e person	s		5	
6	Loans and other receivables from other disqualifi	ed perso	ons (as defined			
	under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
<u>ဖ</u> ြ7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use			6,954.	8	
ž 9	B			41,282.	9	49,610
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	917,538.			
b	Less: accumulated depreciation	10b	901,499.	63,901.		16,039 1,954,671
11	Investments - publicly traded securities			2,060,326.	11	1,954,671
12	Investments - other securities. See Part IV, line 1	1			12	
13	Investments - program-related. See Part IV, line 1	1			13	
14	Intangible assets			14		
15	Other assets. See Part IV, line 11			1,772,579.	15	1,550,513
16	Total assets. Add lines 1 through 15 (must equa			6,114,148.	16	5,996,329
17	Accounts payable and accrued expenses	113,882.	17	496,224		
18	Grants payable	438,679.	18	57,950		
19	Deferred revenue			294,372.	19	412,647
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete P				21	
တ္မွ 22	Loans and other payables to any current or former					
┋	trustee, key employee, creator or founder, substa					
Liabilities N	controlled entity or family member of any of these				22	
23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·		23	
24	Unsecured notes and loans payable to unrelated	-			24	
25	Other liabilities (including federal income tax, pay					
	parties, and other liabilities not included on lines	-	·	1 004 000		1 772 222
	of Schedule D			1,994,990. 2,841,923.		1,773,323 2,740,144
26	Total liabilities. Add lines 17 through 25		X	2,041,323.	26	2,740,144
ဖွ	Organizations that follow FASB ASC 958, checand complete lines 27, 28, 32, and 33.	K nere				
8 27	Net assets without donor restrictions			807,203.	27	1,273,201
<u>e</u> 27 28	Net assets with donor restrictions			2,465,022.	28	1,982,984
<u> </u>	Organizations that do not follow FASB ASC 95			2,403,022.	20	1,502,504
ᇤᅵ	and complete lines 29 through 33.	o, checi	Tiere			
ō 29	Capital stock or trust principal, or current funds				29	
हु 30	Paid-in or capital surplus, or land, building, or equ				30	
S 30	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances 27 28 29 30 31 32	Total net assets or fund balances			3,272,225.	32	3,256,185
ž 32	Total liabilities and net assets/fund balances			6,114,148.	33	5,996,329
33	TOTAL HADIILIES AND HEL ASSELS/TUND DAIAITES			0/114/140	JJ	Form 990 (202

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,31		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,43		
3	Revenue less expenses. Subtract line 2 from line 1	3	-12		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				
5	Net unrealized gains (losses) on investments	5	11	2,0	00.
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	3,25	6,1	85.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Ο.			
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	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	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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 requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATION OF

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.

PERFORMING ARTS

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

PROFESSIONALS 39-1131995 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No 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.)

<u>5e</u> 0	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")						-
2	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
	Total support. Add lines 7 through 10					40	
	Gross receipts from related activities,			f		12	
13	First 5 years. If the Form 990 is for the	ū		· ·	•		
Sec	organization, check this box and stopertion C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021		•			15	%
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o		-				
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		-				
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	-	•	• • •	-		
	more, and if the organization meets the		-				
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
	organization meets the facts-and-circu	umstances test. Ti	he organization qu	alifies as a publicly	/ supported organi	ization	

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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.)

Sec	etion A. Public Support	ciow, picase comp	ioto i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(3) = 2 + 2	() = 2 + 2	(5) = = =	(3) === :	(-)	(,, : = ::::
	include any "unusual grants.")	1372021.	1697146.	1539758.	4988070.	1315108.	10912103.
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	2140117.	2207413.		382,417.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge			100000			
	Total. Add lines 1 through 5	3512138.	3904559.	1809638.	5370487.	3176145.	17772967.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	15,000.	380,000.			142,800.	537,800.
L	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						0.
c	Add lines 7a and 7b	15,000.	380,000.				537,800.
	Public support. (Subtract line 7c from line 6.)						17235167.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018 3512138.	(b) 2019 3904559.	(c) 2020	(d) 2021 5370487.	(e) 2022	(f) Total 17772967.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46,029.	65,735.	1809638. 28,728.	60,876.		242,107.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				62,713.		62,713.
c	Add lines 10a and 10b	46,029.	65,735.	28,728.	123,589.	40,739.	304,820.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	24,412. 3582579.	11,361. 3981655.	21,937. 1860303.	26,314. 5520390.	93,989.	178,013. 18255800.
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the check this box and stop here	•		•		. , . ,	· —
Sec	etion C. Computation of Publi						
	Public support percentage for 2022 (li			olumn (f))		15	94.41 %
	Public support percentage from 2021	, (,,	,			16	93.47 %
	ction D. Computation of Inves					•	
17	Investment income percentage for 20	22 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	1.67 %
18	Investment income percentage from 2	2021 Schedule A, I	Part III, line 17			18	1.66 %
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	-	-	•	•		
b	33 1/3% support tests - 2021. If the	•				•	
	line 18 is not more than 33 1/3%, che	ck this box and st e	op nere. The orgai	nization qualifies a	s a publicly suppo	πed organization	

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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.)

es No

32024 12-09-22 Schedule A (Form 990) 202

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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		163	140
•	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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization expects for the bonefit of any supported expenization other than the supported.	•		
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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	Tion 6. Type it 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			
	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	_1		
360	tion b. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

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Part V	Гуре III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations		
1 C	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction				
	ll other Type III non-functionally integrated supporting organizations mu		·	_	
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net sho	rt-term capital gain	1			
2 Recover	ries of prior-year distributions	2			
3 Other gr	ross income (see instructions)	3			
4 Add line	es 1 through 3.	4			
5 Depreci	ation and depletion	5			
6 Portion	of operating expenses paid or incurred for production or				
collection	on of gross income or for management, conservation, or				
mainten	nance of property held for production of income (see instructions)	6			
7 Other ex	xpenses (see instructions)	7			
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - M	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggrega	ate fair market value of all non-exempt-use assets (see				
instructi	ions for short tax year or assets held for part of year):				
a Average	e monthly value of securities	1a			
b Average	e monthly cash balances	1b			
c Fair mar	rket value of other non-exempt-use assets	1c			
d Total (a	dd lines 1a, 1b, and 1c)	1d			
e Discou	nt claimed for blockage or other factors				
(explain	in detail in Part VI):				
2 Acquisit	tion indebtedness applicable to non-exempt-use assets	2			
3 Subtrac	t line 2 from line 1d.	3			
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
see inst	ructions).	4			
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply	line 5 by 0.035.	6			
7 Recover	ries of prior-year distributions	7			
8 Minimu	m Asset Amount (add line 7 to line 6)	8			
Section C - D	Distributable Amount			Current Year	
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1			
2 Enter 0.	85 of line 1.	2			
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3			
4 Enter gr	reater of line 2 or line 3.	4			
5 Income	tax imposed in prior year	5			
6 Distribu	utable Amount. Subtract line 5 from line 4, unless subject to				
	ncy temporary reduction (see instructions).	6			
$\overline{}$	heck here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see	

Schedule A (Form 990) 2022

instructions).

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

Schedule A (Form 990) 2022

e Excess from 2022

ASSOCIATION OF PERFORMING ARTS

39-113<u>1995 Page 8</u> PROFESSIONALS Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

ASSOCIATION OF PERFORMING ARTS
PROFESSIONALS

Employer identification number
39-1131995

Organization type (check one):							
Filers of	:	Section:					
Form 990	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990)-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
X	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special l	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022)

Name of organization	Employer identification number
ASSOCIATION OF PERFORMING ARTS	
PROFESSIONALS	39-1131995

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$142,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
ASSOCIATION OF PERFORMING ARTS
PROFESSIONALS
39-1131995

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** ASSOCIATION OF PERFORMING ARTS **PROFESSIONALS** 39-1131995 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No.

> Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

(c) Use of gift

(b) Purpose of gift

from

Part I

(d) Description of how gift is held

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Name of org	anization $\lambda CC \cap CT \lambda$	TION OF PERFORMI	NC ADMC	En	ployer identification number
Traine or org	PROFESS		NG AKIS	-"	39-1131995
Part I-A		anization is exempt und	ler section 501(c)	or is a section 527 o	
 Provide Politica 	a description of the organiz	ation's direct and indirect politic ures gn activities	cal campaign activities i	n Part IV.	\$
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).	
1 Enter th	ne amount of any excise tax	incurred by the organization un-	der section 4955		\$
2 Enter th	ne amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3 If the or	ganization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a 0	correction made?				Yes No
	describe in Part IV.				()(0)
Part I-C		anization is exempt und		-	
		by the filing organization for se			\$
		ization's funds contributed to o	•		
					\$
	•	. Add lines 1 and 2. Enter here	•		Φ.
		1120-POL for this year?			
		nployer identification number (E			
		tion listed, enter the amount pa			
•	,	omptly and directly delivered to	0 0		·
politica	action committee (PAC). If	additional space is needed, pro	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Cabadula C		WOOOCTWITON		ING AKIS	20 1	.131995 Pa	
Part II-A		PROFESSIONAL	up ant under section	501(c)(3) and file	ا 3 d Form 5768	ction under	ige z
I dit ii A	section 501(h)).	janization is exem	ipt under section		a i oiiii oi oo (cic	otion under	
A Check	if the filing organiza	ation belongs to an affili	ated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,	
		re of excess lobbying e	- · ·				
B Check		ation checked box A an		visions apply.			
		its on Lobbying Expen ditures" means amou			(a) Filing organization's totals	(b) Affiliated gr totals	oup
1a Total l	obbying expenditures to influ	uence public opinion (g	rassroots lobbying)				
b Total l	obbying expenditures to influ	uence a legislative body	y (direct lobbying)				
c Total l	obbying expenditures (add li	ines 1a and 1b)					
	exempt purpose expenditure						
e Total e	exempt purpose expenditure	es (add lines 1c and 1d)					
f_Lobby	ring nontaxable amount. Ente	er the amount from the	following table in both	columns.			
If the a	mount on line 1e, column (a) o	or (b) is: The lobb	oying nontaxable amo	ount is:			
Not ov	ver \$500,000	20% of t	he amount on line 1e.				
Over \$	6500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.			
Over \$	\$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.			
Over \$	\$1,500,000 but not over \$17,	,000,000 \$225,00	0 plus 5% of the exces	s over \$1,500,000.			
Over \$	\$17,000,000	\$1,000,0	000.				
g Grassi	roots nontaxable amount (en	nter 25% of line 1f)					
h Subtra	act line 1g from line 1a. If zer	o or less, enter -0					
i Subtra	act line 1f from line 1c. If zero	o or less, enter -0					
j If there	e is an amount other than ze	ro on either line 1h or li	ne 1i, did the organiza	tion file Form 4720	_		_
reporti	ing section 4911 tax for this	year?				Yes	No
	(Some organizations t	hat made a section 50	raging Period Under 11(h) election do not h te instructions for lin	ave to complete all o	of the five columns be	elow.	
		Lobbying Expen	ditures During 4-Yea	r Averaging Period			
(or fis	Calendar year cal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
2a Lobby	ring nontaxable amount	355,547.	253,128.	392,545.	321,946.	1,323,1	66.
-	ring ceiling amount of line 2a, column(e))					1,984,7	49.
		ı				1	

7,000.

63,282.

6,300.

98,136.

7,364.

88,887.

6,628.

12,928. Schedule C (Form 990) 2022

80,486.

14,364.

330,791.

496,187.

c Total lobbying expenditures

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

f the	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	``)		(1	b)
	lobbying activity.	Yes	No)	Am	ount
	During the year, did the filing organization attempt to influence foreign, national, state, or					
- 1	local legislation, including any attempt to influence public opinion on a legislative matter					
(or referendum, through the use of:					
a \	Volunteers?					
b I	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
-	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5) or	202	tion	
			,, OI	300		
	501(c)(6).				Yes	N
art	501(c)(6).			1	Yes	N
art	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			1 2	Yes	N
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	prior year? 501(c)(5	i), or	2 3 sec	tion	
art	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	prior year? 501(c)(5 No" OR (), or (b) Pa	2 3 sec art I	tion	
art	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members	prior year? 1 501(c)(5 No" OR (), or (b) Pa	2 3 sec	tion	
art	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	prior year? 1 501(c)(5 No" OR (), or (b) Pa	2 3 sec art I	tion	
art ! art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	prior year? I 501(c)(5 No" OR (i), or (b) Pa	2 3 sec art I	tion	3, is
art	Solicited and section 162(e) nondeductible lobbying and political expenditures and similar amounts of political expenditures (do not include amounts of political expenditures for which the section 527(f) tax was paid). Current year	prior year? 1 501(c)(5 No" OR ((b) Pa	2 3 sec art I	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 1 501(c)(5 No" OR (b), or b) Pa	2 3 sec art I	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art I	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art I	tion	
art art art art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art I	tion	
art end of the second of the	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed ones the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art I	tion	
art 2 art b (c - c - c - c - c - c - c - c - c - c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art I	tion	

Schedule C (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

ASSOCIATION OF PERFORMING ARTS **PROFESSIONALS**

Employer identification number 39-1131995

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ad	counts. Complete if the
		(a) Donor advised fu	ınds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	n donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant f	funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any ot	her purpose conferr	ing
	impermissible private benefit?			Yes No
Pai			n Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizatio	`		
	Preservation of land for public use (for example, recreat	ion or education)	reservation of a histo	orically important land area
	Protection of natural habitat	Pı	reservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution	n in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
_	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	inated by the organi	ization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the periodic little and		•	
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and e	nforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforc	ing conservation ea	sements during the year
		3	3	J ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	and expense statem	nent and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fina	ancial statements the	at describes the
_	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of		ires, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ			nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	e 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 trea			provide
	the following amounts required to be reported under FASB AS			•
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

Schedule D (Form 990) 2022

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

	AGGOCTA	ͲΤΛΝ ΛΕ ΒΕ '	RFORMING A	סייים		
0-6-			KI OKMING AI	(15	30_11	131995 Page 2
	dule D (Form 990) 2022 PROFESS t III Organizations Maintaining C		t Historical Tre	asures or Othe	r Similar Asset	re / " "
	<u> </u>					· · · · · · · · · · · · · · · · · · ·
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the f	ollowing that make s	ignificant use of its	
	collection items (check all that apply):					
а	Public exhibition	C	Loan or exc	hange program		
b	Scholarly research	6	e Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	n how they further th	e organization's exe	mpt purpose in Par	t XIII.
5	During the year, did the organization solicit o	r receive donations	of art, historical treas	sures, or other similar	rassets	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's col	lection?		Yes No
Par	t IV Escrow and Custodial Arran					, line 9, or
	reported an amount on Form 990, Par		_			
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributions	or other assets not	included	
	on Form 990, Part X?		•		_	Yes No
b	If "Yes," explain the arrangement in Part XIII					
_	ree, explain the arrangement in rail rail	and complete the le				Amount
_	Beginning balance				1c	
٦	• • • • • • • • • • • • • • • • • • • •					
d	Additions during the year					
e	Distributions during the year					
Ţ	Ending balance				1f	
2a	Did the organization include an amount on Fe	, ,	,		,	Yes
	If "Yes," explain the arrangement in Part XIII.					
Par	t V Endowment Funds. Complete i					T
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	+ ` ' '
		1 177 //2	1 200 104	1 000 000	1 120 000	1 1 1 0 0 7 7 0

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back			
1a	Beginning of year balance	1,172,443.	1,388,104.	1,090,080.	1,130,908.	1,128,778.			
b	Contributions	150.	220.	100.		95.			
	Net investment earnings, gains, and losses	118,643.	-196,666.	341,449.	2,697.	39,066.			
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	12,680.	19,215.	43,525.	43,525.	37,031.			
f	Administrative expenses								
g	End of year balance	1,278,556.	1,172,443.	1,388,104.	1,090,080.	1,130,908.			
2	Provide the estimated percentage of the curr	rent vear end halance	e (line 1g. column (a)) held as:					

a Board designated or quasi-endowment 03.0000	63.0000 %	 Board designated or quasi-endowment
---	-----------	---

b Permanent endowment 37.0000

Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations

3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	· · · · · · · · · · · · · · · · · · ·	·		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	917,538.		901,499.	16,039.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equ	16,039.			

Schedule D (Form 990) 2022

No

schedule D (Form 990) 2022	PROFESSIONALS
cnedule D (Form 990) 2022	L VOL POSTONADO

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	2 11h See Form 990 Part X line 12	T age
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(d) Financial desirations	(5) 2001. Taila	(c) meaned or randarion coordinate	- your market raids
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		<u> </u>	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. Gee Form Goo, Fare X, line To.	(b) Book value
(1) SECURITY DEPOSITS			22,741.
	ATING LEASE		1,527,772.
(3)			2,02,,,,20
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		1,550,513.
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	5777 5777 550, T 47777, III 16	1	(b) Book value
(1) Federal income taxes			(D) Doon tales
(2) OPERATING LEASE PAYABLE			1,773,323.
(3)			2777373231
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		1,773,323.
2. Liability for uncertain tax positions. In Part XIII. provide	,	o the organization's financial statements th	

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) 2022

Sche	edule D (Form 990) 2022 PROFESSIONALS				1131995	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,422,	873.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	112,000.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	1 1				
е	Add lines 2a through 2d			2e		000.
3	Subtract line 2e from line 1			3	3,310,	873.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,310,	873.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Returr	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,438,	913.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	1 - 1				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,438,	913.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,438,	913.
Pa	rt XIII Supplemental Information.					
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b	and 2b; Part V, line 4	; Part X	K, line 2; Part X	l,
linge	2d and 4h; and Part XII, lines 2d and 4h. Also complete this part to provide any additional and additional additional and additional add	itional inform	nation			

PART V, LINE 4:

THE WILLIAM DAWSON EDUCATION ENDOWMENT WAS ESTABLISHED TO BENEFIT STUDENTS OF ARTS ADMINISTRATION AND ARTS ADMINISTRATORS BY SUPPORTING HOUSING, TRANSPORTATION AND FOOD FOR STUDENTS ENGAGED IN AN INTERNSHIP OR PROFESSIONAL DEVELOPMENT ACTIVITIES OF ASSOCIATION OF PERFORMING ARTS PROFESSIONALS, AND TO SUPPORT PROFESSIONAL DEVELOPMENT ACTIVITIES OF APAP MEMBERS OR STUDENTS IN MEMBER GRADUATE PROGRAMS IN ARTS ADMINISTRATION. THE ENDOWMENT WAS CREATED TO CELEBRATE AND HONOR THE MEMORY OF WILLIAM DAWSON, FORMER APAP EXECUTIVE DIRECTOR, WHO HAD A PASSION FOR PROFESSIONAL DEVELOPMENT FOR THE PERFORMING ARTS PRESENTING FIELD. ACTIVITIES INCLUDE SUPPORT OF BOLZ CENTER FOR ARTS ADMINISTRATION, UNIVERSITY OF WISCONSIN STUDENT AND FACULTY ATTENDANCE AT APAP'S ANNUAL CONFERENCE AND

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)
PROFESSIONAL DEVELOPMENT AND LEADERSHIP INITIATIVES FOR THOSE CURRENTLY
WORKING IN THE FIELD.
PART X, LINE 2:
THE ASSOCIATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON INCOME OTHER
THAN NET UNRELATED BUSINESS INCOME UNDER SECTION 501(C) (3) OF THE
INTERNAL REVENUE CODE.
THE PROVISIONS INCLUDED IN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE
UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING
FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL
STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR
RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX
RETURN. THE ASSOCIATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS
AS OF JUNE 30, 2023 AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD
REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY
EFFECT ON ITS TAX-EXEMPT STATUS. AS OF JUNE 30, 2023, THE STATUTE OF
LIMITATIONS FOR FISCAL YEARS 2020 THROUGH 2023 REMAINS OPEN WITH THE U.S.
FEDERAL JURISDICTION OR THE STATE AND LOCAL JURISDICTION IN WHICH THE
ASSOCIATION FILES TAX RETURNS. IT IS THE ASSOCIATION'S POLICY TO RECOGNIZE
INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS
INCOME TAX EXPENSE.

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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. ASSOCIATION OF PERFORMING ARTS

Inspection Employer identification number

39-1131995

OMB No. 1545-0047

PROFESSIONALS Questions Regarding Compensation

			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.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		<u>X</u>
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_X_
	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		<u>X</u>
b	Any related organization?	5b		<u>X</u>
	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		<u>X</u>
	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		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LISA RICHARDS	(i)	210,000.	0.	0.	0.	0.		0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

ASSOCIATION OF PERFORMING ARTS

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

QUZZ
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASSOCIATION OF PERFORMING ARTS PROFESSIONALS

Employer identification number 39-1131995

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

PRESENTING FIELD AND THE PROFESSIONALS WHO WORK IN IT.

FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION SHALL HAVE TWO CATEGORIES OF MEMBERS: (I) VOTING MEMBERS

AND (II) NONVOTING MEMBERS. VOTING MEMBERSHIP IN THE ASSOCIATION SHALL BE
OPEN TO ANY INDIVIDUAL OR ORGANIZATION THAT OPERATES IN THE PERFORMING
ARTS, PRESENTING OR TOURING INDUSTRIES. ADDITIONAL MEMBERSHIP
CLASSIFICATIONS SHALL BE DETERMINED BY THE BOARD OF DIRECTORS. EACH VOTING
MEMBER SHALL BE ENTITLED TO ONE VOTING REPRESENTATIVE. EACH VOTING
REPRESENTATIVE SHALL HAVE ONE VOTE UPON EACH DISTINCT MATTER INCLUDED AS AN
AGENDA ITEM IN A WRITTEN BALLOT AND/OR SUBMITTED TO A VOTE AT MEETINGS OF
THE MEMBERS AS PROVIDED HEREIN. ALL OTHER REPRESENTATIVES SHALL HAVE THE

THE BOARD OF DIRECTORS SHALL HAVE THE POWER TO SET DUES FOR ONE OR MORE

CATEGORIES OF MEMBERSHIP AND MAY VARY THE AMOUNT OF DUES AMONG SUCH

CATEGORIES OF MEMBERS. HOWEVER, DUES SET FOR MEMBERS MUST BE SUBSEQUENTLY

RATIFIED BY A SIMPLE MAJORITY OF THE VOTING MEMBERS REPRESENTED AT A

REGULAR OR SPECIAL MEETING OF THE MEMBERS AS SET FORTH HEREIN.

PRIVILEGE OF THE FLOOR BUT SHALL NOT BE ENTITLED TO VOTE AT MEETINGS OF THE

FORM 990, PART VI, SECTION A, LINE 7A:

THE ASSOCIATION HAS MEMBERS WHO HAVE THE POWER TO ELECT ONE OR MORE MEMBERS
OF THE GOVERNING BODY.

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

Schedule O (Form 990) 2022

MEMBERS.

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

Name of the organization ASSOCIATION OF PERFORMING ARTS PROFESSIONALS

Employer identification number 39-1131995

FORM 990, PART VI, SECTION A, LINE 7B:

THERE ARE A COUPLE OF DECISIONS THAT ARE MADE BY THE GOVERNING BODY WHICH

ARE SUBJECT TO MEMBER APPROVAL IN ACCORDANCE WITH THE ASSOCIATION'S BYLAWS.

THOSE DECISIONS ARE IN REGARD TO CHANGES TO MEMBERSHIP DUES OR CHANGES TO

THE ASSOCIATION'S BYLAWS. THESE TWO TYPES OF DECISIONS, ONCE MADE BY THE

GOVERNING BOARD, ARE SUBJECT TO MEMBER RATIFICATION. MEMBERS MUST VOTE AND

APPROVE ANY SUCH CHANGES AS DESCRIBED HEREIN.

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

A COPY OF THE FORM 990 IS CIRCULATED TO THE ASSOCIATION'S BOARD CHAIR,

BOARD TREASURER AND PRESIDENT & CEO FOR REVIEW. UPON FINALIZATION/APPROVAL,

THE FORM 990 IS SIGNED BY THE PRESIDENT & CEO.

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

THE ASSOCIATION OF PERFORMING ARTS PROFESSIONALS HAS A CONFLICT OF INTEREST

STATEMENT WHICH IS SIGNED BY BOARD MEMBERS ANNUALLY. THE CONFLICT OF

INTEREST STATEMENT WAS MOST RECENTLY UPDATED IN 2009. THE STAFF IS

CURRENTLY IN THE PROCESS OF CANVASSING THE MEMBERS OF THE BOARD OF

DIRECTORS ON ANY AREAS OF POTENTIAL CONFLICT.

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

ARTS PROFESSIONALS PRESIDENT AND CEO'S ANNUAL PERFORMANCE EVALUATION IS

CONDUCTED PRIOR TO THE END OF EACH FISCAL YEAR. THE TYPICAL REVIEW PROCESS

INVOLVES THE PRESIDENT AND CEO'S SELF ASSESSMENT IN RESPONSE TO A SET OF

PRIORITIES AND ANNUAL OPERATING PLAN ESTABLISHED BY THE BOARD OF DIRECTORS

ALONG WITH THE ANNUAL UNAUDITED FINANCIAL STATEMENT. THE EXECUTIVE

COMMITTEE REVIEWS THE CEO'S PERFORMANCE ON THE ACCOMPLISHMENTS AND

CHALLENGES OF THE PREVIOUS YEAR. THE RECOMMENDATION TO CONTINUE THE CEO

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

Name of the organization ASSOCIATION OF PERFORMING ARTS PROFESSIONALS	Employer identification number 39-1131995
WRITTEN EMPLOYMENT CONTRACT IS BASED ON THE EXECUTIVE COMM	IITTEE'S
ASSESSMENT OF THE PRESIDENT AND CEO AND APPROVAL BY THE BO	ARD. THE
PRESIDENT AND CEO TRACKS AND MONITORS THE PROGRESS THROUGH	[WEEKLY
CONFERENCE CALLS WITH THE EXECUTIVE COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT	OF INTEREST
POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ASSOCIATION	ON MAKES ITS
AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON IT	'S WEBSITE.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER SERVICES:	
PROGRAM SERVICE EXPENSES	455,359.
MANAGEMENT AND GENERAL EXPENSES	34,104.
FUNDRAISING EXPENSES	15,140.
TOTAL EXPENSES	504,603.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	504,603.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ASSOCIATION OF PERFORMING ARTS PROFESSIONALS

Employer identification number 39-1131995

Part I	Identification of Disregarded Entities. Compl	ete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	eme End-of-year		(f) Direct continues the cont		9
Part II	Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more	related tax-exe	mpt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	cont	g) 512(b)(13) rolled tity?
			, , , , , , , , , , , , , , , , , , ,		501(c)(3))			Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Schedule R (Form 990) 2022

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (ii) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Dividends from related organization(s) g Sale of assets from related organization(s) f Purchase of assets from related organization(s) g Sale of assets from related organization(s) f Exchange of assets with related organization(s) g Calse of assets from related organization(s) g Calse of assets with related organization(s) g Calse of facilities, equipment, or other assets to related organization(s) g Calse of facilities, equipment, or other assets from related organization(s) g Calse of facilities, equipment, or other assets from related organization(s) g Calse of facilities, equipment, or other assets from related organization(s) g Calse of facilities, equipment, or other assets from related organization(s) g Calse of facilities, equipment, or other assets from related organization(s) g Calse of facilities, equipment, or other assets from related organization(s) g Calse of facilities, equipment, or other assets from related organization(s) g Calse of facilities, equipment, or other assets from related organization(s) g Calse of facilities, equipment, or other assets from related organization(s) g Calse of facilities, equipment, or other assets from related organization(s) g Calse of facilities, equipment, or other assets from related organization(s) g Calse of facilities, equipment, or other assets from related organization(s) g Calse of facilities, equipment, or other assets from
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets to related organization(s) i Exchange of assets with related organization(s) i Exchange of assets with related organization(s) it Lease of facilities, equipment, or other assets to related organization(s) it Lease of facilities, equipment, or other assets to related organization(s) ii Performance of services or membership or fundraising solicitations for related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) p Reimbursement paid to related organization(s) f Dividends from related organization(s) in Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses in Cother transfer of cash or property to related organization(s) 1 If Lease of facilities, equipment, and the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
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s Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
(a) (b) (c) (d)
(a)(b)(c)(d)Name of related organizationTransactionAmount involvedMethod of determining amount involved
type (a-s)
1)
2)
3)
4)
5)
6)

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000

EXTENDED TO MAY 15, 2024

Form	990-T	E	Exempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
		For ca	lendar year 2022 or other tax year beginning $\; JUL \; \; 1$, $\; \; 2022 \; \;$, and ending $\; \; JUN \; \; 30$, $\; \; 20$	23	2022
Departr Internal	nent of the Treasury Revenue Service	,	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
Α _	Check box if address changed.		Name of organization (DEmplo	oyer identification number
B Exe	empt under section	Print	PROFESSIONALS	3	9-1131995
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 919 18TH STREET, NW, 650		exemption number nstructions)
=	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON , DC 20006	F	Check box if
		С Во	ok value of all assets at end of year 5,996,329.		an amended return.
G C	heck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
н с	heck if filing only to)	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u>I</u> С	heck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
			ed Schedules A (Form 990-T)		1
K D	uring the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	L	Yes X No
lf	"Yes," enter the na	ame an	d identifying number of the parent corporation.		
	ne books are in car		ASSOCIATION OF PERFORMING ARTS P Telephone number	(202) 833-2787
Par	t I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	12,858.
2	Reserved			2	
3	Add lines 1 and 2			3	12,858.
4	Charitable contrib	utions (see instructions for limitation rules)	4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	12,858.
6	Deduction for net	operati	ng loss. See instructions STATEMENT 1	6	12,858.
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	5	7	
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A de	duction. See instructions	9	
10	Total deductions.	. Add li	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	0.
Par	t II Tax Com	putat	ion		
1	Organizations tax	cable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1_	0.
2	Trusts taxable at	trust r	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	n:	Tax rate schedule or Schedule D (Form 1041)	. 2	
3	Proxy tax. See ins	structio	ns	3	
4	Other tax amounts	s. See i	nstructions	4	
5	Alternative minimu	ım tax	(trusts only)	5	
6	Tax on noncompl	liant fa	cility income. See instructions	6	

7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Print/Type preparer's name

Preparer's signature

Date

Check if self- employed

STEPHEN MACKALL

Firm's name

SB & COMPANY, LLC

Firm's name

10200 GRAND CENTRAL AVE., SUITE 250

Firm's address

OWINGS MILLS, MD 21117

PTIN

20-2153727

Phone no. (410)584-2218

223711 01-16-23

Form 990-T (2022)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it is	may be ma	ade public if y	our organiza	ation is a 501(c)(3		Open to Public Inspection for 501(c)(3) Organizations Only
A Name of the organization PROFESSIO	ASSOCIATION OF PERFORM	ING A	ARTS		B Employer 39-11		
C Unrelated business ac	ctivity code (see instructions) 54180	0			D Sequenc	e: 1	of 1
E Describe the unrelated	d trade or business ADVERTISING	REVE	NUE FRO	OM NON	-MEMBERS		
Part I Unrelated T	Trade or Business Income		(A) Inco	me	(B) Expense	es	(C) Net
1a Gross receipts or sa	ıles						
b Less returns and allow	ances c Balance	1c					
	(Part III, line 8)	2					
3 Gross profit. Subtract	ct line 2 from line 1c	3					
4a Capital gain net inco	ome (attach Schedule D (Form 1041 or Form						
1120)). See instructi	ons	4a					
b Net gain (loss) (Form	n 4797) (attach Form 4797). See instructions)	4b					
c Capital loss deduction	on for trusts	4c					
5 Income (loss) from a	partnership or an S corporation (attach						
statement)		5					
6 Rent income (Part IV	<i>/</i>)	6					
	nced income (Part V)	7					
8 Interest, annuities, re	oyalties, and rents from a controlled						
organization (Part VI	l)	8					
	of section 501(c)(7), (9), or (17)						
organizations (Part \	/II)	9					
	ctivity income (Part VIII)	10					
	(Part IX)	11	44	,573.	31,7	15.	12,858
	nstructions; attach statement)	12					
	s 3 through 12	13	44	,573.	31,7	15.	12,858
directly con	s Not Taken Elsewhere See instruction nected with the unrelated business in ficers, directors, and trustees (Part X)	come				uctions	must be
						2	
	nance					3	
						4	
	ement). See instructions					5	
•						6	
7 Depreciation (attach	Form 4562). See instructions			7			
	aimed in Part III and elsewhere on return			Ва		8b	
						9	
	erred compensation plans					10	
	ograms					11	
	enses (Part VIII)					12	
	costs (Part IX)					13	
	ttach statement)					14	
	Add lines 1 through 14					15	0 .
	income before net operating loss deduction. S						
. (6)	missing balana nati aparating lasa daddalari.					16	12,858
	perating loss. See instructions					17	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

12,858.

	1
Page	2

Part	III Cost of Goods Sold Enter meti	nod of inventory valuati	ion		r ago <u>=</u>
1		•		1	
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h			_	
9	Do the rules of section 263A (with respect to property	,			Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instru	ctions.	
	A 🗌	•			
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Rent received or accrued			-	
а	From personal property (if the percentage of				
_	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
~	percentage of rent for personal property exceeds				
	500(if the count is heart of an area (it as is a count)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, columns A through b				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part Lline 6 col	umn (Δ)	0.
3	Deductions directly connected with the income	tillough D. Enter here	and offi art i, line o, col	umm (A)	
4	in lines 2(a) and 2(b) (attach statement)				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I	line 6 column (R)		0.
Part		e instructions)	iiric o, column (b)		
1	Description of debt-financed property (street address, of	,	heck if a dual-use. See i	nstructions	
•	A	orty, state, zii sodoj. o	neek ii a daar ase. eee i	non donorio.	
	В				
	c \square				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed		2		
_	property				
3	Deductions directly connected with or allocable				
3	to debt-financed property				
_	Straight line depreciation (attach statement)				
a					
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)				24
6	Divide line 4 by line 5	%	%		% %
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)	·····-	0.
		Т	Т		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr				0.
11	Total dividends-received deductions included in line	10			0.

Part	VI Interest, Annu	ities, R	oyalties, and Re	ents fror	n Control	led Or	ganizations	s (se	e instruct	ions)		Page 3
		-					Exempt Contro	, , ,				
	Name of controlle organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	tal of specified that is included controlling orgation's gross included.		rt of colur included olling orga	d in the connected with		cted with
(1)									_			
(2)												
(3)												
(4)												
			No	nexempt (Controlled O	ganizati	ions					
7	7. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif lyments mad		10. Part of that is incontrolling gross	luded ir	n the ation's		Deduction connecte come in co	
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and on	Part I, (A)	Ente		,
Totals Part	VII Investment		of a Cootion EO	4/-\/7\ /	(O) a. (47)		ol-otion .		0.			0.
Part			of a Section 50	1(C)(7), (,		uctions)		F T.	-1 -11
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected	4. Set-a (attach st		t) and	al deductions set-asides cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I,					colu here a	amounts in mn 5. Enter and on Part I, d, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adve	ertising	g Income (see ins	tructions)		•	
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from											
										4		
5	Gross income from ac	tivity that i	s not unrelated busi	iness incor	me					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4 Enter here and on E	Oart II lina	10							7		

Schedule A (Form 990-T) 2022

Pac	ıe	4

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a c	consolidated basis.		
	A JOB BANK				
	В 💹				
	c				
	D				
Enter a	amounts for each periodical listed above in the			T _	
_		44,573.	В	С	D
2	Gross advertising income				44,573.
_	Add columns A through D. Enter here and on	Part I, line 11, column (A)			44,373.
а 3	Direct advertising costs by periodical	31,715.		1	
а	Add columns A through D. Enter here and on				31,715.
-	, taa eelamme, tameagn B. Enter here and en				
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	n			
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8 \dots	12,858.			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
•	than line 6, enter zero			+	
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gi	_	al or zero here and o	n	
-	Part II, line 13				0.
Part	X Compensation of Officers, Dir	rectors, and Trustees (se	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	. Enter here and on Part II. line 1				0.
Total Part	Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 1
PRE-2018 NOL CARRY FORWARD INCLUENCE PRE-2018 NOL DEDUCTION INCLU		21,627. 12,858.
SCHEDULE A PORTION OF PRE-20 SCHEDULE A ENTITY	018 NOL SCHEDULE A SHARE	
1	0.	
TOTAL SCHEDULE A SHARE OF PINET OPERATING DEDUCTION BALANCE AFTER PRE-2018 NOL IEXPIRING NET OPERATING LOSSICARRY FORWARD OF NET OPERATION	DEDUCTION ES	0. 12,858. 0. 0. 8,769.

PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 2
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
1,412.	1,412.	0.	0.
7,374.	7,374.	0.	0.
18,714.	14,838.	3,876.	3,876.
17,084.	0.	17,084.	17,084.
131.	0.	131.	131.
536.	0.	536.	536.
ER AVAILABLE THIS Y	ZEAR	21,627.	21,627.
	1,412. 7,374. 18,714. 17,084. 131. 536.	LOSS PREVIOUSLY APPLIED 1,412. 1,412. 7,374. 7,374. 14,838. 17,084. 0. 131. 0.	PREVIOUSLY LOSS REMAINING

990-T SCH A	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20 06/30/21 06/30/22	1,163. 236. 22,481.	0. 0. 0.	1,163. 236. 22,481.	1,163. 236. 22,481.
NOL CARRYO	VER AVAILABLE THIS Y	EAR	23,880.	23,880.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

FOR THE YEAR ENDING

June 30, 2023

	Julie 30, 2023		
Prepared For:			
Association of Performing	Arts		
Professionals			
919 18th Street, NW 650			
Washington, DC 20006			
Prepared By:			
SB & Company, LLC 10200 Grand Central Ave.,	Suito 250		
Owings Mills, MD 21117	, Suite 250		
Owings trille, the Errit			
To be Signed and Dated By:			
The authorized individual(s	s).		
Amount of Tax:			
Total tax	\$	1,067	
Less: payments and credits	\$	250	
Plus: other amount	\$	0	
Plus: interest and penalties	\$	0	
Balance due	\$	817	
Overpayment:			
Credited to your estimated tax	\$	0	
Other amount	\$	0	
Refunded to you	\$	0	
Make Check Payable To:			
New York State Corporation	on Tax		
Mail Tax Return and Check (if applicable	e) To:		
NYS Corporation Tax			
P.O. Box 15181			
Albany, NY 12212-5181			
,,			
Return Must be Mailed On or Before:			
Please mail as soon as po	ssible.		

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

June 30, 2023

Prepared For:	
	Association of Performing Arts Professionals 919 18th Street, NW 650 Washington, DC 20006
Prepared By:	
	SB & Company, LLC 10200 Grand Central Ave., Suite 250 Owings Mills, MD 21117
Amount of Tax	c:
	Balance due of \$275
Make Check P	ayable To:
	Not applicable
Mail Tax Retur	n To:
	The New York Form Form CHAR500 should be filed via the web at: https://charitiesnys.com/annual_filing.html
Return must b	e mailed on or before:
	Please mail as soon as possible.
Special Instru	ctions:

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2022

Open to Public Inspection

4	Canaral	Information
Ι.	General	miormation

For Fiscal Year Beginning	g (mm/dd/yyyy) 07/01/	2022 and Ending (r	mm/dd/yyyy) 06/30/	2023		
Check if Applicable: Address Change	Name of Organization: ASSOCIATION OF			Employer Identification Number (EIN): 39-1131995		
Name Change Initial Filing	Mailing Address: 919 18TH STREE	T, NW, NO. 650)	NY Registration Number:		
Final Filing Amended Filing	City / State / ZIP: WASHINGTON, DC	20006		Telephone: 202 833-2787		
Reg ID Pending	Website: WWW.APAP365.OR	G		Email:		
Check your organization'	Check your organization's					
registration category:	7A only EPTL	only X DUAL (7A &		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com .		
2. Certification						
See instructions for certif	ication requirements. Imprope	r certification is a violation of	of law that may be subject	to penalties. The certification requires		
two signatories.						
	penalties of perjury that we revi e true, correct and complete in			best of our knowledge and belief, oplicable to this report.		
			LISA RICHA	RDS		
President or Authorized	Officer:		PRESIDENT A	AND CEO		
	Signature		Print Name	e and Title Date		
Chief Financial Officer o	- Troopy more					
Criter Financial Officer o	Signature		Print Name	e and Title Date		
3. Annual Reporting	Exemption					
		organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both		
				ed Char500. No fee, schedules, or		
				e exemption, you must file applicable		
schedules and attachmer	nts and pay applicable fees.					
	<u> </u>			overnment agencies, etc. did not		
	25,000 <u>and</u> the organization di ons during the fiscal year.	d not engage a professiona	I fund raiser (PFR) or fund i	aising counsel (FRC) to solicit		
Contribution	one during the needs year.					
3h EDTI	filing exemption: Gross receip	ts did not exceed \$25,000 s	and the market value of ass	sets did not exceed \$25,000 at any time		
	fiscal year.	is ala flot exceed \$25,000 a	and the market value of ass	sets did not exceed \$25,000 at any time		
during the fiscal year.						
i						
4. Schedules and A	ttachments					
4. Schedules and A See the following page						
		our organization use a prof	essional fund raiser, fund r	aising counsel or commercial co-venturer		
See the following page	Yes X No 4a. Did y	our organization use a prof		-		
See the following page for a checklist of schedules and attachments to	Yes X No 4a. Did y	raising activity in NY State?	If yes, complete Schedule	4a.		
See the following page for a checklist of schedules and	Yes X No 4a. Did y		If yes, complete Schedule	4a.		
See the following page for a checklist of schedules and attachments to complete your filing.	Yes X No 4a. Did y	raising activity in NY State?	If yes, complete Schedule	4a.		
See the following page for a checklist of schedules and attachments to	Yes X No 4a. Did y	raising activity in NY State?	If yes, complete Schedule	mplete Schedule 4b.		
See the following page for a checklist of schedules and attachments to complete your filing.	Yes X No 4a. Did y for fund Yes X No 4b. Did t	raising activity in NY State?	If yes, complete Schedule vernment grants? If yes, co	Make a single check or money order		
See the following page for a checklist of schedules and attachments to complete your filing.	Yes X No 4a. Did y for fund Yes X No 4b. Did t 7A filing fee:	raising activity in NY State? the organization receive government EPTL filing fee:	P If yes, complete Schedule vernment grants? If yes, co	Make a single check or money order payable to:		
See the following page for a checklist of schedules and attachments to complete your filing. 5. Fee See the checklist on the next page to calculate your side.	Yes X No 4a. Did y for fund Yes X No 4b. Did t	raising activity in NY State?	If yes, complete Schedule vernment grants? If yes, co	mplete Schedule 4b. Make a single check or money order		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

The Exempt category released an organization and registration status. It does not release to its into tax designation.

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cordisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,000 X Audit Report if you received total revenue and support greater than \$1,000,000 If the fiscal year begins before that date, an Audit Report is required if total revenue and support or Audit Report or Audit Report is required because total revenue and support we are a DUAL filer and checked box 3a, no Review Report or Audit Report is	0 and up to \$1,000,000 0 and the fiscal year begins on or after July 1, 2021. Tenue and support is greater than \$750,000 ort is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$\overline{X}\$\$ \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. DUAL filers are registered under both 7A and EPTL.
\$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.
Send Your Filing	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22
10 C C C C C C C C C C C C C C C C C C C	into rottin ood ratti, iiito ZZ

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

www.CharitiesNYS.com Visit:

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

²⁶⁸⁴⁶¹ 01-24-23 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

A F	For the	e 2022 calendar year, or tax year beginning $$ J $$ U $$ L $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ل ending	UN 30, 2	2023	
3 (Check if applicable	C Name of organization ASSOCIATION OF PERFORMING ARTS				eation number
	Addre chang	PROFESSIONALS				
	Name chang	Doing business as		39-13	13199	95
	Initial return Final return		Room/suite 6 5 0	E Telephone (202		3-2787
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	\$	3,310,873.
	Amen- return			H(a) Is this a	group re	
	Application	F Name and address of principal officer: LIBA RICHARDS				? Yes X No
	pendi	SAME AS C ABOVE				cluded? Yes No
1	Гах-ех	empt status: \overline{X} 501(c)(3) $\overline{}$ 501(c) () (insert no.) $\overline{}$ 4947(a)(1)	or 527	7 ' '		list. See instructions
	Websi			H(c) Group ex		
		organization: X Corporation Trust Association Other	L Year			State of legal domicile: WI
	art I	Summary				<u> </u>
	1	Briefly describe the organization's mission or most significant activities: THE	ASSOCI	ATION OF	PER	RFORMING
Governance		ARTS PROFESSIONALS DEVELOPS AND SUPPORT A				
naı	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its	net ass	ets.
Ver	3				1 1	25
		Number of independent voting members of the governing body (Part VI, line 1b)				20
ري م	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)				14
iŧie	6	Total number of volunteers (estimate if necessary)				136
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.
				Prior Year		Current Year
a)	8	Contributions and grants (Part VIII, line 1h)	070.	1,315,108.		
Revenue	9	Program service revenue (Part VIII, line 2g)		382,4	417.	1,861,037.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		60,8	376.	40,739.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		89,0	027.	93,989.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,520,3	390.	3,310,873.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,065,0	000.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,059,5	556.	1,107,933.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ē	. в	Total fundraising expenses (Part IX, column (D), line 25) 46,7	29.			
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,726,3	341.	2,330,980.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,850,8	397.	3,438,913.
		Revenue less expenses. Subtract line 18 from line 12		669,4	493.	-128,040.
t Assets or	3		Ве	ginning of Curre		End of Year
sets	20	Total assets (Part X, line 16)		6,114,1		5,996,329.
t As	21	Total liabilities (Part X, line 26)		2,841,9		2,740,144.
-Net/		Net assets or fund balances. Subtract line 21 from line 20		3,272,2	225.	3,256,185.
Pa	art II	Signature Block				
	-	lties of perjury, I declare that I have examined this return, including accompanying schedule				knowledge and belief, it is
rue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowled	ge.	
Sig	n	Signature of officer		Date		
Her	e	LISA RICHARDS, PRESIDENT AND CEO				
		Type or print name and title		Data I		T DTIN
	_	Print/Type preparer's name Preparer's signature		Date	Check if	PTIN
aic		STEPHEN MACKALL		self-employe		
	parer	Firm's name SB & COMPANY, LLC) F 0	Firm's	EIN 20	0-2153727
Jse	Only	Firm's address 10200 GRAND CENTRAL AVE., SUITE 2	450		, .	10\504 0010
		OWINGS MILLS, MD 21117		Phone	no. (4	10)584-2218
100	tha II	RS discuss this return with the preparer shown above? See instructions				X Ves No

	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 ASSOCIATION OF PERFORMING ARTS PROFESSIONALS DEVELOPS AND SUPPORTS
	A ROBUST PERFORMING ART PRESENTING, BOOKING, AND TOURING FIELD AND THE
	PROFESSIONALS WHO WORK IN IT.
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
	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 \$
	MEMBERS CONFERENCE - MORE THAN 3,600 PERFORMING ARTS PROFESSIONALS
	ATTEND THE CONFERENCE. ACTIVITIES INCLUDE PROFESSIONAL DEVELOPMENT,
	ROUND TABLE DISCUSSIONS, PRESENTATIONS, ARTIST SHOWCASES, AND
	EXHIBITIONS.
	
	(Code:) (Expenses \$ 466,556 • including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$466,556. including grants of \$) (Revenue \$) PROFESSIONAL DEVELOPMENT INCLUDES LEADERSHIP PROGRAMS FOR EMERGING AND
	MID-CAREER ARTS PROFESSIONALS, FOCUSED ARTIST INSTITUTES, THE
	DEVELOPMENT AND PRESENTATION OF YEAR-ROUND WORKSHOPS, INTENSIVES AND
	WEBINARS ON TOPICS AND ISSUES IMPACTING THE FIELD, PROFESSIONAL DEVELOPMENT SESSIONS PROGRAMMED AT THE ANNUAL CONFERENCE, AND THE
	DEVELOPMENT SESSIONS PROGRAMMED AT THE ANNUAL CONFERENCE, AND THE SHARING OF RESOURCES AND INFORMATION THROUGH ONLINE TOOLS AND NETWORKS.
	SHARING OF RESOURCES AND INFORMATION THROUGH ONLINE TOOLS AND NETWORKS.
	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$
	Other program convices (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 1,368,735 • including grants of \$) (Revenue \$ 93,989 •)
40	(Expenses \$ 1,368,735 including grants of \$) (Revenue \$ 93,989 ·) Total program service expenses 2,794,065 ·
<u> 70</u>	Form 990 (2022)

Form 990 (2022)

Part IV Checklist of Required Schedules

PROFESSIONALS 39-1131995 Page 3

			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_	Х	
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	_	37	
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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?			Х
40	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	Х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а	, , ,	11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
b		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
_	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	Х	
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ \ •
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_V
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Fartia, columnity,, line 1: If Yes, complete Schedule I, Parts I and II	41		1 22

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	OFL		х
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.		
00	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?	36		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	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?	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		- 55		
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	l 12-13-22	Form	990	(2022)

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

					Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return	2a	14									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b	Х							
	5:11			За	Х							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х							
	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)?											
b	b If "Yes," enter the name of the foreign country											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X						
b	, , , , , , , , , , , , , , , , , , , ,											
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c								
6a	Does the organization have annual gross receipts that are normally greater than $$100,000$, and did the	e orga	anization solicit									
	any contributions that were not tax deductible as charitable contributions?			6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts									
	were not tax deductible?			6b								
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X						
b				7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			37						
	to file Form 8282?	 I	 I	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e 7f								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file for		200 oo roquirod?	7g								
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11								
Ü		•		8								
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the arrangement arrangement of the control of t			9a								
b	Did the control in the control of th			9b								
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12	10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders	11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?			13a								
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the	۱	I									
	organization is licensed to issue qualified health plans	13b										
	Enter the amount of reserves on hand	13c	•	44-		Х						
14a				14a								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule the explanation subject to the section 1960 tax on payment(s) of more than \$1,000,000 in remuno			14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		Х						
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			ıə		-22						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х						
.0	If "Yes," complete Form 4720, Schedule O.		me?	.5								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s									
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17								
	If "Yes," complete Form 6069.											

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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a_	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		7.7	
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI-
10-	Did the executation have level chanters branches as effiliated?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	IUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	IIa		
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
Ŭ	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ASSOCIATION OF PERFORMING ARTS PROFESSIONALS - (202) 833-2787			

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Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

- 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.

(A) Name and title	(B) Average			((Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	offi	officer and		nless person is both an r and a director/trustee)			compensation from	compensation from related	amount of other
	(list any hours for related organizations below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LISA RICHARDS	line) 40.00	ıl	lns	#0	.e	e Hig	For			
PRESIDENT & CEO	40.00	1		х				210,000.	0.	0.
(2) NIIYO NARNOR-MADISON	40.00									
DIRECTOR OF OPERATIONS AND EVENTS						X		113,451.	0.	0.
(3) KRISTA BRADLEY	40.00									
DIRECTOR, PROGRAMS & RESOURCES						Х		110,543.	0.	0.
(4) JENNY THOMAS	40.00									
DIRECTOR, MARKETING & COMMS						X		100,658.	0.	0.
(5) RENAE WILLIAMS NILES	1.00									
CHAIR	1 00	Х		Х				0.	0.	0.
(6) MICHAEL REED	1.00	ļ		l					•	•
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(7) DANIEL BERNARD ROUMAIN	1.00	.,		,,					0	0
VICE CHAIR (8) FRANCINE SHEFFIELD	1 00	Х		Х				0.	0.	0.
(8) FRANCINE SHEFFIELD SECRETARY	1.00	Х		х				0.	0.	0.
(9) ANNA GLASS	1.00	Λ		^				0.	0.	<u> </u>
TREASURER	1.00	Х		х				0.	0.	0.
(10) ALICIA ADAMS	1.00	77						0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(11) AISHA AHMAD-POST	1.00									
DIRECTOR		х						0.	0.	0.
(12) LULANI ARQUETTE	1.00							-	-	
DIRECTOR		Х						0.	0.	0.
(13) MERCEDES CAXAJ	1.00									
DIRECTOR		Х						0.	0.	0.
(14) EDDIE COTA	1.00									
DIRECTOR		Х						0.	0.	0.
(15) KAREN FISCHER	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JAMIE GRANT	1.00	1_							_	_
DIRECTOR		Х						0.	0.	0.
(17) CHRIS HARRINGTON	1.00									_
DIRECTOR		X		<u> </u>			<u> </u>	0.	0.	0.

Form **990** (2022)

Form 990 (2022)

Part VIII Section A Officers Directors To							_		37 1131	JJJ Fage O
Section A. Officers, Directors, 11		loy	ees,			ghes	t Co			
(A)	(B)			(C Posi				(D)	(E)	(F)
Name and title	Average		not cl	heck i	more	than o		Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direct				P		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)	•	and related
	below	vidua	itutio	ser	empl	nest c	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Forr			
(18) LANE HARWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(19) CHRISTOPHER HEACOX	1.00									
DIRECTOR		Х						0.	0.	0.
(20) AMY LAM	1.00									
DIRECTOR		Х						0.	0.	0.
(21) MARIA LOPEZ DE LEON	1.00									
DIRECTOR		Х						0.	0.	0.
(22) BETH MACMILLAN	1.00									
DIRECTOR		Х						0.	0.	0.
(23) STEPHANIE MCKEE-ANDERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(24) JILL ROBINSON	1.00									
DIRECTOR		Х						0.	0.	0.
(25) BEATRICE THOMAS	1.00									
DIRECTOR		Х						0.	0.	0.
(26) TOBIAS TUMARKIN	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								534,652.	0.	0.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								534,652.	0.	0.

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) (B)	(C)
Name and business address Description of services	Compensation
GLOBAL EXPERIENCE SPECIALISTS, INC., 7000 EXHIBITION & EVENT	
SOUTH LINDELL ROAD, LAS VEGAS, NV 89118 SERVICES	120,091.
SWAPCARD, INC., 1411 BROADWAY, 16TH FLOOR,	
NEW YORK, NY 10018 CONFERENCE PLATFORM	109,951.
ARTS CONSULTING GROUP	
292 NEWBURY ST. SUITE 315, BOSTON, MA 02115 CONSULTING SERVICES	105,000.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Form 990_ PROFESSIONALS 39-1131995

Name and title Average Phours Phours Phours Phours Phours Phone Phours	Form 990 PROFESSIO	МАПО								39-113	T 3 3 3
(27) CRISTINA VAZQUEZ 1.00 283 JACOS YARROW 21.00 21.8ECTOR 21.00 21.8ECTOR 21.00 21.00 21.8ECTOR 21.00 21.00 21.8ECTOR 21.00 21.00 21.00 21.8ECTOR 21.00 21.00 21.8ECTOR 21.00 21.00 21.8ECTOR 21.00 21.8ECTOR 21.00 21.00 21.8ECTOR 21.00 21.00 21.8ECTOR 21.00 21.8ECTOR 21.00 21.00 21.8ECTOR 21.00 21.00 21.8ECTOR 21.00 21.00 21.8ECTOR 22.8ECTOR 22.8ECTO	Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
Name and title Average per week (list any hours for related organizations below line) 1.00 X		1							I .		(F)
hours per week (list any hours for related organizations week) (line) 13 1 1 0 0									I .		
Per week (list any hours for related organizations below line) 2721 CRISTINA VAZQUEZ	Name and the		(cl					LΛ			
Week (list any hours for related organizations related organizations line) W.2/1099-MISC) W.2/1099-MISC) Congenization (W.2/1099-MISC) Congenization			(CI	leck	all	liial	app I	iy)			
(ist any hours for related organizations below inline) 1.00 22) JOHN STOR 1.00 22) JOHN STOR 23) JACOB YARROW 1.00 22) JOHN STOR 23) JACOB YARROW 1.00 24) JOHN STOR 25) JOHN STOR 2											
1.00 X		1	_				oyee				
1.00 X			rectc				emp		organization	(W-2/1099-MISC)	
1.00 X			or di	gg.			ated		(W-2/1099-MISC)		
1.00 X		1	stee	ruste			Suec				
1.00 X			lt.	ınal t		loye	lwoo				organizations
1.00 X		below	vidus	t i	ie.	emp	lest (ner			
1.00 X		line)	Ē	Insti	0#!ic	Key	Higi	Forn			
DIRECTOR	(27) CRISTINA VAZOUEZ	1 00									
1.00 X		1.00	٠,							_	^
X		.	X						0.	0.	0
1.00 X 0. 0. DIRECTOR X 0. 0.	(28) JACOB YARROW	1.00									
1.00 X 0. 0. DIRECTOR X 0. 0.	DIRECTOR		Х						0.	0.	0
DIRECTOR X 0. 0. O. O. O. O. O. O. O. O. O.	(29) JOHN ZION	1 00							-		
		1.00	₹,							^	^
	DIRECTOR	1	X			lacksquare			0.	U •	0
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			1								
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otal to Bart VII. Spotian A. lino 1c	otal to Part VII, Section A, line 1c										

Form 990 (2022) PROFESS
Part VIII Statement of Revenue

			Check if Schedule O	cont	aine a	raenai	200	or note to any lin	e in this Part VIII			
			Offeck if Ochedule O	JOHL	ما ان	атезро	130 (or note to any iii	(A)	(B)	(C)	(D)
									Total revenue	Related or exempt		Revenue excluded
										function revenue	business revenue	from tax under sections 512 - 514
(O (O	4	_	Federated campaigns			1a						
Contributions, Gifts, Grants and Other Similar Amounts	'							728,911.				
ng.			Membership dues 1b 728,911. Fundraising events 1c					720,511.	-			
fts, Ar			Related organizations			1d			-			
, Gi			Government grants (contr			1e						
Sin			All other contributions, gifts,		-							
utic		•	similar amounts not included					586,197.				
ti Ott		~	Noncash contributions included in			1g \$		300,137.				
no Ind		•	Total. Add lines 1a-1f						1,315,108.			
0 10		<u>''</u>	Total: Add lines fa ff					Business Code				
•	2	а	ANNUAL CONFER	ΕN	CE				1,861,037.	1.861.037.		
vice	_	b					_					
Program Service Revenue		c										
ım (d										
gra		e					_					
Prc		f	All other program service	reve	nue		_					
			Total. Add lines 2a-2f						1,861,037.			
	3		Investment income (include									
									40,739.			40,739.
	4		Income from investment of									
	5		Royalties	. <u></u>								
						(i) Real		(ii) Personal				
	6	а	Gross rents	6a								
		b	Less: rental expenses	6b								
		С	Rental income or (loss)	6с								
		d	Net rental income or (loss									
	7	а	Gross amount from sales of		(i) S	Securiti	es	(ii) Other				
			assets other than inventory	7a								
		b	b Less: cost or other basis									
nue			and sales expenses									
Revenue			Gain or (loss)		•							
			Net gain or (loss)									
her	8	а	Gross income from fundraisi	ng ev	ents ((not						
₽			including \$			_ of						
			contributions reported on		•							
			Part IV, line 18				8a		-			
			Less: direct expenses				8b					
	_		Net income or (loss) from			U	ts_					
	9	а	Gross income from gamin									
			Part IV, line 19				9a		-			
			Less: direct expenses				9b					
	40		Net income or (loss) from	•	•		<u></u>					
	10	а	Gross sales of inventory, l				100					
		L	and allowances 10a				$\overline{}$					
			Less: cost of goods sold									
		C	Net income or (loss) from	Saic	5 01 11	IVEITIOI	y	Business Code				
Miscellaneous Revenue	11	а	OTHER INCOME					900099	93,989.	93,989.		
ned Jue	• •	b					_					
ella		c					_					
SC			All other revenue				_					
Σ			Total. Add lines 11a-11d						93,989.			
	12		Total revenue. See instruction						3,310,873.	1,955,026.	0.	40,739.
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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 320,543. 63,242. 257,301. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 712,936. 673,337. 20,444. 19,155. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) -372.-265. -100. Other employee benefits 9 74,826. 56,103. 17,515. 1,208. 10 Payroll taxes Fees for services (nonemployees): Management 107,983. 21,305. 86,678. Legal 5,820. 29,500. 23,680. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 504,603. 455,359. 34,104. 15,140. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 127,694. 118,237. 8,847. 610. Office expenses 13 242,830. 209,019. 31,630. 2,181. Information technology 14 15 Royalties 75,020. 178,497. 258,691. 5,174. 16 Occupancy 169,757. 166,707. 2,570. 480. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 417,472. 416,115. 1,269. 88. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 47,862. 33,025. 13,880. 957. Depreciation, depletion, and amortization 22 24,844. 20,750. 3,830. 264. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 234,930. 228,259. 6,241. 430. EQUIPMENT/ RENTAL BANK AND CREDIT CARD FE 113,065. 97,333. 14,717. 1,015. 43,444. 43,971. 493. 34. HONORARIUM 7,778. 7,778. PRINT ART e All other expenses 3,438,913. 2,794,065. 598,119. 46,729. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)

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Form 990 (2022)

Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or note	to any I	ine in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			132,176.	1	2,109,187
2	Savings and temporary cash investments			1,578,255.	2	
3	Pledges and grants receivable, net			451,231.	3	276,091
4	Accounts receivable, net			7,444.	4	40,218
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, substa	antial cor	ntributor, or 35%			
	controlled entity or family member of any of these persons				5	
6	Loans and other receivables from other disqualifi	ed perso	ons (as defined			
	under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
<u>ဖ</u> ြ7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use			6,954.	8	
ž 9	B			41,282.	9	49,610
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	917,538.			
b	Less: accumulated depreciation	10b	901,499.	63,901.		16,039 1,954,671
11	Investments - publicly traded securities			2,060,326.	11	1,954,671
12	Investments - other securities. See Part IV, line 1	1			12	
13	Investments - program-related. See Part IV, line 1	1			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			1,772,579.	15	1,550,513
16	Total assets. Add lines 1 through 15 (must equa			6,114,148.	16	5,996,329
17	Accounts payable and accrued expenses	113,882.	17	496,224		
18	Grants payable			438,679.	18	57,950
19	Deferred revenue			294,372.	19	412,647
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete P				21	
တ္မွ 22	Loans and other payables to any current or former					
┋	trustee, key employee, creator or founder, substa					
Liabilities N	controlled entity or family member of any of these			22		
23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·		23	
24	Unsecured notes and loans payable to unrelated	-			24	
25	Other liabilities (including federal income tax, pay					
	parties, and other liabilities not included on lines	-	·	1 004 000		1 772 222
	of Schedule D			1,994,990. 2,841,923.		1,773,323 2,740,144
26	Total liabilities. Add lines 17 through 25		X	2,041,323.	26	2,740,144
ဖွ	Organizations that follow FASB ASC 958, checand complete lines 27, 28, 32, and 33.	K nere				
8 27	Net assets without donor restrictions			807,203.	27	1,273,201
<u>e</u> 27 28	Net assets with donor restrictions			2,465,022.	28	1,982,984
<u> </u>	Organizations that do not follow FASB ASC 95			2,403,022.	20	1,502,504
ᇤᅵ	and complete lines 29 through 33.	o, checi	Tiere			
ō 29	Capital stock or trust principal, or current funds				29	
हु 30	Paid-in or capital surplus, or land, building, or equ				30	
S 30	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances 27 28 29 30 31 32	Total net assets or fund balances			3,272,225.	32	3,256,185
ž 32	Total liabilities and net assets/fund balances			6,114,148.	33	5,996,329
33	TOTAL HADIILIES AND HEL ASSELS/TUND DAIAITES			0/114/1400	JJ	Form 990 (202

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,31		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,43		
3	Revenue less expenses. Subtract line 2 from line 1	3	-12		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				
5	Net unrealized gains (losses) on investments	5	11	2,0	00.
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	3,25	6,1	85.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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 requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2022)

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATION OF

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.

PERFORMING ARTS

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

PROFESSIONALS 39-1131995 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No 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.)

<u>5e</u> 0	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")						-
2	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
	Total support. Add lines 7 through 10					40	
	Gross receipts from related activities,			f		12	
13	First 5 years. If the Form 990 is for the	ū		, and the second	•		
Sec	organization, check this box and stopertion C. Computation of Publi					·····	
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021		•			15	%
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o		-				
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	-	•	• • •	-		
	more, and if the organization meets the						
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
	organization meets the facts-and-circu	umstances test. Ti	he organization qu	alifies as a publicly	/ supported organi	ization	

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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.)

Sec	ction A. Public Support	elow, please comp	lete Part II.)				_
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1372021.	1697146.	1539758.	4988070.	• •	10912103.
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	2140117.	2207413.	269,880.		1861037.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	2540400	2224552	100060	5050405	0.1.5.1.1.5	
	Total. Add lines 1 through 5	3512138.	3904559.	1809638.	5370487.	3176145.	17772967.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	15,000.	380,000.			142,800.	537,800.
r	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						0.
c	: Add lines 7a and 7b	15,000.	380,000.			142,800.	
8	Public support. (Subtract line 7c from line 6.)						17235167.
	ction B. Total Support						Г
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3512138. 46,029.	3904559. 65,735.	1809638. 28,728.	5370487. 60,876.		17772967. 242,107.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-		-	62,713.		62,713.
	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	46,029.	65,735.	28,728.	123,589.	40,739.	304,820.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	24,412. 3582579.	11,361. 3981655.	21,937. 1860303.	26,314. 5520390.		178,013. 18255800.
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the						
	check this box and stop here	o organization s III	or, occoria, triira, i	ourn, or militax y	our as a section of	o i (O)(O) Organizatio	~··,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (li	ine 8, column (f), di	vided by line 13, c	olumn (f))		15	94.41 %
16	Public support percentage from 2021		•			16	93.47 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	22 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	1.67 %
	Investment income percentage from 2					18	1.66 %
19a	33 1/3% support tests - 2022. If the						
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						nd X
	line 18 is not more than 33 1/3%, che	ck this box and st o	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

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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.)

es No

32024 12-09-22 Schedule A (Form 990) 202

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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		163	140
•	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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	Tion 6. Type it 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			
	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	_1		
360	tion b. All Type III Supporting Organizations		1	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

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Part V	Гуре III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations		
1 C	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction				
	ll other Type III non-functionally integrated supporting organizations mu		·	_	
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net sho	rt-term capital gain	1			
2 Recover	ries of prior-year distributions	2			
3 Other gr	ross income (see instructions)	3			
4 Add line	es 1 through 3.	4			
5 Depreci	ation and depletion	5			
6 Portion	of operating expenses paid or incurred for production or				
collection	on of gross income or for management, conservation, or				
mainten	nance of property held for production of income (see instructions)	6			
7 Other ex	xpenses (see instructions)	7			
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - M	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggrega	ate fair market value of all non-exempt-use assets (see				
instructi	ions for short tax year or assets held for part of year):				
a Average	e monthly value of securities	1a			
b Average	e monthly cash balances	1b			
c Fair mar	rket value of other non-exempt-use assets	1c			
d Total (a	dd lines 1a, 1b, and 1c)	1d			
e Discou	nt claimed for blockage or other factors				
(explain	in detail in Part VI):				
2 Acquisit	tion indebtedness applicable to non-exempt-use assets	2			
3 Subtrac	t line 2 from line 1d.	3			
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
see inst	ructions).	4			
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply	line 5 by 0.035.	6			
7 Recover	ries of prior-year distributions	7			
8 Minimu	m Asset Amount (add line 7 to line 6)	8			
Section C - D	Distributable Amount			Current Year	
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1			
2 Enter 0.	85 of line 1.	2			
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3			
4 Enter gr	reater of line 2 or line 3.	4			
5 Income	tax imposed in prior year	5			
6 Distribu	utable Amount. Subtract line 5 from line 4, unless subject to				
	ncy temporary reduction (see instructions).	6			
$\overline{}$	heck here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see	

Schedule A (Form 990) 2022

instructions).

Dar	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations /	/\	- Ligaria			
	, 11							
	ion D - Distributions		4	Current Year				
	Amounts paid to supported organizations to accomplish exer		1					
2	Amounts paid to perform activity that directly furthers exemp		2					
	organizations, in excess of income from activity	on of augmented organizations		3				
_ <u>3_</u> 4	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets		4					
 -	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Dart VI)		5				
 6	Other distributions (describe in Part VI). See instructions.	OVIGE GERAIS III FAIT VI)		6				
7	Total annual distributions. Add lines 1 through 6.			7				
	Distributions to attentive supported organizations to which the	ne organization is responsive						
Ü	(provide details in Part VI). See instructions.	ic organization is responsive		8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
	Elife o amount arrada by line o amount	(i)	(ii)		(iii)			
Secti	ion E - Distribution Allocations (see instructions)	Underdistribution Pre-2022	s	Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
с	From 2019							
d	From 2020							
е	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2022 distributable amount							
i_	Carryover from 2017 not applied (see instructions)							
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
d	Excess from 2021							

Schedule A (Form 990) 2022

e Excess from 2022

ASSOCIATION OF PERFORMING ARTS

39-113<u>1995 Page 8</u> PROFESSIONALS Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

ASSOCIATION OF PERFORMING ARTS
PROFESSIONALS

Employer identification number
39-1131995

Organization type (check one):							
Filers of	:	Section:					
Form 990	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990)-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
X	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special l	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022)

Name of organization	Employer identification number
ASSOCIATION OF PERFORMING ARTS	
PROFESSIONALS	39-1131995

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$142,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
ASSOCIATION OF PERFORMING ARTS
PROFESSIONALS
39-1131995

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** ASSOCIATION OF PERFORMING ARTS **PROFESSIONALS** 39-1131995 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No.

> Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

(c) Use of gift

(b) Purpose of gift

from

Part I

(d) Description of how gift is held

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Name of org	anization $\lambda CC \cap CT \lambda$	TION OF PERFORMI	NC ADMC	En	ployer identification number
Traine or org	PROFESS		NG AKIS	-"	39-1131995
Part I-A		anization is exempt und	ler section 501(c)	or is a section 527 o	
 Provide Politica 	a description of the organiz	ation's direct and indirect politic ures gn activities	cal campaign activities i	n Part IV.	\$
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).	
1 Enter th	ne amount of any excise tax	incurred by the organization un-	der section 4955		\$
2 Enter th	ne amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3 If the or	ganization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a 0	correction made?				Yes No
	describe in Part IV.				()(0)
Part I-C		anization is exempt und		-	
		by the filing organization for se			\$
		ization's funds contributed to o	•		
					\$
	•	. Add lines 1 and 2. Enter here	•		Φ.
		1120-POL for this year?			
		nployer identification number (E			
		tion listed, enter the amount pa			
•	,	omptly and directly delivered to	0 0		·
politica	action committee (PAC). If	additional space is needed, pro	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Cobodulo C /		VOCCTATION		CIAN DAIL	20 1	.131995 Pa	
Part II-A		PROFESSIONAL	_ದ int under section	501(c)(3) and file	ا 3 d Form 5768	ction under	ige z
I dit ii A	section 501(h)).	dilization is exem	ipt under section		a i oiiii oi oo (cic	otion under	
A Check	if the filing organiza	ition belongs to an affili	ated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,	
		re of excess lobbying ex	- · ·				
B Check		ition checked box A and	•	visions apply.			
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)					(a) Filing organization's totals	(b) Affiliated gr totals	oup
1a Total lo	obbying expenditures to influ	uence public opinion (g	rassroots lobbying)				
b Total lobbying expenditures to influence a legislative body (direct lobbying)							
c Total lobbying expenditures (add lines 1a and 1b)							
	exempt purpose expenditure						
e Total e	exempt purpose expenditure	s (add lines 1c and 1d)					
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.							
If the a	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:						
Not over \$500,000 20% of the amount on			he amount on line 1e.				
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.							
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10			0 plus 10% of the exce	ess over \$1,000,000.			
Over \$	1,500,000 but not over \$17,	000,000 \$225,000	\$225,000 plus 5% of the excess over \$1,500,000.				
Over \$17,000,000 \$1,000,000.							
g Grassr	oots nontaxable amount (en	iter 25% of line 1f)					
h Subtract line 1g from line 1a. If zero or less, enter -0-							
i Subtra	ct line 1f from line 1c. If zero	o or less, enter -0					
j If there	e is an amount other than ze	ro on either line 1h or li	ne 1i, did the organiza	tion file Form 4720	_		_
reporting section 4911 tax for this year?						Yes	No
	(Some organizations t	hat made a section 50	raging Period Under : 11(h) election do not h te instructions for lin	nave to complete all o	of the five columns be	elow.	
		Lobbying Expen	ditures During 4-Yea	r Averaging Period			
(or fisc	Calendar year cal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
2a Lobbyi	ing nontaxable amount	355,547.	253,128.	392,545.	321,946.	1,323,1	66.
•	ing ceiling amount of line 2a, column(e))					1,984,7	49.
		ı l				1	

7,000.

63,282.

6,300.

98,136.

7,364.

88,887.

6,628.

12,928. Schedule C (Form 990) 2022

80,486.

14,364.

330,791.

496,187.

c Total lobbying expenditures

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

f the	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	``)		(1	b)
	lobbying activity.	Yes	No)	Am	ount
	During the year, did the filing organization attempt to influence foreign, national, state, or					
- 1	local legislation, including any attempt to influence public opinion on a legislative matter					
(or referendum, through the use of:					
a \	Volunteers?					
b I	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
-	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5) or	202	tion	
			,, OI	300		
	501(c)(6).				Yes	N
art	501(c)(6).			1	Yes	N
art	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			1 2	Yes	N
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	prior year? 501(c)(5	i), or	2 3 sec	tion	
art	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	prior year? 501(c)(5 No" OR (), or (b) Pa	2 3 sec art I	tion	
art	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members	prior year? 1 501(c)(5 No" OR (), or (b) Pa	2 3 sec	tion	
art	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	prior year? 1 501(c)(5 No" OR (), or (b) Pa	2 3 sec art I	tion	
art ! art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	prior year? I 501(c)(5 No" OR (i), or (b) Pa	2 3 sec art I	tion	3, is
art	Solicited and section 162(e) nondeductible lobbying and political expenditures and similar amounts of political expenditures (do not include amounts of political expenditures for which the section 527(f) tax was paid). Current year	prior year? 1 501(c)(5 No" OR ((b) Pa	2 3 sec art I	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 1 501(c)(5 No" OR (b), or b) Pa	2 3 sec art I	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art I	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art I	tion	
art art art art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art I	tion	
art l l l art art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art I	tion	
art 2 art b (c - c - c - c - c - c - c - c - c - c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art I	tion	

Schedule C (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

ASSOCIATION OF PERFORMING ARTS Name of the organization **PROFESSIONALS**

Employer identification number 39-1131995

Pai			or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	conferring		
Pai	Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).			
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area		
	Protection of natural habitat	Preservation of	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		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a			
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax		
	year				
4	Number of states where property subject to conservation ear	sement is located			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements i	t holds?	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(l	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 stateme	ents that describes the		
_	organization's accounting for conservation easements.				
Pai	t III Organizations Maintaining Collections o		her 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	′ '			
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	rtherance of public		
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these item	S.		
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	palance sheet works of		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance 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	easures, or other similar assets for financial	gain, provide		
	the following amounts required to be reported under FASB $\!$				
а	Revenue included on Form 990, Part VIII, line 1		\$		
b	Assets included in Form 990, Part X				

Schedule D (Form 990) 2022

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

	AGGOCTA	ͲΤΛΝ ΛΕ ΒΕ '	RFORMING A	סייים		
0-6-			KI OKMING AI	(15	30_11	131995 Page 2
	dule D (Form 990) 2022 PROFESS t III Organizations Maintaining C		t Historical Tre	asures or Othe	r Similar Asset	re / " "
	<u> </u>					· · · · · · · · · · · · · · · · · · ·
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the f	ollowing that make s	ignificant use of its	
	collection items (check all that apply):					
а	Public exhibition	C	Loan or exc	hange program		
b	Scholarly research	6	e Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	n how they further th	e organization's exe	mpt purpose in Par	t XIII.
5	During the year, did the organization solicit o	r receive donations	of art, historical treas	sures, or other similar	rassets	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's col	lection?		Yes No
Par	t IV Escrow and Custodial Arran					, line 9, or
	reported an amount on Form 990, Par		_			
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributions	or other assets not	included	
	on Form 990, Part X?		•		_	Yes No
b	If "Yes," explain the arrangement in Part XIII					
_	ree, explain the arrangement in rail rail	and complete the le				Amount
_	Beginning balance				1c	
٦	• • • • • • • • • • • • • • • • • • • •					
d	Additions during the year					
e	Distributions during the year					
Ţ	Ending balance				1f	
2a	Did the organization include an amount on Fe	, ,	,		,	Yes
	If "Yes," explain the arrangement in Part XIII.					
Par	t V Endowment Funds. Complete i					T
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	+ ` ' '
		1 177 //2	1 200 104	1 000 000	1 120 000	1 1 1 0 0 7 7 0

		9		,		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,172,443.	1,388,104.	1,090,080.	1,130,908.	1,128,778.
b	Contributions	150.	220.	100.		95.
	Net investment earnings, gains, and losses	118,643.	-196,666.	341,449.	2,697.	39,066.
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs	12,680.	19,215.	43,525.	43,525.	37,031.
f	Administrative expenses					
g	End of year balance	1,278,556.	1,172,443.	1,388,104.	1,090,080.	1,130,908.
2	Provide the estimated percentage of the curr	rent vear end halance	e (line 1g. column (a)) held as:		

a Board designated or quasi-endowment 03.0000	63.0000 %	 Board designated or quasi-endowment
---	-----------	---

b Permanent endowment 37.0000

Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations

3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	· · · · · · · · · · · · · · · · · · ·	·		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	917,538.		901,499.	16,039.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equ	al Form 990 Part X colun	nn (R) line 10c)		16,039.

Schedule D (Form 990) 2022

No

Schedule D (Form 990) 2022 PROFESSIONAL	ıS	39	-1131995	Page 3
Part VII Investments - Other Securities.				<u> </u>
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	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 v	alue
(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, col. (B) line 12.)				
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	d-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	5 000 D 1 11 11	44 0 5 000 5 1 1 1		
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	4.5	
	Description		(b) Book va	
(1) SECURITY DEPOSITS			22,	741.
(2) RIGHT-OF-USE-ASSET - OPERA	TING LEASE		1,527,	. 112.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	22,741.
(2) RIGHT-OF-USE-ASSET - OPERATING LEASE	1,527,772.
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,550,513.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE PAYABLE	1,773,323.
(3)	
(4)	
(5)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 900, Part Y, col. (R) line 25.)	1,773,323.

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) 2022

Sche	edule D (Form 990) 2022 PROFESSIONALS				1131995	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,422,	873.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	112,000.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	1 1				
е	Add lines 2a through 2d			2e		000.
3	Subtract line 2e from line 1			3	3,310,	873.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,310,	873.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Returr	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,438,	913.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	1 - 1				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,438,	913.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,438,	913.
Pa	rt XIII Supplemental Information.					
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b	and 2b; Part V, line 4	; Part X	K, line 2; Part X	l,
linge	2d and 4h; and Part XII, lines 2d and 4h. Also complete this part to provide any additional and additional additio	itional inform	nation			

PART V, LINE 4:

THE WILLIAM DAWSON EDUCATION ENDOWMENT WAS ESTABLISHED TO BENEFIT STUDENTS OF ARTS ADMINISTRATION AND ARTS ADMINISTRATORS BY SUPPORTING HOUSING, TRANSPORTATION AND FOOD FOR STUDENTS ENGAGED IN AN INTERNSHIP OR PROFESSIONAL DEVELOPMENT ACTIVITIES OF ASSOCIATION OF PERFORMING ARTS PROFESSIONALS, AND TO SUPPORT PROFESSIONAL DEVELOPMENT ACTIVITIES OF APAP MEMBERS OR STUDENTS IN MEMBER GRADUATE PROGRAMS IN ARTS ADMINISTRATION. THE ENDOWMENT WAS CREATED TO CELEBRATE AND HONOR THE MEMORY OF WILLIAM DAWSON, FORMER APAP EXECUTIVE DIRECTOR, WHO HAD A PASSION FOR PROFESSIONAL DEVELOPMENT FOR THE PERFORMING ARTS PRESENTING FIELD. ACTIVITIES INCLUDE SUPPORT OF BOLZ CENTER FOR ARTS ADMINISTRATION, UNIVERSITY OF WISCONSIN STUDENT AND FACULTY ATTENDANCE AT APAP'S ANNUAL CONFERENCE AND

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)
PROFESSIONAL DEVELOPMENT AND LEADERSHIP INITIATIVES FOR THOSE CURRENTLY
WORKING IN THE FIELD.
PART X, LINE 2:
THE ASSOCIATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON INCOME OTHER
THAN NET UNRELATED BUSINESS INCOME UNDER SECTION 501(C) (3) OF THE
INTERNAL REVENUE CODE.
THE PROVISIONS INCLUDED IN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE
UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING
FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL
STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR
RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX
RETURN. THE ASSOCIATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS
AS OF JUNE 30, 2023 AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD
REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY
EFFECT ON ITS TAX-EXEMPT STATUS. AS OF JUNE 30, 2023, THE STATUTE OF
LIMITATIONS FOR FISCAL YEARS 2020 THROUGH 2023 REMAINS OPEN WITH THE U.S.
FEDERAL JURISDICTION OR THE STATE AND LOCAL JURISDICTION IN WHICH THE
ASSOCIATION FILES TAX RETURNS. IT IS THE ASSOCIATION'S POLICY TO RECOGNIZE
INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS
INCOME TAX EXPENSE.

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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. ASSOCIATION OF PERFORMING ARTS

Inspection Employer identification number

39-1131995

OMB No. 1545-0047

PROFESSIONALS Questions Regarding Compensation

			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.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		<u>X</u>
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_X_
	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		<u>X</u>
b	Any related organization?	5b		<u>X</u>
	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		<u>X</u>
	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		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LISA RICHARDS	(i)	210,000.	0.	0.	0.	0.		0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

ASSOCIATION OF PERFORMING ARTS

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

QUZZ
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASSOCIATION OF PERFORMING ARTS PROFESSIONALS

Employer identification number 39-1131995

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

PRESENTING FIELD AND THE PROFESSIONALS WHO WORK IN IT.

FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION SHALL HAVE TWO CATEGORIES OF MEMBERS: (I) VOTING MEMBERS

AND (II) NONVOTING MEMBERS. VOTING MEMBERSHIP IN THE ASSOCIATION SHALL BE
OPEN TO ANY INDIVIDUAL OR ORGANIZATION THAT OPERATES IN THE PERFORMING
ARTS, PRESENTING OR TOURING INDUSTRIES. ADDITIONAL MEMBERSHIP
CLASSIFICATIONS SHALL BE DETERMINED BY THE BOARD OF DIRECTORS. EACH VOTING
MEMBER SHALL BE ENTITLED TO ONE VOTING REPRESENTATIVE. EACH VOTING
REPRESENTATIVE SHALL HAVE ONE VOTE UPON EACH DISTINCT MATTER INCLUDED AS AN
AGENDA ITEM IN A WRITTEN BALLOT AND/OR SUBMITTED TO A VOTE AT MEETINGS OF
THE MEMBERS AS PROVIDED HEREIN. ALL OTHER REPRESENTATIVES SHALL HAVE THE

THE BOARD OF DIRECTORS SHALL HAVE THE POWER TO SET DUES FOR ONE OR MORE

CATEGORIES OF MEMBERSHIP AND MAY VARY THE AMOUNT OF DUES AMONG SUCH

CATEGORIES OF MEMBERS. HOWEVER, DUES SET FOR MEMBERS MUST BE SUBSEQUENTLY

RATIFIED BY A SIMPLE MAJORITY OF THE VOTING MEMBERS REPRESENTED AT A

REGULAR OR SPECIAL MEETING OF THE MEMBERS AS SET FORTH HEREIN.

PRIVILEGE OF THE FLOOR BUT SHALL NOT BE ENTITLED TO VOTE AT MEETINGS OF THE

FORM 990, PART VI, SECTION A, LINE 7A:

THE ASSOCIATION HAS MEMBERS WHO HAVE THE POWER TO ELECT ONE OR MORE MEMBERS
OF THE GOVERNING BODY.

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

Schedule O (Form 990) 2022

MEMBERS.

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

Name of the organization ASSOCIATION OF PERFORMING ARTS PROFESSIONALS

Employer identification number 39-1131995

FORM 990, PART VI, SECTION A, LINE 7B:

THERE ARE A COUPLE OF DECISIONS THAT ARE MADE BY THE GOVERNING BODY WHICH

ARE SUBJECT TO MEMBER APPROVAL IN ACCORDANCE WITH THE ASSOCIATION'S BYLAWS.

THOSE DECISIONS ARE IN REGARD TO CHANGES TO MEMBERSHIP DUES OR CHANGES TO

THE ASSOCIATION'S BYLAWS. THESE TWO TYPES OF DECISIONS, ONCE MADE BY THE

GOVERNING BOARD, ARE SUBJECT TO MEMBER RATIFICATION. MEMBERS MUST VOTE AND

APPROVE ANY SUCH CHANGES AS DESCRIBED HEREIN.

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

A COPY OF THE FORM 990 IS CIRCULATED TO THE ASSOCIATION'S BOARD CHAIR,

BOARD TREASURER AND PRESIDENT & CEO FOR REVIEW. UPON FINALIZATION/APPROVAL,

THE FORM 990 IS SIGNED BY THE PRESIDENT & CEO.

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

THE ASSOCIATION OF PERFORMING ARTS PROFESSIONALS HAS A CONFLICT OF INTEREST

STATEMENT WHICH IS SIGNED BY BOARD MEMBERS ANNUALLY. THE CONFLICT OF

INTEREST STATEMENT WAS MOST RECENTLY UPDATED IN 2009. THE STAFF IS

CURRENTLY IN THE PROCESS OF CANVASSING THE MEMBERS OF THE BOARD OF

DIRECTORS ON ANY AREAS OF POTENTIAL CONFLICT.

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

ARTS PROFESSIONALS PRESIDENT AND CEO'S ANNUAL PERFORMANCE EVALUATION IS

CONDUCTED PRIOR TO THE END OF EACH FISCAL YEAR. THE TYPICAL REVIEW PROCESS

INVOLVES THE PRESIDENT AND CEO'S SELF ASSESSMENT IN RESPONSE TO A SET OF

PRIORITIES AND ANNUAL OPERATING PLAN ESTABLISHED BY THE BOARD OF DIRECTORS

ALONG WITH THE ANNUAL UNAUDITED FINANCIAL STATEMENT. THE EXECUTIVE

COMMITTEE REVIEWS THE CEO'S PERFORMANCE ON THE ACCOMPLISHMENTS AND

CHALLENGES OF THE PREVIOUS YEAR. THE RECOMMENDATION TO CONTINUE THE CEO

CHALLENGES OF THE PREVIOUS YEAR. THE RECOMMENDATION TO CONTINUE THE CEO

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

Name of the organization ASSOCIATION OF PERFORMING ARTS PROFESSIONALS	Employer identification number 39–1131995
WRITTEN EMPLOYMENT CONTRACT IS BASED ON THE EXECUTIVE COMM	IITTEE'S
ASSESSMENT OF THE PRESIDENT AND CEO AND APPROVAL BY THE BO	ARD. THE
PRESIDENT AND CEO TRACKS AND MONITORS THE PROGRESS THROUGH	I WEEKLY
CONFERENCE CALLS WITH THE EXECUTIVE COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT	OF INTEREST
POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ASSOCIATION	ON MAKES ITS
AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON IT	S WEBSITE.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER SERVICES:	
PROGRAM SERVICE EXPENSES	455,359.
MANAGEMENT AND GENERAL EXPENSES	34,104.
FUNDRAISING EXPENSES	15,140.
TOTAL EXPENSES	504,603.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	504,603.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ASSOCIATION OF PERFORMING ARTS PROFESSIONALS

Employer identification number 39-1131995

Part I	Identification of Disregarded Entities. Compl	ete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity							(f) controlling ntity	9
Part II	Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more	related tax-exe	mpt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section			Section 512(b controlled entity?	
			, , , , , , , , , , , , , , , , , , ,		501(c)(3))			Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l					l				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Schedule R (Form 990) 2022

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		
	Gift, grant, or capital contribution to related organization(s)				1b		
С	Gift, grant, or capital contribution from related organization(s)				1c		
d	Loans or loan guarantees to or for related organization(s)				1d		
е	Loans or loan guarantees by related organization(s)				1e		
	, , , , , , , , , , , , , , , , , , , ,						
f	Dividends from related organization(s)				1f		
	Sale of assets to related organization(s)				1 g		
h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)				1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
	Performance of services or membership or fundraising solicitations for related orga				11		<u> </u>
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n		
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1 p		
	Reimbursement paid by related organization(s) for expenses				1q		
r	Other transfer of cash or property to related organization(s)				1r		
	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered rela	ationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)					
1)							
2)							
3)							
4)							
5)							
6)							
3216	3 09-14-22			Schedule	R (Forr	n 990) 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

EXTENDED TO MAY 15, 2024

Form	990-T	E	Exempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
		For ca	lendar year 2022 or other tax year beginning $\; JUL \; \; 1$, $\; \; 2022 \; \;$, and ending $\; \; JUN \; \; 30$, $\; \; 20$	23	2022
Departn Internal	nent of the Treasury Revenue Service	ı	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
Α _	Check box if address changed.		Name of organization (DEmplo	oyer identification number
B Exe	empt under section	Print	PROFESSIONALS	3	9-1131995
=	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 919 18TH STREET, NW, 650		exemption number nstructions)
=	408A 530(a) 529(a) 529A	F	Check box if		
		С Во	ok value of all assets at end of year 5,996,329.		an amended return.
G C	heck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
н с	heck if filing only to)	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u>I</u> С	heck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
			ed Schedules A (Form 990-T)		1
K D	uring the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	L	Yes X No
If	"Yes," enter the na	ame an	d identifying number of the parent corporation.		
	ne books are in car		ASSOCIATION OF PERFORMING ARTS P Telephone number	(202) 833-2787
Par	t I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	12,858.
2	Reserved			2	
3	Add lines 1 and 2			3	12,858.
4	Charitable contrib	utions (see instructions for limitation rules)	4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	12,858.
6	Deduction for net	operati	ng loss. See instructions STATEMENT 2	6	12,858.
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	5	7	
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A de	duction. See instructions	9	
10	Total deductions.	. Add li	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	0.
Par	t II Tax Com	putat	ion		
1	Organizations tax	cable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1_	0.
2	Trusts taxable at	trust_r	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	ı:	Tax rate schedule or Schedule D (Form 1041)	. 2	
3	Proxy tax. See ins	structio	ns	3	
4	Other tax amounts	s. See i	nstructions	4	
5	Alternative minimu	ım tax ((trusts only)	5	
6	Tax on noncompl	liant fa	cility income. See instructions	6	

7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Print/Type preparer's name

Preparer's signature

Date

Check if self- employed

STEPHEN MACKALL

Firm's name

SB & COMPANY, LLC

Firm's name

10200 GRAND CENTRAL AVE., SUITE 250

Firm's address

OWINGS MILLS, MD 21117

PTIN

20-2153727

Phone no. (410)584-2218

223711 01-16-23

Form 990-T (2022)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Open to Public Inspection for

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Revenue Service Do not enter SSN numbers on this form as it r	nay be r	nade public if	your orgai	nization is a 501(c)(3).	601(c)(3) Organizations Only
A N	lame of the organization ASSOCIATION OF PERFORM PROFESSIONALS	ING	ARTS		B Employer	identificat	
<u>c</u> .	Unrelated business activity code (see instructions) 54180	0			D Sequence	e: 1	of 1
E 0	Describe the unrelated trade or business ADVERTISING	REVE	NUE FR	OM NO	N-MEMBERS		
Pai	t I Unrelated Trade or Business Income		(A) Inc	ome	(B) Expens	es	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7				-	
8	Interest, annuities, royalties, and rents from a controlled						
•	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
40	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10	1/	1,573	31 '	715.	12,858.
11	Advertising income (Part IX)	12	***	±,5/5) JI,	, 13.	12,030.
12	Other income (see instructions; attach statement) Total. Combine lines 3 through 12	13	1/	1,573	31 '	715.	12,858.
13				_			
Pai	Deductions Not Taken Elsewhere See instructi directly connected with the unrelated business in		r limitatioi	ns on de	eductions. Ded	uctions	must be
	and only defined that are armelated buenness in						
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses			I		6	
7	Depreciation (attach Form 4562). See instructions			7			
8	Less depreciation claimed in Part III and elsewhere on return					8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)					14	0.
15 16	Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Si					15	<u>U•</u>
16	. •			,	·	16	12,858.
17	column (C) Deduction for net operating loss. See instructions					17	0.
18	Unrelated business taxable income. Subtract line 17 from line 10					18	12,858.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

	1
Page	2

Part	III Cost of Goods Sold Enter meti	nod of inventory valuati	ion		r ago <u>=</u>
1		•		1	
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h			_	
9	Do the rules of section 263A (with respect to property	,			Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instru	ctions.	
	A 🗌	•			
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Rent received or accrued			-	
а	From personal property (if the percentage of				
_	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
~	percentage of rent for personal property exceeds				
	500(if the count is heart of an area (it as is a count)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, columns A through b				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part Lline 6 col	umn (Δ)	0.
3	Deductions directly connected with the income	tillough D. Enter here	and offi art i, line o, col	umm (A)	
4	in lines 2(a) and 2(b) (attach statement)				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I	line 6 column (R)		0.
Part		e instructions)	iiric o, column (b)		
1	Description of debt-financed property (street address, of	,	heck if a dual-use. See i	nstructions	
•	A	orty, state, zii sodoj. o	neek ii a daar ase. eee i	non donorio.	
	В				
	c \square				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed		2		
_	property				
3	Deductions directly connected with or allocable				
3	to debt-financed property				
_	Straight line depreciation (attach statement)				
a					
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)				24
6	Divide line 4 by line 5	%	%		% %
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)	·····-	0.
		Т	Т		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr				0.
11	Total dividends-received deductions included in line	10			0.

Part	VI Interest, Annu	ities, R	oyalties, and Re	ents fror	n Control	led Or	ganizations	s (se	e instruct	ions)		Page 3
	Exempt Controlled Organization											
	Name of controlle organization	d	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Tota	al of specified ments made	5. Par that is contro	rt of colur included olling orga gross inc	nn 4 in the iniza-	e connected with	
(1)									_			
(2)												
(3)												
(4)												
			No	nexempt (Controlled O	ganizati	ions					
7			Net unrelated acome (loss) e instructions)		otal of specif lyments mad		that is inc	10. Part of column 9 that is included in the controlling organization's gross income		11. Deduction connected income in co		ed with
(1)												
(2)												
(3)												
(4)												
	Add columns 5 and 10 Enter here and on Part line 8, column (A)					Part I, (A)	t I, Enter here and on P line 8, column (E					
Totals Part	VII Investment		of a Cootion EO	4/-\/7\ /	(A) a. (47)		ol-otion .		0.			0.
Part			of a Section 50	1(C)(7), (,		uctions)		F T.	-1 -11
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected	4. Set-a (attach st		t) and	al deductions set-asides cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I,					colu here a	amounts in mn 5. Enter and on Part I, d, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adve	ertising	g Income (see ins	tructions)		•	
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from											
										4		
5	Gross income from ac	tivity that i	s not unrelated busi	iness incor	me					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4 Enter here and on E	Oart II lina	10							7		

Schedule A (Form 990-T) 2022

Pag	gе	4

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a c	consolidated basis.		
	A JOB BANK				
	В 💹				
	c				
	D				
Enter a	amounts for each periodical listed above in the			T _	
_		44,573.	В	С	D
2	Gross advertising income				44,573.
_	Add columns A through D. Enter here and on	Part I, line 11, column (A)			44,373.
а 3	Direct advertising costs by periodical	31,715.		1	
а	Add columns A through D. Enter here and on				31,715.
-	, taa eelamme, tameagn B. Enter here and en				
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	n			
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8 \dots	12,858.			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
•	than line 6, enter zero			+	
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gi	_	al or zero here and o	n	
-	Part II, line 13				0.
Part	X Compensation of Officers, Dir	rectors, and Trustees (se	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	. Enter here and on Part II. line 1				0.
Total Part	Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.
		ee instructions)			0.

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 1
PRE-2018 NOL CARRY FORWA PRE-2018 NOL DEDUCTION I	RD FROM PRIOR YEAR NCLUDED IN PART I, LINE 6	21,627. 12,858.
SCHEDULE A PORTION OF PR SCHEDULE A ENTITY	E-2018 NOL SCHEDULE A SHARE	
1	0.	
TOTAL SCHEDULE A SHARE O NET OPERATING DEDUCTION BALANCE AFTER PRE-2018 N EXPIRING NET OPERATING L CARRY FORWARD OF NET OPE	OL DEDUCTION OSSES	0. 12,858. 0. 0. 8,769.

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 2
		LOSS		
TAX YEAR	LOSS SUSTAINED	PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	1,412.	1,412.	0.	0.
06/30/14	7,374.	7,374.	0.	0.
06/30/15	18,714.	14,838.	3,876.	3,876.
06/30/16	17,084.	0.	17,084.	17,084.
06/30/17	131.	0.	131.	131.
06/30/18	536.	0.	536.	536.
NOL CARRYOV	ER AVAILABLE THIS	/EAR	21,627.	21,627.

990-T SCH	A POST-20	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20 06/30/21 06/30/22	1,163. 236. 22,481.	0. 0. 0.	1,163. 236. 22,481.	1,163. 236. 22,481.
NOL CARRYO	VER AVAILABLE THIS	YEAR	23,880.	23,880.



Department of Taxation and Finance

Request for Six-Month Extension to File

CT-5

(for franchise/business taxes, MTA surcharge, or both)

Tax Law - Articles 9-A, 13, and 33

All filers must enter tax period:

beginning 07-01-22 ending

_,					begin	ning 0	7-01-2	22	ending	06-3	30-23
Γ	Employer identification number (EIN)	File	number	Business	elephone numbe				231119		
	39-1131995	MM:	2	202-	833-27	87					
7	Legal name of corporation ASSOCIATIO			ING A	RTS	Trade name/	DBA				
	PROFESSIONALS										
	Mailing address					State or cour	ntry of incorpo	ration			
	Care of (c/o)									tanan datat	h
	Number and street or PO box					Date of incor	rporation	Fore	eign corporat	ions: date began	business in NYS
	919 18TH STREET, NW,			ND /D : !	. 1	0		, -	-11:		
	WASHINGTON, DC 2000	.S. state/Canadian pro) 6	ovince Z	IP/Postal cod	le 	Country (if not	t United States) For	office use on	ly	
	If you need to update your address or p can do so online. See <i>Business informa</i>		•	oration ta	x, or other to	ax types, yo	ou				
Req	quest for extension of time to file the f	following forms	: Mark box	(es) for on	e article only.	Submit only	one Form C	T-5 and n	nark an χ	in both box	xes in
	appropriate article if you are requesting an ex 3-M box under Article 9-A if you are requestir					returns. For	example, m	ark an χ	in both th	ne CT-3 box	and the
	Article 9-A	Article 13				Α	Article 33				
СТ	Г-3 СТ-3-М	CT-13 X	CT-33		CT-33-	с 🔲	CT-3	3-M		CT-33-NL	
									D-: :		
Α.	•] [Payment	ericiosed	252
-	Attach your payment here. Detach all	l check stubs. (S	See instruc	ctions for o	details.)		Α.				250.
3.	 not complete line A and lines 1 through Enter the EIN of the combined group's Note: Failure to include the EIN of the your extension request, and may result this extension request is for the first a combined return, mark an X in the a combined return, mark an X in the acombined return, mark an X in the 	designated ager ne designated ag sult in penalties a tax year that you e box	gent (or pa and interes u are beino u are beino	g included	delay proce	essing of ombined grant	d group fili	ng			c D
Co	mputation of estimated franch	nise tax									
1 2	Franchise tax from the Worksheet for		Form CT-	5-I			1				250.
3											
4	Prepayments of franchise tax (from li	ine 16. column A)				4				
5	Balance due - franchise tax (subtract						5				250.
Co	emputation of estimated MTA s	surcharge									
6	MTA surcharge from the Worksheet f	_	in Form C	T-5-I			6				,
7	voisinaigo nom the vvoiksileet i	oillies i allu b		. •							
8											
9	Prepayments of MTA surcharge (fro.	m line 16 colum	nn B)				9				
10	Balance due - MTA surcharge (subtr						10				
11	Total balance due (see instructions)						11				250.
	,										

Compos	sition of prepayments - Use this worksh	neet to	determine the	e prepa	syments of fra	nchise tax on line 4 a	and the	prepayments of	the
MTA surch	narge on line 9. See instructions.		Date paid	t	A. F	ranchise tax		B. MTA surchar	ge
12 Man	datory first installment from Form CT-300	12							
13a Seco	ond installment from Form CT-400	13a							
13b Third	d installment from Form CT-400	13b							
13c Four	th installment from Form CT-400	13c							
14 Over	payment credited from prior years			14					
15 Over	payment credited from Form CT-	Period		15					
16 Tota	l prepayments (total all entries in column A and	l colun	nn B)	16					
Paid	Firm's name (or yours if self-employed) SB & COMPANY, LLC					Firm's EIN 20 = 21537		Preparer's PTIN o P0123750	
preparer use only	Signature of individual preparing this to unlent	200	MUS GRAND	CENT	BE E	FILEID	St	tate ZIP code ID 21117	
(see instr.)	Email address of individual preparing this localine PGRAY@SBANDCOMPANY.COM.	ca	nnot k	e p	paper	PHE CYTPRINT		ccl. code Date	
	PGRAY@SBANDCOMPANY.COM.			Mer	al pur	poses of	ııy.	·	



CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

Legal name of corporation ASSOCIATION OF PERFORMING ARTS Payment **PROFESSIONALS** 817 0.0 enclosed 2. CT13 Return type 39 1131995 4 Employer ID number (EIN) MM2 5 5. File number (FCC) 07-01-22 6. 6 Period beginning date (mm-dd-yy) 06-30-23 7 Period ending date (mm-dd-yy) 0 8 Amended (Y=1; N=0)9. 9 Final (Y=1; N=0)10. 10 NAICS code 11 MTA indicator (None = 0; Y = 1; N = 2; Both = 3) 11. Federal 1120-H filed (Y = 1; N = 0)12. 12 13. 13 REIT/RIC indicator (Y = 1; N = 0)1,067,00 14 Tax due/MTA surcharge 14. 15 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000 15. 817 00 16 Balance due 16. 17. 17 Amount of overpayment credited to next period - NYS 18. 18 Refund of overpayment 19. 19 Refund of unused tax credits 20. 20 Tax credits to be credited as an overpayment to next year's return 21 Amount of overpayment credited to next period - MTA 21 22 22. Amount of MTA surcharge retaliatory tax credit to be refunded 23. 23 Fixed dollar minimum 24. 24 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN 25 New York receipts 25. Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)? 26. 26 20 2153727 27 27. Paid preparer's EIN 28. 28 Preparer's NYTPRIN 29. |03 29 Excl. code

541001221019

For office use only

ASSOCIATION OF PERFORMING ARTS PROFESSIONALS

Page 2 of 2 CT-2 (2022)

Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.
32	Total excise tax on telecommunication services	32.
33	Tax on gross income - NYS	33.
34	MTA surcharge related to telecommunication services	34.
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.
36	Total MTA surcharge related to telecommunication services	36.
37	MTA surcharge on gross income	37.
38	Balance due · NYS	38.
39	Balance due - MTA	39.
40	Provided telecommunication services in the MCTD this year? (None = 0; $Y = 1$; $N = 2$; $Both = 3$)	40.
40 41	Provided telecommunication services in the MCTD this year? (None = 0; $Y = 1$; $N = 2$; $Both = 3$) Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None	
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None	e = 0; Y = 1; N = 2; Both = 3) 41.
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None Overpayment credited to next year's tax - NYS	e = 0; Y = 1; N = 2; Both = 3) 41.
41 42 43	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43.
41 42 43 44	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43. 44.
41 42 43 44 45	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS Refund of overpayment - MTA	42.
41 42 43 44 45 46	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS Refund of overpayment - MTA Refund of unused tax credits - NYS	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43. 44. 45. 46.

{	NEW
~	YORK STATE
2022	

CT-13

Department of Taxation and Finance

Unrelated Business Income Tax Return

2022 manded	Ιαλιι	Ctuiii	Δ	II filers er	nter ta	ax pe	eriod:						
amended return	Tax Law	- Article		eginning					ending	06-	30-2	23	_
Employer identification number (EIN)	File number		ess telephone number	<u> </u>						If you cl	aim an		_
■ 39-1131995	MM2	20	2-833-27	87						1	ment, ma the box	rk	٦
Legal name of corporation ASSOCIATI	ON OF PERFORM			Trade name	e/DBA					1 /			_
PROFESSIONALS													
Mailing address				State or co	untry of	f incorp	poration						_
Care of (c/o)													
Number and street or PO Box				Date of inc	orporat	ion		Foreign	corpora	tions: date b	egan busin	ess in NY	YS
919 18TH STREET, NW	. 650												
City U.S. state/Ca	nadian province ZIP/Postal	code	Country (if not United	States)				For office	ce use or	nly			_
WASHINGTON, DC 200	06												
NAICS business code number (from federal return)	If you need to upda	ite vour a	ddress or phone	informatio	n								
	for corporation tax,												
Principal unrelated business activity (see instruction	s)		. See <i>Business ir</i>		in								
SEE STATEMENT 1		Form		iioiiialioii									
		11 01111	01 11										_
Form CT-247 Application for Examplian	o fram Corneration Franc	bica Tava	a by a Nat Fax D										
Form CT-247, Application for Exemption Organization - Have you filed this No										Ves [\neg	o X	7
Organization - Trave you med this No	ew Tork State application	I IOI EXCI	ilption: (see inst	ructions)						163 ['`	<u></u>	
Mark an χ in this box if you are an emplo	ovee trust as defined in Ir	ntornal D	ovenue Code (ID)	C) section	401/	a)							٦
Mark an χ in this box if you ceased open	•		•	•	-								_
(see section Who must file Form CT-1												•	٦
A. Pay amount shown on line 22. Ma		04-4- 0-					·····	·····		Payment en	closed	<u> </u>	ᅼ
★ Pay amount shown on line 22. Mai★ Attach your payment here. Detach	ne payable to. New York Lall check stubs. (See in	State Co etructions	rporation Tax					Α		•	\$	317	_
, maer, year payment reserves as	- a	structions	Tor details.)					,,				,	Ė
Computation of income and ta	X												
1 Federal unrelated business taxable incom	e hefore net operating loss (deduction	and after \$1,000 sr	ecific dedu	ction				1		11,8	358	_
2 New York State Article 13 and Article									2				Ť
3 Additions required for shareholders									3				_
4 Grossed-up taxes for shareholders o									4				_
5 Other additions (see instructions)									5				_
6 Add lines 1 through 5									6		11,8	358	-
7 Other income (see instructions)													Ť
8 Federal S corporation shareholder su													
9 Other subtractions (see instructions)	,	,											
10 Total subtractions (add lines 7, 8, an								10	0				_
11 Taxable income before net operating											11,8	358	-
12 New York net operating loss deducti	,		,										_
13 Taxable income (subtract line 12 from											11,8	358	-
14 Allocated taxable income (multiply lin													_
from line 13 if allocation is not cla								• 14	4		11,8	358	
15 Tax based on income (multiply line 1	,											067	
16 Minimum tax												0.0	
17 Tax (line 15 or line 16, whichever is la												67	
18 Total prepayments from line 46												250	
19 Balance (if line 18 is less than line 17												317	
20 Interest on late payment (see instruc													_
21 Late filing and late payment penaltie													_
22 Balance due (add lines 19, 20, and 2	• •											317	-
23 Overpayment (if line 17 is less than li													_
24 Amount of overpayment on line 23 to													_
25 Amount of overpayment on line 23 to													_
	100000000	/ (= 0,										_

See page 3 for third-party designee, certification, and signature entry areas.



Have	you been audited by the Internal Revenue Service in the past 5 years?	Yes] N	o X If Yes, list ye	ears:_		
Fede	ral return was filed on: 990-T X Other:			ttach a complete c		of you	ur federal return.
Sch	edule A - Unrelated business allocation						
warel	did not maintain a regular place of business outside New York State, nouse, or other space regularly used by the taxpayer in its unrelated bustation, nature of activities, and number and duties of employees.			• .			•
		Α		В			
Ave	rage value of:	New York Sta	ite	Everywhe	ere		
26	Real estate owned (see instructions)26						
	Gross rents (attach list; see instructions)						
	Inventories owned 28						
29	Other tangible personal property owned (see instructions) 29						
30	Total (add lines 26 through 29)						
	Percentage in New York State (divide line 30, column A, by line 30, co	olumn B)				31	%
Rec	eipts in the regular course of business from:	· 					
32	Sales of tangible personal property shipped to						
	points within New York State						
33	All sales of tangible personal property						
34	Services performed 34						
35	Rentals of property 35						
36	Other business receipts 36						
37	Total (add lines 32 through 36)						
38	Percentage in New York State (divide line 37, column A, by line 37, co	olumn B)				38	%
39	Wages, salaries, and other compensation of employees						
	(except general executive officers; see instructions)						
40	Percentage in New York State (divide line 39, column A, by line 39, column A)	olumn B)				40	%
	Total of New York State percentages (add lines 31, 38, and 40)					41	%
42	Business allocation percentage (divide line 41 by three or by the number					42	%
Con	nposition of prepayments claimed on line 18*			Date paid			Amount
43	Payment with extension request, Form CT-5, line 5		43	11-15-23			250.
44a	Second installment from Form CT-400		44a				
44b	Third installment from Form CT-400		44b				
44c	Fourth installment from Form CT-400	[44c				
45	Amount of overpayment credited from prior years				45		
46	Total prepayments (add lines 43 through 45; enter here and on line 18)			46		250.
	* Taxpayers subject to the unrelated business income tax are not related business.	quired to make estim					
Ame	ended return information						
If filin	g an amended return, mark an χ in the box for any items that apply ar	nd attach documenta	tion.				
Final	federal determination • If marked, enter date	of determination:	•_				
Capit	al loss carryback Federal return filed			Form 11:	39 •		



Amended Form 990-T

Third - party designee (see	Yes No Designee's name ((print)			Desig	nee's phone number
instructions	Designee's email address				I	PIN
Certification	: I certify that this return and any attachments	are to the best of my knowledg	ge and b	pelief true, correct, and cor	nplete.	
Authorized	Printed name of authorized person LISA RICHARDS	Signature of authorized pers	son	Official title PRESIDENT A	ND (CEO
person	Email address of authorized person LRTONEY@APAP365.ORG			Telephone number 202207 – 385		Date
	Firm's name (or yours if self-employed) SB & COMPANY, LLC		- 11	Firm's EIN 20-2153727		arer's PTIN or SSN 3122714
Paid preparer use only	Signature of individual preparing this return	gnature of individual preparing this return Address 10200 GRAND CENTRAL AVE., SUITE OWINGS MILLS, MD 21117				ZIP code
(see instr.)	Email address of individual preparing this retu SMACKALL@SBANDCOMPANY • 0		Preparer	s NYTPRIN or Excl. co	de Dat	ee

See instructions for where to file.

FORM CT-13 PRINCIPAL UNRELATED BUSINESS ACTIVITY STATEMENT 1

ADVERTISING REVENUE FROM NON-MEMBERS

EXTENDED TO MAY 15, 2024

Forn	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	n	OMB No. 1545-0047			
		For ca	lendar year 2022 or other tax year beginning $ $	23	2022			
Depa Interi	artment of the Treasury nal Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only			
A [Check box if address changed.		Name of organization (loyer identification number			
	exempt under section	Print	PROFESSIONALS		9-1131995			
	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 919 18TH STREET, NW, 650	E Group exemption number (see instructions)				
	408A 530(a) 529A		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 2006	_ F	F Check box if			
		С Во	ok value of all assets at end of year 5,996,329.		an amended return.			
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university			
H	Check if filing only to)	Claim credit from Form 8941 Claim a refund shown on Form 2439					
<u> </u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>				
<u>J</u>	Enter the number of	attach	ed Schedules A (Form 990-T)		1			
K	, ,		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No			
_	The books are in car		d identifying number of the parent corporation. ASSOCIATION OF PERFORMING ARTS P Telephone number	(202) 833-2787			
			d Business Taxable Income	(2 0 2	7 033-2707			
1			ss taxable income computed from all unrelated trades or businesses (see	Т	T .			
'			ss taxable income computed from all unrelated trades of businesses (see	1	12,858.			
2	,			2				
3	Add lines 1 and 2			3	12,858.			
4			(see instructions for limitation rules)	4	0.			
5			taxable income before net operating losses. Subtract line 4 from line 3	5	12,858.			
6			ng loss. See instructions STATEMENT 2	6	12,858.			
7		•	ss taxable income before specific deduction and section 199A deduction.		,			
	Subtract line 6 from			7				
8			rally \$1,000, but see instructions for exceptions)	8	1,000.			
9			duction. See instructions	9				
10			nes 8 and 9	10	1,000.			
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7,					
	enter zero			11	0.			
Pa	art II Tax Com	putat	ion					
1	Organizations tax	cable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.			
2	Trusts taxable at	trust r	ates. See instructions for tax computation. Income tax on the amount on					
	Part I, line 11 from	ı: [Tax rate schedule or Schedule D (Form 1041)	2				
3	Proxy tax. See ins	structio	ns	3				
4	Other tax amounts	s. See i	nstructions	4				
5	Alternative minimu	ım tax	(trusts only)	5				
6	Tax on noncompl	cility income. See instructions	6					

7 Total. Add lines 3 through 6 to line 1 or 2, whichever appliesLHA For Paperwork Reduction Act Notice, see instructions.

Part	III Tax a	nd Payments								
1a	Foreign tax	redit (corporations	attach Form 1	118; trusts attach Forr	n 1116)	1a				
b	Other credits (see instructions) 1b									
С	General bus									
d				8801 or 8827)						
е	Total credits. Add lines 1a through 1d							1e		
2	Subtract line	1e from Part II, lin						2		0.
3	Other amou	nts due. Check if fr	om: Form	4255 Form 86	611 Forn	n 8697 🗌	Form 8866			
			Other	(attach statement)				3		
4	Total tax. A	dd lines 2 and 3 (se	ee instructions).	Check if i	ncludes tax pre	viously defe	rred under			
	section 1294	l. Enter tax amount	t here					4		0.
5	Current net	965 tax liability paid		5-A, Part II, column (k)				5		0.
6a	Payments: A	. 2021 overpaymer	nt credited to 20	22		6a	1,743.			
b	2022 estima	ted tax payments.	Check if section	n 643(g) election applie	es	6b				
С	Tax deposite									
d	Foreign orga	nizations: Tax paid		source (see instruction						
е	Backup with	holding (see instru	ctions)			6e				
f				miums (attach Form 89		6f				
g				Form 2439		_				
		1136		Other						
7	Total payme	nts. Add lines 6a	through 6g					7	1,7	<u>43.</u>
8			•	if Form 2220 is attac			Ш	8		
9				es 4, 5, and 8, enter a				9		
10				of lines 4, 5, and 8, ent	er amount over	paid		10	1,7	
11				d to 2023 estimated t		1,74		11		0.
Part				Activities and Otl		•	•		T	T
1	-	-	-	the organization have		-	•		Yes	No
		•		her) in a foreign count	•	-	-			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country									v
_	here								-	X
2	-			e a distribution from,	-					x
				ganization may have t						
3	•			•			\$			
4	Enter the amount of tax-exempt interest received or accrued during the tax year Enter available pre-2018 NOL carryovers here \$									
-		•	•	ice the NOL carryover						
5		•	•	Activity Code and ava	•	•	•	•		
3		•		•	· ·	-				
	the amount	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code Available post-2017 NOL c							1	
	- / / ^ ^ ^							23,880.	-	
									1	
6а	Did the orga	nization change its	method of acco	ounting? (see instructi	ons)					Х
b	ū	ŭ		he change on Form 99	,					
	explain in Pa									
Part	V Supp	emental Inform	mation							
Provide	the explanat	ion required by Pa	rt IV, line 6b. Als	so, provide any other a	additional inforn	nation. See i	nstructions.			
	•	. ,	•	,,						
				this return, including accompa				lge and belief, it is tr	Je,	
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									with
Here								ay the IRS discuss the preparer shown bel		VICII
	Signature	of officer		Date	Title		ins	structions)? X	/es	No
	Print/	Гуре preparer's name	;	Preparer's signature		Date	Check it	PTIN		
Paid							self- employed			
Prepa	rer STE	PHEN MACKA	ALL					P03122		
Use C	1		COMPANY				Firm's EIN	20-215	372	7
•				D CENTRAL A		TE 250				
	Firm's	address OW	INGS MIL	LS, MD 2111	7		Phone no. (410)584-		
223711 0	1-16-23							Form 9	990-T	(2022)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

	ment of the Treasury I Revenue Service Do not enter SSN numbers on this form as it	may be n	nade public if your organiza	ation is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A N	lame of the organization ASSOCIATION OF PERFORM PROFESSIONALS	B Employer identif	er identification number 131995		
<u>c</u> ւ	Unrelated business activity code (see instructions) 54180	0 0		D Sequence:	1 of 1
E [Describe the unrelated trade or business ADVERTISING	REVE	NUE FROM NON	-MEMBERS	
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11	44,573.	31,715.	12,858.
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	44,573.	31,715.	12,858.
Pai	Deductions Not Taken Elsewhere See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	ncome			ns must be
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15					0.
16	Unrelated business income before net operating loss deduction. S				
	column (C)			·	12,858.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 1				12,858.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Pac	ıe	4

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4 Additional section 263A costs (attach statement) 5 Other costs (statch statement) 6 Total. Add lines 1 through 5 7 Inventory at end of year 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 To the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 9 Test Through 5 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. 8	Page 2	on	thod of inventory valuati	t III Cost of Goods Sold Enter me	Part
2 Purchases 3 Cost of fabor 4 Additional section 263A costs (attach statement) 5 Other costs (attach statement) 5 Other costs (attach statement) 6 Total. Add lines 1 through 5 7 Inventory at end of year 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	1		•		1
3 Cost of labor 4 Additional section 2834 costs (attach statement) 5 Other costs (attach statement) 6 Total. Add lines 1 through 5 7 Inventory at end of year 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 2834 (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A					
4 Additional section 263A costs (attach statement) 5 Other costs (attach statement) 6 Total. Add lines 1 through 5 7 Inventory at end of year 8 Cost of goods solds. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resiels) apply to the organization?					3
5 Other costs (attach statement) 6 Total. Add lines 1 through 5 7 Inventory at end of year 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	4			Additional section 263A costs (attach statement)	4
6 Total. Add lines 1 through 5 7 Inventory at end of year 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Du the rules of section 283A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A					5
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 253A (with respect to property produced or acquired for resale) apply to the organization?					6
9 Do the rules of section 283A (with respect to property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A	_				7
Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B B C D 2 Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) but not more than 50% of the rent is based on profit or income) c Total rents received or accrued A Dependent of the rent for personal property (if the percentage of rent for personal property (property exceeds 50% or if the rent is based on profit or income) c Total rents received or accrued. Add line 2 columns A through D. Enter here and on Part I, line 6, column (A) Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) Part V Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A	8		here and in Part I, line 2	Cost of goods sold. Subtract line 7 from line 6. Enter	8
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Part V Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A	on (B)	(5)		-	_
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A	<u>In (B)</u>	ine 6, column (B)	nter nere and on Part I, I	V Unrelated Debt-Financed Income	
A B C D 2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement) b Other deductions (atd lines 3a and 3b, columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	aluse See instructions	neck if a dual-use. See	,		
B	iruse. See iristructions.	ieck ii a dual-use. See	city, state, Zii codej. O		•
C D D 2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement) b Other deductions (atdach statement) c Total deductions (add lines 3a and 3b, columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)					
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c Total deductions (add lines 3a and 3b, columns A through D)					а
columns A through D)					b
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				•	С
to debt-financed property (attach statement)					_
					4
5 Average adjusted basis of or allocable to debt-					_
				• ,	5
financed property (attach statement) 6 Divide line 4 by line 5 % %	0/ 0/	0/			6
6 Divide line 4 by line 5 % % % 7 Gross income reportable. Multiply line 2 by line 6	<u>%</u> % %	<u>%</u>			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	olumn (A) 0 •	t Lline 7 column (A)			
- 13 cm gr 333 moomo (add mio 7, 30 dimio A miough D). Enter nere and on Farth, mie 7, 30 dimin (A)		. i, iii o 7, colui lii (A)	7. LING HEIE AND ON FAI	Total gross moone ladd line 1, columns A thought	J
9 Allocable deductions. Multiply line 3c by line 6				Allocable deductions Multiply line 3c by line 6	9
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)		I			
11 Total dividends-received deductions included in line 10	ne 7, column (B)	on Part I, line 7, colum	nrough D. Enter here and		10

Schedule A (Form 990-T) 2022 Page 3

Part \	/I Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganization	S (s	ee instruct	ions)		Page v
	Exempt Controlled Organization											
	Name of controlled organization		identification				al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		in the aniza-	connected with	
(1)												
(2)												
(3)												
(4)						<u> </u>						
	Tayahla Inaama			1	Controlled O	•		of ook	.mn 0	- 44	Dodustia	ana diraath.
/.	Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	cluded	in the zation's		connect	ons directly ed with column 10
(1)												
(2)								-				
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ente		s 6 and 11. nd on Part I, lumn (B)
Totals									0.			0.
Part \	/II Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee ins	tructions)			
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected	4. Set- (attach st	asides tatemer	nt) and	tal deductions d set-asides cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amor column 2 here and o line 9, colu	Enter n Part I, ımn (A)					coli here	d amounts in umn 5. Enter and on Part I, 9, column (B)
Totals Part \	/III Exploited E	vomnt /	ctivity Income	Other 1	Than Adve	0.	Income	/ :	l structions)			0.
	Description of exploite			, Other i	IIIaii Auve	ı uəni	y income	(see in	structions)			
	Gross unrelated busin	•		nece Ente	r here and o	n Dart I	line 10. colum	n (A)		2		
	Expenses directly con					,	•	` '				
	line 10, column (B)		•							3		
4	Net income (loss) from	unrelated		Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete	;		4		
	Gross income from ac									5		
	Expenses attributable									6		
	Excess exempt expen											
	4. Enter here and on F									7		

Schedule A (Form 990-T) 2022

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on a c	onsolidated basis.		
	A JOB BANK				
	В 💹				
	c				
	D 🔛				
Enter a	amounts for each periodical listed above in the c	corresponding column.			
		44,573.	В	С	D
2	Gross advertising income				44,573.
_	Add columns A through D. Enter here and on l	Part I, line 11, column (A)			44,373.
а 3	Direct advertising costs by periodical	31,715.			
а	Add columns A through D. Enter here and on I				31,715.
-	Add Coldmins At all Cagin B. Enter Hore and on the				
4	Advertising gain (loss). Subtract line 3 from line	e			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8	12,858.			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les	I I			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre		ol or zero here and o	n	
а					0.
	Part II. line 13				
Part	X Compensation of Officers, Direction	ectors, and Trustees (se	e instructions)		
Part	X Compensation of Officers, Dire	ectors, and Trustees (se	e instructions)	3. Percentage	4. Compensation
Part	X Compensation of Officers, Direction 1. Name	ectors, and Trustees (se	e instructions)		
Part	X Compensation of Officers, Dire	ectors, and Trustees (se	e instructions)	3. Percentage	4. Compensation
1)	X Compensation of Officers, Dire	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2)	X Compensation of Officers, Dire	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3)	X Compensation of Officers, Dire	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
1) 2) 3)	X Compensation of Officers, Dire	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3) 4)	X Compensation of Officers, Directors of Name	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
Part 1) 2) 3) 4) Total	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (se	e instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 2
PRE-2018 NOL CARRY FORWARD PRE-2018 NOL DEDUCTION INCL	UDED IN PART I, LINE 6	21,627. 12,858.
SCHEDULE A ENTITY	SCHEDULE A SHARE	
1	0.	
TOTAL SCHEDULE A SHARE OF P NET OPERATING DEDUCTION BALANCE AFTER PRE-2018 NOL EXPIRING NET OPERATING LOSS CARRY FORWARD OF NET OPERAT	DEDUCTION ES	0. 12,858. 0. 0. 8,769.

FORM 990-T	PRE-2018	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	1,412.	1,412.	0.	0.
06/30/14	7,374.	7,374.	0.	0.
06/30/15	18,714.	14,838.	3,876.	3,876.
06/30/16	17,084.	0.	17,084.	17,084.
06/30/17	131.	0.	131.	131.
06/30/18	536.	0.	536.	536.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	21,627.	21,627.

990-T SCH A	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20 06/30/21 06/30/22	1,163. 236. 22,481.	0. 0. 0.	1,163. 236. 22,481.	1,163. 236. 22,481.
NOL CARRYOV	YER AVAILABLE THIS Y	ZEAR	23,880.	23,880.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

EXTENSION PAYMENT

287551 10-31-22	▼
CCH Wisconsin Corporation Estim Use this form only if your taxable y Form Corp-ES Person to contact regarding payment: Photographics	Make check payable to and mail to:
Federal Employer ID Number 39 1131995	This estimated tax payment is for: 2022 calendar year X Fiscal year beginning 07012022
Entity Name	Short taxable year beginning ending
ASSOCIATION OF PERFORMING ARTS PROFESS Number and Street 919 18TH STREET, NW	Payments are due by the 15th day of the 4th, 6th, 9th, and 12th months of the taxable year and, for corporations receiving extensions, by the 15th day of the 4th month after the end of the taxable year. Exception: For fiscal years beginning in April, the first estimated tax
City State ZIP Code WASHINGTON DC 20006	payment is due June 15. Amount of Payment \$ 0 .

Please do not staple your payment to this voucher.

Schedule A	Comput	tation of Estimate	ed Tax and Econo	mic Developmen	t Surcharge	(A) Original Computation	(B) Amended Computation
1 Amount of total	1 Amount of total estimated net income expected in taxable year that begins in 2023				12858		
2 Percentage of li	ine 1 attribu	table to Wisconsin				100.0000	
3 Amount of estin	nated net in	come attributable to	Wisconsin (multiply	line 1 by line 2)		12858	
4 Franchise or inc	come tax (fo	or corporations, 7.9%	of income on line 3;	trusts use trust rate	s)	1016	
5 Total estimated	credits						
6 Net franchise or	r income tax	x (subtract line 5 fror	m line 4)			1016	
7 Economic develop	pment surcha	arge (3% of line 4 for C	corporations; S corpor	rations and trusts see t	ax return instructions)		
8 Total estimated	tax and eco	onomic developmen	t surcharge (add line	s 6 and 7) **	1,040	1016	
Schedule B	Compu	itation of Install	ments Due		Installmen	t Number	
1 Enter in columns	1 through 4	the installment due dat	es that correspond to	1	2	3	4
the 15th day of th	ne 4th, 6th, 9t	th, and 12th months of	the taxable year. *	10162023	12152023	03152024	06172024
2 If 4 installments a	are due, enter	in each col. 1/4 of Sch	nedule A, line 8, col. A.				
If less than 4 inst	allments are	due, see instructions u	nder "When to Pay."	260	260	260	260
3 Enter any overpay	yment from y	our 2022 Form 4, 4T, 5	S, or 6 (apply first				
to col. 1 and carry	y any unused	balance to col. 2, then	col. 3, etc.).				
4 Installment amo	ount (subtra	ct line 3 from line 2).	. Enter here and on				
installment vou	chers.			260	260	260	260
Schedule C	Compu	itation of Amen	ded Installment	s Due			
1 Enter amended	l estimated	tax and economic d	evelopment surcharg	je from Schedule A, I	ine 8, column B		
2 Enter: a Am	ount of overp	payment from 2022 For	m 4, 4T, 5S, or 6 offset	against installments pa	aid to date a		
b Am	nount of pay	ments made to date)		b		
3 Total of payme	nts and cred	dits claimed to date	(add line 2a and line	2b)			
4 Unpaid balance	e (subtract li	ine 3 from line 1)					
5 Enter the due dat	es of remaini	ng installments due (fr	om Schedule B, In. 1)				
6 To determine th	he portion o	of line 4 to enter for e	ach remaining				
installment, see	e instruction	s under "Amended	Installments"				
from 2022 Form 4	4, 4T, 5S, or 6 t installment	rpayment - total overpa 6 less amount entered o due and carry any unus	on line 2a above				
Amandad insta		(subtract line 7 fron	n line 6)				
6 Amended insta	Dagger	l of Payments					Total
Schedule D	Record						
Schedule D		orm 4, 4T, 5S, or 6					
Schedule D							
Schedule D 1 2022 overpaym			+	+ .	+	+	=

Keep Schedules A Through D for Your Records **ADJUSTED AMOUNT

^{*}Exception: For fiscal years beginning in April, the first estimated tax due date is the 15th day of the 3rd month of the taxable year (June 15th).

287542 10-31-22 V cut here V		
CCH Wisconsin Corporation Estimate Use this form only if your taxable year be Person to contact regarding payment: Phone number:	Make check paya	ment of Revenue
Federal Employer ID Number 39 1131995 Entity Name	This estimated tax payment is for: 2023 calendar year X Fiscal year beginning Short taxable year beginning	23
ASSOCIATION OF PERFORMING ARTS PROFESSIO Number and Street 919 18TH STREET, NW	ending Payments are due by the 15th day of the 4th, 6th, 9th months of the taxable year and, for corporations receby the 15th day of the 4th month after the end of the Exception: For fiscal years beginning in April, the first payment is due June 15.	iving extensions, taxable year.
City State ZIP Code WASHINGTON DC 20006	Amount of Payment \$	260

287542 10-31-22 V cut here V		
CCH Wisconsin Corporation Estimate Use this form only if your taxable year be Person to contact regarding payment: Phone number:	Make check paya	ment of Revenue
Federal Employer ID Number 39 1131995 Entity Name	This estimated tax payment is for: 2023 calendar year X Fiscal year beginning Short taxable year beginning	23
ASSOCIATION OF PERFORMING ARTS PROFESSIO Number and Street 919 18TH STREET, NW	ending Payments are due by the 15th day of the 4th, 6th, 9th months of the taxable year and, for corporations receby the 15th day of the 4th month after the end of the Exception: For fiscal years beginning in April, the first payment is due June 15.	iving extensions, taxable year.
City State ZIP Code WASHINGTON DC 20006	Amount of Payment \$	260

287542 10-31-22 V cut here V		
CCH Wisconsin Corporation Estimate Use this form only if your taxable year be Person to contact regarding payment: Phone number:	Make check paya	ment of Revenue
Federal Employer ID Number 39 1131995 Entity Name	This estimated tax payment is for: 2023 calendar year X Fiscal year beginning Short taxable year beginning	23
ASSOCIATION OF PERFORMING ARTS PROFESSIO Number and Street 919 18TH STREET, NW	ending Payments are due by the 15th day of the 4th, 6th, 9th months of the taxable year and, for corporations receby the 15th day of the 4th month after the end of the Exception: For fiscal years beginning in April, the first payment is due June 15.	iving extensions, taxable year.
City State ZIP Code WASHINGTON DC 20006	Amount of Payment \$	260

287542 10-31-22	
CCH Wisconsin Corporation Estimate Use this form only if your taxable year be Person to contact regarding payment: Phone number:	Make check payable to and mai
Federal Employer ID Number 39 1131995 Entity Name	This estimated tax payment is for: 2023 calendar year X Fiscal year beginning Short taxable year beginning
ASSOCIATION OF PERFORMING ARTS PROFESSIO Number and Street 919 18TH STREET, NW	Payments are due by the 15th day of the 4th, 6th, 9th, and 12th months of the taxable year and, for corporations receiving extension by the 15th day of the 4th month after the end of the taxable year. Exception: For fiscal years beginning in April, the first estimated tax payment is due June 15.
City State ZIP Code WASHINGTON DC 20006	Amount of Payment \$ 26

Form

DO NOT STAPLE OR BIND

PAPER CLIP check or money order here

Wisconsin Exempt Organization Business Franchise or Income Tax Return

For calendar year 2022 or tax year beginning 07 01 2022 and ending 06 30 2023 MM DD YYYY

	5th month (4th month for certain trust	s and IRAs) following	g close of taxable year.
Exempt Organization Name ASSOCIATION OF PERFORMING ARTS P	ROFESSIO		
Number and Street 919 18TH STREET, NW	KOF EDDIO		Suite Number 650
City	State ZIP (+ 4 digit suffix if known)	A Federal Emplo	
WASHINGTON	DC 20006	39 113	1995
D Check ✓ if applicable and attach explanation:	B Business Activity (NAICS) Code	C State of Organ	
1 Amended return (Include Schedule AR)		state in	breviation of box, or if a YYYY
2 First return - new corporation or entering Wisconsin 4 S		below.	country, enter YYYY
3 Final return - corporation dissolved or withdrew 5 S	Short period - stock purchase or sale		
Check ✓ if applicable and see instructions:		_	
	06 17 2024 MM DD YYYY		
F If you have related entity expenses and are required to file Schedule RT with the	nis return		
G If you changed your organization name			
H Internal Revenue Service adjustments became final during the year			
Enter years adjusted			
I Check / type of organization:	− J Name of Trustee if Ta	ixable as Trust	
1 X Corporation 2 Trust - due 4th month 3 Trust - due		Addie do Tract	
Test day attribute 5			
ENTER NEGATIVE NUMBERS LIKE THIS	-1000 <u>NOT</u> LIKE THIS (1000) NO	COMMAS; NO CENTS
Organizations Taxable as Corporations (Trusts do not fill in line	s 1 through 13)		
1 Unrelated business taxable income (from federal Form 990-T,	, Part 1, line 11)	1	
2 Additions (from Part 1, Page 3)		2	12858
3 Add lines 1 and 2		3	12858
4 Subtractions (from Part 2, Page 3)		4	
<u>5</u> Total net nonapportionable unrelated business taxable incom		5	
6 Subtract lines 4 and 5 from line 3. This is apportionable unrel	ated business taxable income	6	12858
7 Wisconsin apportionment percentage. Enter the apportionment		7	100.0000
If 100% apportionment, check (\checkmark) the space after the arrow		<u>X</u>	
If using separate accounting, check (\checkmark) the space after the a	arrow	•	
8 Multiply line 6 by line 7			12858
9 Wisconsin net nonapportionable unrelated business taxable	income (loss) (from Form N, line 9)	9	
40 Combine lines 0 and 0. This is Wissensin suppleted business.	Accepta in a constitution	40	12858
10 Combine lines 8 and 9. This is Wisconsin unrelated business			4444
 11 Enter 7.9% (0.079) of amount on line 10. This is gross tax 12 Nonrefundable credits (from Schedule CR) 			
Nomiciandable dealts (nom conedule on)			
13 Subtract line 12 from line 11. If line 12 is greater than line 11,		13	1016
Organizations Taxable as Trusts (Corporations do not fill in lines	- · ·		
14 Unrelated business taxable income (from federal Form 990-T,			
federal Form 4720)			
15 Additions (from Part 1, Page 3)		15	
16 Add lines 14 and 15		16	
17 Subtractions (from Part 2, Page 3)			
18 Subtract line 17 from line 16. This is Wisconsin unrelated bus			
19 Tax from tax table on amount on line 18. This is gross tax		19	

202	2 Form 4T					Page 2 of 3
<u>20</u>	Nonrefundable credits (from Schedule CR)				20	
21	Net income tax paid to other states				21	
22	Add lines 20 and 21					
23	Subtract line 22 from line 19. If line 22 is greater than I	line 19, enter zero	(0). This is net t	ax		
24	Tax from line 13 or 23					1016 .
25	Economic development surcharge (see instructions)				25	
 26	Endangered resources donation (decreases refund or					
27	Veterans trust fund donation (decreases refund or incr					
<u> 28</u>	Add lines 24 through 27				28	1016 .
<u>29</u>	Estimated tax payments less refund from Form 4466W	V 29		<u> </u>		
<u>30</u>	Wisconsin tax withheld					
<u>31</u>	Refundable credits (from Schedule CR)	31		<u>.</u>		
32	Amended Return Only - amount previously paid	32				
33	Add lines 29 through 32					
34	Amended Return Only - amount previously refunded					
35	Subtract line 34 from 33				35	
26	Interest, penalty, and late fee due (from Form U line 17	7 or 26 or Schod	do II lino 15 or i	20)		
<u>36</u>	If you annualized income on Form U or Schedule U, ch				36	_
37	Amount due. If the total of lines 28 and 36 is larger th					
<u> </u>	of lines 28 and 36				37	1016 .
38	Overpayment. If line 35 is larger than the total of lines					
	28 and 36 from line 35				38	
<u>39</u>	Enter amount of line 38 you want credited on 2023 est					
40	Subtract line 39 from line 38. This is your refund				40	
41	Enter total gross receipts from all unrelated trade or bu					
Ad	ditional Information Required					
1	Person to contact concerning this return:		PI	none #:		Fax #:
	City and state where books and records are located for					
	Are you the sole owner of any limited liability companie	• •	Yes <u>X</u> N	No If yes, complet	e Schedule	DE and include with this
	return. Did you include the incomes of these entities in	this return?	Yes	No		
4	Did you purchase any taxable tangible personal proper	ty or taxable servi	ices for storage	use or consumption	in Wiscons	sin without payment
	of a state sales or use tax? Yes _X_ No					now to report use tax.
	(You will not be liable for Wisconsin use tax if you hold		•			To the report dee sum
	List the locations of your Wisconsin operations:		,	,		
Thi	rd Do you want to allow another person to discuss	this return with the	department?	X Yes Comple	ete the follow	ing No
Pai	tv Print		Phone N	umber $lacktriangleright$	Personal	Identification Number (PIN)
	Designee's Name Name					
Uno	er penalties of law, I declare that this return and all attac	chments are true	correct. and con	mplete to the best of	my knowled	ge and belief.
$\overline{}$	gnature of Officer or Trustee	Title	,			ate
_		<u> </u>				
P	eparer's Signature	Preparer's Fed P031227	leral Employer II '14	Number		ate

You must file a copy of your federal Form 990-T or 4720, including attachments, with your Form 4T.

If you are not filing your return electronically, make your check payable to and mail your return to

Wisconsin Department of Revenue PO Box 8908 Madison WI 53708-8908



2022 Form 4T Page **3 of 3**

Part 1 - Additions:

<u>1</u>	Interest income (less related expenses) from state and municipal			<u>.</u>
<u>2</u>	State and local franchise or income taxes			<u> </u>
<u>3</u>	Capital gain/loss adjustment		3	•
				10050
4	Federal net operating loss carryover			12858 .
<u>5</u>	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1,			-
<u>6</u>	Reserved for future use			•
<u>7</u>	Transitional adjustments		7	<u> </u>
_	O and the consequence of the contract to a c			
8	Credit computed (see instructions):	_		
	<u>b</u> Community rehabilitation program credit	8b	<u> </u>	
	D 1 11			
	<u>c</u> Development zones credits			
	<u>d</u> Economic development tax credit	8a	<u> </u>	
	<u>e</u> Electronics and information technology manufacturing	_		
	zone credit		<u>·</u>	
	<u>f</u> Employee college savings account contribution credit	8f	<u>·</u>	
		-		
	g Enterprise zone jobs credit			
	<u>h</u> Farmland preservation credit		<u> </u>	
	<u>i</u> Jobs tax credit	8i	<u> </u>	
	j Manufacturing and agriculture credit (computed in 2021)	·		
	<u>k</u> Manufacturing investment credit			
	<u>I</u> Research expense credit		<u> </u>	
	<u>m</u> Reserved for future use	8m	<u> </u>	
	n Total credits (add lines 8a through 8m)		8n	<u> </u>
9	Other additions:	_		
	a	9a	<u> </u>	
	b			
	C	9c	.	
	d Total other additions (add lines 9a through 9c)		9d	<u> </u>
40	Tabel additions (add lines 4 through 7 On and Od and anton a		40	12858.
	Total additions (add lines 1 through 7, 8n, and 9d and enter or rt 2 - Subtractions:	on page 1)	10	12030 .
		ramont abligations	4	
1	Interest income (less related expenses) from United States gover			
<u>2</u>	Capital gain/loss adjustment		2	<u> </u>
2	Wisconsin not appreting loss commission		2	
<u>3</u>	Wisconsin net operating loss carryforward Deductible related entity expenses (from Sch. RT, Part II or Sch.			
4	Income from related entities whose expenses were disallowed (c		4	<u>.</u>
<u>5</u>	·		5	
6	related entity and submit with your return)			
<u>6</u>	Transitional adjustments		0	<u> </u>
7	Other subtractions:			
7		70		
	a			
	b	7b	<u> </u>	
		7-		
	C	7c		
•	d Total other subtractions (add lines 7a through 7c)			
8	Total subtractions (Add lines 1 through 6 and 7d and enter or	n page 1)	8	<u> </u>



** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

A F	For the	e 2022 calendar year, or tax year beginning $$ J $$ U $$ L $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ل ending	UN 30, 2	2023	
3 (Check if applicable	C Name of organization ASSOCIATION OF PERFORMING ARTS				eation number
	Addre chang	PROFESSIONALS Doing business as 39-1131995				
	Name chang	Doing business as		39-13	13199	95
	Initial return Final return		Room/suite 6 5 0			3-2787
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	\$	3,310,873.
	Amen- return			H(a) Is this a	group re	
	Application	F Name and address of principal officer: LIBA RICHARDS				? Yes X No
	pendi	SAME AS C ABOVE				cluded? Yes No
1	Гах-ех	empt status: \overline{X} 501(c)(3) $\overline{}$ 501(c) () (insert no.) $\overline{}$ 4947(a)(1)	or 527	7 ' '		list. See instructions
	Websi			H(c) Group ex		
		organization: X Corporation Trust Association Other	L Year			State of legal domicile: WI
	art I	Summary				<u> </u>
	1	Briefly describe the organization's mission or most significant activities: THE	ASSOCI	ATION OF	PER	RFORMING
Governance		ARTS PROFESSIONALS DEVELOPS AND SUPPORT A				
naı	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its	net ass	ets.
Ver	3				1 1	25
		Number of independent voting members of the governing body (Part VI, line 1b)				20
οğ	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)				14
iŧie	6	Total number of volunteers (estimate if necessary)				136
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.
				Prior Year		Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		4,988,0	070.	1,315,108.
Revenue	9	Program service revenue (Part VIII, line 2g)		382,4	417.	1,861,037.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		60,8	376.	40,739.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		89,0	027.	93,989.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,520,3	390.	3,310,873.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,065,0	000.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,059,5	556.	1,107,933.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ē	. в	Total fundraising expenses (Part IX, column (D), line 25) 46,7	29.			
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,726,3	341.	2,330,980.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,850,8	397.	3,438,913.
		Revenue less expenses. Subtract line 18 from line 12		669,4	493.	-128,040.
t Assets or	3		Ве	ginning of Curre		End of Year
sets	20	Total assets (Part X, line 16)		6,114,1		5,996,329.
t As	21	Total liabilities (Part X, line 26)		2,841,9		2,740,144.
-Net/		Net assets or fund balances. Subtract line 21 from line 20		3,272,2	225.	3,256,185.
Pa	art II	Signature Block				
	-	lties of perjury, I declare that I have examined this return, including accompanying schedule				knowledge and belief, it is
rue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowled	ge.	
Sig	n	Signature of officer		Date		
Her	e	LISA RICHARDS, PRESIDENT AND CEO				
		Type or print name and title		Data I		T DTIN
	_	Print/Type preparer's name Preparer's signature		Date	Check if	PTIN
aic		STEPHEN MACKALL			self-employe	
	parer	Firm's name SB & COMPANY, LLC) F 0	Firm's	EIN 20	0-2153727
Jse	Only	Firm's address 10200 GRAND CENTRAL AVE., SUITE 2	450		, .	10\504 0010
		OWINGS MILLS, MD 21117		Phone	no. (4	10)584-2218
100	tha II	RS discuss this return with the preparer shown above? See instructions				X Ves No

	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 ASSOCIATION OF PERFORMING ARTS PROFESSIONALS DEVELOPS AND SUPPORTS
	A ROBUST PERFORMING ART PRESENTING, BOOKING, AND TOURING FIELD AND THE
	PROFESSIONALS WHO WORK IN IT.
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
	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 \$
	MEMBERS CONFERENCE - MORE THAN 3,600 PERFORMING ARTS PROFESSIONALS
	ATTEND THE CONFERENCE. ACTIVITIES INCLUDE PROFESSIONAL DEVELOPMENT,
	ROUND TABLE DISCUSSIONS, PRESENTATIONS, ARTIST SHOWCASES, AND
	EXHIBITIONS.
	
	(Code:) (Expenses \$ 466,556 • including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$466,556. including grants of \$) (Revenue \$) PROFESSIONAL DEVELOPMENT INCLUDES LEADERSHIP PROGRAMS FOR EMERGING AND
	MID-CAREER ARTS PROFESSIONALS, FOCUSED ARTIST INSTITUTES, THE
	DEVELOPMENT AND PRESENTATION OF YEAR-ROUND WORKSHOPS, INTENSIVES AND
	WEBINARS ON TOPICS AND ISSUES IMPACTING THE FIELD, PROFESSIONAL DEVELOPMENT SESSIONS PROGRAMMED AT THE ANNUAL CONFERENCE, AND THE
	DEVELOPMENT SESSIONS PROGRAMMED AT THE ANNUAL CONFERENCE, AND THE SHARING OF RESOURCES AND INFORMATION THROUGH ONLINE TOOLS AND NETWORKS.
	SHARING OF RESOURCES AND INFORMATION THROUGH ONLINE TOOLS AND NETWORKS.
	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$
	Other program convises (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 1,368,735. including grants of \$) (Revenue \$ 93,989.)
40	(Expenses \$ 1,368,735 including grants of \$) (Revenue \$ 93,989 ·) Total program service expenses 2,794,065 ·
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Part IV Checklist of Required Schedules

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			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_	Х	
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	_	37	
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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
40	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	Х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а	, , ,	11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
b		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
_	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	Х	
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ \ •
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Fartia, columnity,, line 1: If Yes, complete Schedule I, Parts I and II	41		_ 22

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			- T
	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	OFL		х
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.		
00	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?	36		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	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?	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		- 55		
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b	Х	
	5:11			За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $$100,000$, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			37
	to file Form 8282?	 I	 I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file for		200 oo roquirod?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11		
Ü		•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the arrangement arrangement of the control of t			9a		
b	Did the control in the control of th			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	۱	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	•	44-		Х
14a				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule the explanation subject to the section 1960 tax on payment(s) of more than \$1,000,000 in remune			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		Х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			ıə		-22
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х
.0	If "Yes," complete Form 4720, Schedule O.		me?	.5		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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									
	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									
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 direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6	X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a_	X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		7.7							
	persons other than the governing body?	7b	X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77							
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v						
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X						
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI-						
10-	Did the executation have level chanters branches as effiliated?	10a	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	IUa								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	IIa								
12a		12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120								
Ŭ	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed WI									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	ASSOCIATION OF PERFORMING ARTS PROFESSIONALS - (202) 833-2787									

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Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

- 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.

(A) Name and title	(B) Average			((Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	offi				s both r/trus		compensation from	compensation from related	amount of other
	(list any hours for related organizations below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LISA RICHARDS	line) 40.00	ıl	lns	#0	.e	e Hig	For			
PRESIDENT & CEO	40.00	1		х				210,000.	0.	0.
(2) NIIYO NARNOR-MADISON	40.00									
DIRECTOR OF OPERATIONS AND EVENTS						X		113,451.	0.	0.
(3) KRISTA BRADLEY	40.00									
DIRECTOR, PROGRAMS & RESOURCES						Х		110,543.	0.	0.
(4) JENNY THOMAS	40.00									
DIRECTOR, MARKETING & COMMS						X		100,658.	0.	0.
(5) RENAE WILLIAMS NILES	1.00									
CHAIR	1 00	Х		Х				0.	0.	0.
(6) MICHAEL REED	1.00	ļ		l					•	•
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(7) DANIEL BERNARD ROUMAIN	1.00	.,		,,					0	0
VICE CHAIR (8) FRANCINE SHEFFIELD	1 00	Х		Х				0.	0.	0.
(8) FRANCINE SHEFFIELD SECRETARY	1.00	Х		х				0.	0.	0.
(9) ANNA GLASS	1.00	Λ		^				0.	0.	<u> </u>
TREASURER	1.00	Х		х				0.	0.	0.
(10) ALICIA ADAMS	1.00	77						0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(11) AISHA AHMAD-POST	1.00									
DIRECTOR		х						0.	0.	0.
(12) LULANI ARQUETTE	1.00							-	-	
DIRECTOR		Х						0.	0.	0.
(13) MERCEDES CAXAJ	1.00									
DIRECTOR		Х						0.	0.	0.
(14) EDDIE COTA	1.00									
DIRECTOR		Х						0.	0.	0.
(15) KAREN FISCHER	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JAMIE GRANT	1.00	1_							_	_
DIRECTOR		Х						0.	0.	0.
(17) CHRIS HARRINGTON	1.00									_
DIRECTOR		X		<u> </u>			<u> </u>	0.	0.	0.

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Form 990 (2022)

Part VIII Section A Officers Directors To							_		37 1131	JJJ Fage O
Section A. Officers, Directors, 11		loy	ees,			ghes	t Co			
(A)	(B)			(C Posi				(D)	(E)	(F)
Name and title	Average		not cl	heck i	more	than o		Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direct				P		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)	•	and related
	below	vidua	itutio	ser	empl	nest c	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Forr			
(18) LANE HARWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(19) CHRISTOPHER HEACOX	1.00									
DIRECTOR		Х						0.	0.	0.
(20) AMY LAM	1.00									
DIRECTOR		Х						0.	0.	0.
(21) MARIA LOPEZ DE LEON	1.00									
DIRECTOR		Х						0.	0.	0.
(22) BETH MACMILLAN	1.00									
DIRECTOR		Х						0.	0.	0.
(23) STEPHANIE MCKEE-ANDERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(24) JILL ROBINSON	1.00									
DIRECTOR		Х						0.	0.	0.
(25) BEATRICE THOMAS	1.00									
DIRECTOR		Х						0.	0.	0.
(26) TOBIAS TUMARKIN	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								534,652.	0.	0.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								534,652.	0.	0.

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) (B)	(C)
Name and business address Description of services	Compensation
GLOBAL EXPERIENCE SPECIALISTS, INC., 7000 EXHIBITION & EVENT	
SOUTH LINDELL ROAD, LAS VEGAS, NV 89118 SERVICES	120,091.
SWAPCARD, INC., 1411 BROADWAY, 16TH FLOOR,	
NEW YORK, NY 10018 CONFERENCE PLATFORM	109,951.
ARTS CONSULTING GROUP	
292 NEWBURY ST. SUITE 315, BOSTON, MA 02115 CONSULTING SERVICES	105,000.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Form 990_ PROFESSIONALS 39-1131995

Name and title Average Phours Phours Phours Phours Phours Phone Phours	Form 990 PROFESSIO	МАПО								39-113	T 3 3 3
(27) CRISTINA VAZQUEZ 1.00 283 JACOS YARROW 21.00 21.8ECTOR 21.00 21.8ECTOR 21.00 21.00 21.8ECTOR 21.00 21.00 21.8ECTOR 21.00 21.8ECTOR 21.00 22.10 22.10 23.8ECTOR 22.10 23.8ECTOR 23.8ECTOR 24.8ECTOR 25.8ECTOR 25.8ECTOR 26.8ECTOR 26.8ECTO	Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
Name and title Average per week (list any hours for related organizations below line) 1.00 X		1							I .		(F)
hours per week (list any hours for related organizations week) (line) 1.00 1									I .		
Per week (list any hours for related organizations below line) 2721 CRISTINA VAZQUEZ	Name and the		(cl					LΛ			
Week (list any hours for related organizations related organizations line) W.2/1099-MISC) W.2/1099-MISC) Congenization (W.2/1099-MISC) Congenization			(CI	leck	all	liiai	app I	iy)			
(ist any hours for related organizations below inline) 1.00 22) JOHN STOR 1.00 22) JOHN STOR 23) JACOB YARROW 1.00 22) JOHN STOR 23) JACOB YARROW 1.00 24) JOHN STOR 25) JOHN STOR 2											
1.00 X		1	_				oyee				
1.00 X			rectc				emp		organization	(W-2/1099-MISC)	
1.00 X			or di	gg.			ated		(W-2/1099-MISC)		
1.00 X		1	stee	ruste			Suec				
1.00 X			l tr	ınal t		loye	lwoo				organizations
1.00 X		below	vidus	t i	ie.	emp	lest (ner			
1.00 X		line)	Ē	Insti	0#!ic	Key	Higi	Forn			
DIRECTOR	(27) CRISTINA VAZOUEZ	1 00									
1.00 X		1.00	٠,							_	^
X		.	X						0.	0.	0
1.00 X 0. 0. DIRECTOR X 0. 0.	(28) JACOB YARROW	1.00									
1.00 X 0. 0. DIRECTOR X 0. 0.	DIRECTOR		Х						0.	0.	0
DIRECTOR X 0. 0. O. O. O. O. O. O. O. O. O.	(29) JOHN ZION	1 00							-		
		1.00	₹,							^	^
	DIRECTOR	1	X			lacksquare			0.	U •	0
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otal to Part VII. Section A. line 1e	otal to Part VII, Section A, line 1c										

Form 990 (2022) PROFESS
Part VIII Statement of Revenue

			Check if Schedule O	cont	aine a	raenai	200	or note to any lin	e in this Dart VIII			
			Offeck if Ochedule O	JOHL	ما ان	атезро	130 (or note to any iii	(A)	(B)	(C)	(D)
									Total revenue	Related or exempt		Revenue excluded
										function revenue	business revenue	from tax under sections 512 - 514
(O (O	4	_	Federated campaigns			1a						
anta	'							728,911.				
Contributions, Gifts, Grants and Other Similar Amounts								720,511.	-			
fts, Ar			Fundraising events Related organizations			1d			-			
, Gi			Government grants (contr			1e						
Sin			All other contributions, gifts,		-							
utic		•	similar amounts not included					586,197.				
ti Ott		~	Noncash contributions included in			1g \$		300,137.	1			
no Ind		•	Total. Add lines 1a-1f						1,315,108.			
0 10		<u>''</u>	Total: Add lines fa ff					Business Code				
•	2	а	ANNUAL CONFER	ΕN	CE				1,861,037.	1.861.037.		
vice	_	b					_					
Program Service Revenue		c										
ım (d										
gra		e					_					
Prc		f	All other program service	reve	nue		_					
			Total. Add lines 2a-2f						1,861,037.			
	3		Investment income (include									
									40,739.			40,739.
	4		Income from investment of									
	5		Royalties	. <u></u>								
						(i) Real		(ii) Personal				
	6	а	Gross rents	6a								
		b	Less: rental expenses	6b								
		С	Rental income or (loss)	6с								
		d	Net rental income or (loss) <u></u>								
		а	Gross amount from sales of		(i) S	Securiti	es	(ii) Other				
			assets other than inventory	7a								
		b	Less: cost or other basis									
nue			and sales expenses									
Revenue			Gain or (loss)		•							
			Net gain or (loss)									
her	8	а	Gross income from fundraisi	ng ev	ents ((not						
₽			including \$			_ of						
			contributions reported on		•							
			Part IV, line 18				8a		-			
			Less: direct expenses				8b					
	_		Net income or (loss) from			U	ts_					
	9	а	Gross income from gamin									
			Part IV, line 19				9a		-			
			Less: direct expenses				9b					
	40		Net income or (loss) from	•	•		<u></u>					
	10	а	Gross sales of inventory, l				100					
		L	and allowances Less: cost of goods sold				10a 10b					
		C	Net income or (loss) from	Saic	5 01 11	IVEITIOI	y	Business Code				
Miscellaneous Revenue	11	а	OTHER INCOME					900099	93,989.	93,989.		
ned Jue	• •	b					_					
ella		c					_					
SC			All other revenue				_					
Σ			Total. Add lines 11a-11d						93,989.			
	12		Total revenue. See instruction						3,310,873.	1,955,026.	0.	40,739.
23200	9 12-	-13-										Form 990 (2022)

12040516 138138 ASP005.01

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 320,543. 63,242. 257,301. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 712,936. 673,337. 20,444. 19,155. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) -372.-265. -100. Other employee benefits 9 74,826. 56,103. 17,515. 1,208. 10 Payroll taxes Fees for services (nonemployees): Management 107,983. 21,305. 86,678. Legal 5,820. 29,500. 23,680. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 504,603. 455,359. 34,104. 15,140. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 127,694. 118,237. 8,847. 610. Office expenses 13 242,830. 209,019. 31,630. 2,181. Information technology 14 15 Royalties 75,020. 178,497. 258,691. 5,174. 16 Occupancy 169,757. 166,707. 2,570. 480. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 417,472. 416,115. 1,269. 88. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 47,862. 33,025. 13,880. 957. Depreciation, depletion, and amortization 22 24,844. 20,750. 3,830. 264. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 234,930. 228,259. 6,241. 430. EQUIPMENT/ RENTAL BANK AND CREDIT CARD FE 113,065. 97,333. 14,717. 1,015. 43,444. 43,971. 493. 34. HONORARIUM 7,778. 7,778. PRINT ART e All other expenses 3,438,913. 2,794,065. 598,119. 46,729. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)

12040516 138138 ASP005.01

Form 990 (2022)

Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or note	to any I	ine in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			132,176.	1	2,109,187
2	Savings and temporary cash investments	1,578,255.	2			
3	Pledges and grants receivable, net			451,231.	3	276,091
4	Accounts receivable, net			7,444.	4	40,218
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, substa	antial cor	ntributor, or 35%			
	controlled entity or family member of any of these	e person	s		5	
6	Loans and other receivables from other disqualifi	ed perso	ons (as defined			
	under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
<u>ဖ</u> ြ7	Notes and loans receivable, net		7			
Assets	Inventories for sale or use	6,954.	8			
ž 9	5			41,282.	9	49,610
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	917,538.			
b	Less: accumulated depreciation	10b	901,499.	63,901.		16,039 1,954,671
11	Investments - publicly traded securities			2,060,326.	11	1,954,671
12	Investments - other securities. See Part IV, line 1	1			12	
13	Investments - program-related. See Part IV, line 1	1			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11	1,772,579.	15	1,550,513		
16	Total assets. Add lines 1 through 15 (must equa			6,114,148.	16	5,996,329
17	Accounts payable and accrued expenses			113,882.	17	496,224
18	Grants payable	438,679.	18	57,950		
19	Deferred revenue	294,372.	19	412,647		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete P				21	
တ္မ 22	Loans and other payables to any current or former					
┋	trustee, key employee, creator or founder, substa					
Liabilities N	controlled entity or family member of any of these			22		
23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·		23	
24	Unsecured notes and loans payable to unrelated	-			24	
25	Other liabilities (including federal income tax, pay					
	parties, and other liabilities not included on lines	-	·	1 004 000		1 772 222
	of Schedule D			1,994,990. 2,841,923.		1,773,323 2,740,144
26	Total liabilities. Add lines 17 through 25		X	2,041,323.	26	2,740,144
ဖွ	Organizations that follow FASB ASC 958, checand complete lines 27, 28, 32, and 33.	K nere				
8 27	Net assets without donor restrictions			807,203.	27	1,273,201
<u>e</u> 27 28	Net assets with donor restrictions			2,465,022.	28	1,982,984
<u> </u>	Organizations that do not follow FASB ASC 95			2,403,022.	20	1,502,504
ᇤᅵ	and complete lines 29 through 33.	o, checi	Tiere			
ō 29	Capital stock or trust principal, or current funds				29	
हु 30	Paid-in or capital surplus, or land, building, or equ				30	
S 30	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances 27 28 29 30 31 32	Total net assets or fund balances			3,272,225.	32	3,256,185
ž 32	Total liabilities and net assets/fund balances			6,114,148.	33	5,996,329
33	TOTAL HADIILIES AND HEL ASSELS/TUND DAIAITES			0/114/1400	JJ	Form 990 (202

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,31		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,43		
3	Revenue less expenses. Subtract line 2 from line 1	3	-12		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,27		
5	Net unrealized gains (losses) on investments	5	11	2,0	00.
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	3,25	6,1	85.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Ο.			
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	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	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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 requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATION OF

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.

PERFORMING ARTS

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

PROFESSIONALS 39-1131995 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No 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.)

<u>5e</u> 0	tion A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
_	include any "unusual grants.")						-	
2	Tax revenues levied for the organization's benefit and either paid to							
	or expended on its behalf							
2	The value of services or facilities							
3	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
	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)							
	Public support. Subtract line 5 from line 4.							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
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.)							
	Total support. Add lines 7 through 10					40		
	Gross receipts from related activities,			f		12		
13	First 5 years. If the Form 990 is for the	ū		, and the second	•			
Sec	organization, check this box and stopertion C. Computation of Publi							
	Public support percentage for 2022 (I			column (f))		14	%	
	Public support percentage from 2021		•			15	%	
	33 1/3% support test - 2022. If the o							
	stop here. The organization qualifies							
b	33 1/3% support test - 2021. If the o		-					
_	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact		-					
	meets the facts-and-circumstances te							
b	10% -facts-and-circumstances test	-	•	• • •	-			
	more, and if the organization meets the		-					
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
	organization meets the facts-and-circu	umstances test. Ti	he organization qu	alifies as a publicly	/ supported organi	ization		

232022 12-09-22

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.)

Sec	ction A. Public Support	elow, please comp	lete Part II.)				_
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1372021.	1697146.	1539758.	4988070.	• •	10912103.
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	2140117.	2207413.	269,880.		1861037.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	254242	2224552	100050	5050405	0.1.5.1.1.5	
	Total. Add lines 1 through 5	3512138.	3904559.	1809638.	5370487.	3176145.	17772967.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	15,000.	380,000.			142,800.	537,800.
r	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						0.
c	: Add lines 7a and 7b	15,000.	380,000.			142,800.	
8	Public support. (Subtract line 7c from line 6.)						17235167.
	ction B. Total Support						Г
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3512138. 46,029.	3904559. 65,735.	1809638. 28,728.	5370487. 60,876.		17772967. 242,107.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-		-	62,713.		62,713.
	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	46,029.	65,735.	28,728.	123,589.	40,739.	304,820.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	24,412. 3582579.	11,361. 3981655.	21,937. 1860303.	26,314. 5520390.		178,013. 18255800.
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the						
	check this box and stop here	o organization s III	or, occoria, triira, i	ourn, or militax y	our as a section of	o i (o)(o) organizatio	~··,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (li	ine 8, column (f), di	vided by line 13, c	olumn (f))		15	94.41 %
16	Public support percentage from 2021		•			16	93.47 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	22 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	1.67 %
	Investment income percentage from 2					18	1.66 %
19a	33 1/3% support tests - 2022. If the						
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						nd X
	line 18 is not more than 33 1/3%, che	ck this box and st o	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

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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.)

es No

32024 12-09-22 Schedule A (Form 990) 202

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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		163	140
•	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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	Tion 6. Type it 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			
	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	_1		
360	tion b. All Type III Supporting Organizations		1	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

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Part V	Гуре III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 C	heck here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	ll other Type III non-functionally integrated supporting organizations mu		·	_
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
2 Recover	ries of prior-year distributions	2		
3 Other gr	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
5 Depreci	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collection	on of gross income or for management, conservation, or			
mainten	nance of property held for production of income (see instructions)	6		
7 Other ex	xpenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 Aggrega	ate fair market value of all non-exempt-use assets (see			
instructi	ions for short tax year or assets held for part of year):			
a Average	e monthly value of securities	1a		
b Average	e monthly cash balances	1b		
c Fair mar	rket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		
e Discou	nt claimed for blockage or other factors			
(explain	in detail in Part VI):			
2 Acquisit	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	t line 2 from line 1d.	3		
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see inst	ructions).	4		
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by 0.035.	6		
7 Recover	ries of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - D	Distributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.	85 of line 1.	2		
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gr	reater of line 2 or line 3.	4		
5 Income	tax imposed in prior year	5		
6 Distribu	utable Amount. Subtract line 5 from line 4, unless subject to			
	ncy temporary reduction (see instructions).	6		
$\overline{}$	heck here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2022

instructions).

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

Schedule A (Form 990) 2022

e Excess from 2022

ASSOCIATION OF PERFORMING ARTS

39-113<u>1995 Page 8</u> PROFESSIONALS Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

ASSOCIATION OF PERFORMING ARTS
PROFESSIONALS

Employer identification number
39-1131995

Organization type (check one):									
Filers of	:	Section:							
Form 990	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		527 political organization							
Form 990)-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
Note: Or	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule								
X	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special l	Rules								
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$									
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2022)

Name of organization	Employer identification number
ASSOCIATION OF PERFORMING ARTS	
PROFESSIONALS	39-1131995

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$142,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
ASSOCIATION OF PERFORMING ARTS
PROFESSIONALS
39-1131995

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** ASSOCIATION OF PERFORMING ARTS **PROFESSIONALS** 39-1131995 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No.

> Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

(c) Use of gift

(b) Purpose of gift

from

Part I

(d) Description of how gift is held

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Name of org	anization $\lambda CC \cap CT \lambda$	TION OF PERFORMI	NC ADMC	En	ployer identification number
Traine or org	PROFESS		NG AKIS	-"	39-1131995
Part I-A		anization is exempt und	ler section 501(c)	or is a section 527 o	
 Provide Politica 	a description of the organiz	ation's direct and indirect politic ures gn activities	cal campaign activities i	n Part IV.	\$
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).	
1 Enter th	ne amount of any excise tax	incurred by the organization un-	der section 4955		\$
2 Enter th	ne amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3 If the or	ganization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a 0	correction made?				Yes No
	describe in Part IV.				()(0)
Part I-C		anization is exempt und			
		by the filing organization for se			\$
		ization's funds contributed to o	•		
					\$
	•	. Add lines 1 and 2. Enter here	•		Φ.
		1120-POL for this year?			
		nployer identification number (E			
		tion listed, enter the amount pa			
•	,	omptly and directly delivered to	0 0		·
politica	action committee (PAC). If	additional space is needed, pro	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Cabadula C		WOOOCTWITON		ING AKIS	20 1	.131995 Pa	
Part II-A		PROFESSIONAL	up ant under section	501(c)(3) and file	ا 3 d Form 5768	ction under	ige z
I dit ii A	section 501(h)).	janization is exem	ipt under section		a i oiiii oi oo (cic	otion under	
A Check	if the filing organiza	ation belongs to an affili	ated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,	
		re of excess lobbying e	- · ·				
B Check		ation checked box A an		visions apply.			
		its on Lobbying Expen ditures" means amou			(a) Filing organization's totals	(b) Affiliated gr totals	oup
1a Total l	obbying expenditures to influ	uence public opinion (g	rassroots lobbying)				
b Total l	obbying expenditures to influ	uence a legislative body	y (direct lobbying)				
c Total l	obbying expenditures (add li	ines 1a and 1b)					
	exempt purpose expenditure						
e Total e	exempt purpose expenditure	es (add lines 1c and 1d)					
f_Lobby	ring nontaxable amount. Ente	er the amount from the	following table in both	columns.			
If the a	mount on line 1e, column (a) o	or (b) is: The lobb	oying nontaxable amo	ount is:			
Not ov	ver \$500,000	20% of t	he amount on line 1e.				
Over \$	6500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.			
Over \$	\$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.			
Over \$	\$1,500,000 but not over \$17,	,000,000 \$225,00	0 plus 5% of the exces	s over \$1,500,000.			
Over \$	\$17,000,000	\$1,000,0	000.				
g Grassi	roots nontaxable amount (en	nter 25% of line 1f)					
h Subtra	act line 1g from line 1a. If zer	o or less, enter -0					
i Subtra	act line 1f from line 1c. If zero	o or less, enter -0					
j If there	e is an amount other than ze	ro on either line 1h or li	ne 1i, did the organiza	tion file Form 4720	_		_
reporti	ing section 4911 tax for this	year?				Yes	No
	(Some organizations t	hat made a section 50	raging Period Under 11(h) election do not h te instructions for lin	ave to complete all o	of the five columns be	elow.	
		Lobbying Expen	ditures During 4-Yea	r Averaging Period			
(or fis	Calendar year cal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
2a Lobby	ring nontaxable amount	355,547.	253,128.	392,545.	321,946.	1,323,1	66.
-	ring ceiling amount of line 2a, column(e))					1,984,7	49.
		ı				1	

7,000.

63,282.

6,300.

98,136.

7,364.

88,887.

6,628.

12,928. Schedule C (Form 990) 2022

80,486.

14,364.

330,791.

496,187.

c Total lobbying expenditures

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

f the	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	``)		(1	b)
	lobbying activity.	Yes	No)	Am	ount
	During the year, did the filing organization attempt to influence foreign, national, state, or					
- 1	local legislation, including any attempt to influence public opinion on a legislative matter					
(or referendum, through the use of:					
a \	Volunteers?					
b I	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
-	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5) or	202	tion	
			,, OI	300		
	501(c)(6).				Yes	N
art	501(c)(6).			1	Yes	N
art	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			1 2	Yes	N
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	prior year? 501(c)(5	i), or	2 3 sec	tion	
art	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	prior year? 501(c)(5 No" OR (), or (b) Pa	2 3 sec art I	tion	
art	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members	prior year? 1 501(c)(5 No" OR (), or (b) Pa	2 3 sec	tion	
art	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	prior year? 1 501(c)(5 No" OR (), or (b) Pa	2 3 sec art I	tion	
art ! art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	prior year? I 501(c)(5 No" OR (i), or (b) Pa	2 3 sec art I	tion	3, is
art	Solicited and section 162(e) nondeductible lobbying and political expenditures and similar amounts of political expenditures (do not include amounts of political expenditures for which the section 527(f) tax was paid). Current year	prior year? 1 501(c)(5 No" OR ((b) Pa	2 3 sec art I	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 1 501(c)(5 No" OR (b), or b) Pa	2 3 sec art I	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art I	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art I	tion	
art art art art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art I	tion	
art end of the second of the	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed ones the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art I	tion	
art 2 art b (c - c - c - c - c - c - c - c - c - c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	prior year? 1 501(c)(5 No" OR (i), or b) Pa	2 3 sec art I	tion	

Schedule C (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

ASSOCIATION OF PERFORMING ARTS Name of the organization **PROFESSIONALS**

Employer identification number 39-1131995

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	conferring				
	impermissible private benefit? Yes No						
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area				
	Protection of natural habitat	Preservation of	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				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a					
	historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax				
	year						
4	Number of states where property subject to conservation ear	sement is located					
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements i	t holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(l	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 stateme	ents that describes the				
_	organization's accounting for conservation easements.						
Pai	t III Organizations Maintaining Collections o		her 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	′ '					
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	rtherance of public				
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these item	S.				
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	palance sheet works of				
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance 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	easures, or other similar assets for financial	gain, provide				
	the following amounts required to be reported under FASB $\!$						
а	Revenue included on Form 990, Part VIII, line 1		\$				
b	Assets included in Form 990, Part X						

Schedule D (Form 990) 2022

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

	AGGOCTA	ͲΤΛΝ ΛΕ ΒΕ '	RFORMING A	סייים			
0-6-			KI OKMING AI	(15	30_11	131995 Page 2	
			t Historical Tre	asures or Othe	r Similar Asset	re / " "	
	, , (continued)						
3		on, and other record	s, check any of the f	ollowing that make s	ignificant use of its		
	collection items (check all that apply):						
а	Public exhibition	C	Loan or exc	hange program			
b	Scholarly research	6	e Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	n how they further th	e organization's exe	mpt purpose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical treas	sures, or other similar	rassets		
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's col	lection?		Yes No	
Par	t IV Escrow and Custodial Arran					, line 9, or	
	reported an amount on Form 990, Par		_				
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributions	or other assets not	included		
	on Form 990, Part X?		•		_	Yes No	
b	If "Yes," explain the arrangement in Part XIII						
_	ree, explain the arrangement in rail rail	and complete the le				Amount	
_	Beginning balance				1c		
٦	• • • • • • • • • • • • • • • • • • • •						
d	Additions during the year						
e	Distributions during the year						
Ţ	Ending balance				1f		
2a	Did the organization include an amount on Fe	, ,	,		,	Yes	
	If "Yes," explain the arrangement in Part XIII.						
Par	t V Endowment Funds. Complete i					T	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	+ ` ' '	
		1 177 //2	1 200 104	1 000 000	1 120 000	1 1 1 0 0 7 7 0	

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back	
1a	Beginning of year balance	1,172,443.	1,388,104.	1,090,080.	1,130,908.	1,128,778.	
b	Contributions	150.	220.	100.		95.	
	Net investment earnings, gains, and losses	118,643.	-196,666.	341,449.	2,697.	39,066.	
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	12,680.	19,215.	43,525.	43,525.	37,031.	
f	Administrative expenses						
g	End of year balance	1,278,556.	1,172,443.	1,388,104.	1,090,080.	1,130,908.	
2	Provide the estimated percentage of the curr	rent vear end halance	e (line 1g. column (a)) held as:			

a Board designated or quasi-endowment 03.0000	63.0000 %	 Board designated or quasi-endowment
---	-----------	---

b Permanent endowment 37.0000

Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations

3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	· · · · · · · · · · · · · · · · · · ·	·		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	917,538.		901,499.	16,039.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equ	al Form 990 Part X colun	nn (R) line 10c)		16,039.

Schedule D (Form 990) 2022

No

Schedule D (Form 990) 2022 PROFESSIONAL	ıS	39	-1131995	Page 3
Part VII Investments - Other Securities.				<u> </u>
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	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 v	alue
(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, col. (B) line 12.)				
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	d-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	5 000 D 1 11 11	44 0 5 000 5 1 1 1		
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	4.5	
	Description		(b) Book va	
(1) SECURITY DEPOSITS			22,	741.
(2) RIGHT-OF-USE-ASSET - OPERA	TING LEASE		1,527,	. 112.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	22,741.
(2) RIGHT-OF-USE-ASSET - OPERATING LEASE	1,527,772.
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,550,513.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE PAYABLE	1,773,323.
(3)	
(4)	
(5)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 900, Part Y, col. (R) line 25.)	1,773,323.

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) 2022

Sche	edule D (Form 990) 2022 PROFESSIONALS				1131995	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,422,	873.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	112,000.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	1 1				
е	Add lines 2a through 2d			2e		000.
3	Subtract line 2e from line 1			3	3,310,	873.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,310,	873.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Returr	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,438,	913.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	1 - 1				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,438,	913.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,438,	913.
Pa	rt XIII Supplemental Information.					
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b	and 2b; Part V, line 4	; Part X	K, line 2; Part X	l,
linge	2d and 4h; and Part XII, lines 2d and 4h. Also complete this part to provide any additional and additional additio	itional inform	nation			

PART V, LINE 4:

THE WILLIAM DAWSON EDUCATION ENDOWMENT WAS ESTABLISHED TO BENEFIT STUDENTS OF ARTS ADMINISTRATION AND ARTS ADMINISTRATORS BY SUPPORTING HOUSING, TRANSPORTATION AND FOOD FOR STUDENTS ENGAGED IN AN INTERNSHIP OR PROFESSIONAL DEVELOPMENT ACTIVITIES OF ASSOCIATION OF PERFORMING ARTS PROFESSIONALS, AND TO SUPPORT PROFESSIONAL DEVELOPMENT ACTIVITIES OF APAP MEMBERS OR STUDENTS IN MEMBER GRADUATE PROGRAMS IN ARTS ADMINISTRATION. THE ENDOWMENT WAS CREATED TO CELEBRATE AND HONOR THE MEMORY OF WILLIAM DAWSON, FORMER APAP EXECUTIVE DIRECTOR, WHO HAD A PASSION FOR PROFESSIONAL DEVELOPMENT FOR THE PERFORMING ARTS PRESENTING FIELD. ACTIVITIES INCLUDE SUPPORT OF BOLZ CENTER FOR ARTS ADMINISTRATION, UNIVERSITY OF WISCONSIN STUDENT AND FACULTY ATTENDANCE AT APAP'S ANNUAL CONFERENCE AND

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)
PROFESSIONAL DEVELOPMENT AND LEADERSHIP INITIATIVES FOR THOSE CURRENTLY
WORKING IN THE FIELD.
PART X, LINE 2:
THE ASSOCIATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON INCOME OTHER
THAN NET UNRELATED BUSINESS INCOME UNDER SECTION 501(C) (3) OF THE
INTERNAL REVENUE CODE.
THE PROVISIONS INCLUDED IN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE
UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING
FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL
STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR
RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX
RETURN. THE ASSOCIATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS
AS OF JUNE 30, 2023 AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD
REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY
EFFECT ON ITS TAX-EXEMPT STATUS. AS OF JUNE 30, 2023, THE STATUTE OF
LIMITATIONS FOR FISCAL YEARS 2020 THROUGH 2023 REMAINS OPEN WITH THE U.S.
FEDERAL JURISDICTION OR THE STATE AND LOCAL JURISDICTION IN WHICH THE
ASSOCIATION FILES TAX RETURNS. IT IS THE ASSOCIATION'S POLICY TO RECOGNIZE
INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS
INCOME TAX EXPENSE.

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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. ASSOCIATION OF PERFORMING ARTS

Inspection Employer identification number

39-1131995

OMB No. 1545-0047

PROFESSIONALS Questions Regarding Compensation

			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.							
	Compensation committee X Written employment contract							
	Independent compensation consultant Compensation survey or study							
	Form 990 of other organizations 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		_X_				
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		<u>X</u>				
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_X_				
	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		<u>X</u>				
b	Any related organization?	5b		<u>X</u>				
	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		<u>X</u>				
	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		<u>X</u>				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9						

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

Schedule J (Form 990) 2022

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

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

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

	(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LISA RICHARDS	(i)	210,000.	0.	0.	0.	0.		0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

ASSOCIATION OF PERFORMING ARTS

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

QUZZ
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASSOCIATION OF PERFORMING ARTS PROFESSIONALS

Employer identification number 39-1131995

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

PRESENTING FIELD AND THE PROFESSIONALS WHO WORK IN IT.

FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION SHALL HAVE TWO CATEGORIES OF MEMBERS: (I) VOTING MEMBERS

AND (II) NONVOTING MEMBERS. VOTING MEMBERSHIP IN THE ASSOCIATION SHALL BE
OPEN TO ANY INDIVIDUAL OR ORGANIZATION THAT OPERATES IN THE PERFORMING
ARTS, PRESENTING OR TOURING INDUSTRIES. ADDITIONAL MEMBERSHIP
CLASSIFICATIONS SHALL BE DETERMINED BY THE BOARD OF DIRECTORS. EACH VOTING
MEMBER SHALL BE ENTITLED TO ONE VOTING REPRESENTATIVE. EACH VOTING
REPRESENTATIVE SHALL HAVE ONE VOTE UPON EACH DISTINCT MATTER INCLUDED AS AN
AGENDA ITEM IN A WRITTEN BALLOT AND/OR SUBMITTED TO A VOTE AT MEETINGS OF
THE MEMBERS AS PROVIDED HEREIN. ALL OTHER REPRESENTATIVES SHALL HAVE THE

THE BOARD OF DIRECTORS SHALL HAVE THE POWER TO SET DUES FOR ONE OR MORE

CATEGORIES OF MEMBERSHIP AND MAY VARY THE AMOUNT OF DUES AMONG SUCH

CATEGORIES OF MEMBERS. HOWEVER, DUES SET FOR MEMBERS MUST BE SUBSEQUENTLY

RATIFIED BY A SIMPLE MAJORITY OF THE VOTING MEMBERS REPRESENTED AT A

REGULAR OR SPECIAL MEETING OF THE MEMBERS AS SET FORTH HEREIN.

PRIVILEGE OF THE FLOOR BUT SHALL NOT BE ENTITLED TO VOTE AT MEETINGS OF THE

FORM 990, PART VI, SECTION A, LINE 7A:

THE ASSOCIATION HAS MEMBERS WHO HAVE THE POWER TO ELECT ONE OR MORE MEMBERS
OF THE GOVERNING BODY.

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

Schedule O (Form 990) 2022

MEMBERS.

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

Name of the organization ASSOCIATION OF PERFORMING ARTS PROFESSIONALS

Employer identification number 39-1131995

FORM 990, PART VI, SECTION A, LINE 7B:

THERE ARE A COUPLE OF DECISIONS THAT ARE MADE BY THE GOVERNING BODY WHICH

ARE SUBJECT TO MEMBER APPROVAL IN ACCORDANCE WITH THE ASSOCIATION'S BYLAWS.

THOSE DECISIONS ARE IN REGARD TO CHANGES TO MEMBERSHIP DUES OR CHANGES TO

THE ASSOCIATION'S BYLAWS. THESE TWO TYPES OF DECISIONS, ONCE MADE BY THE

GOVERNING BOARD, ARE SUBJECT TO MEMBER RATIFICATION. MEMBERS MUST VOTE AND

APPROVE ANY SUCH CHANGES AS DESCRIBED HEREIN.

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

A COPY OF THE FORM 990 IS CIRCULATED TO THE ASSOCIATION'S BOARD CHAIR,

BOARD TREASURER AND PRESIDENT & CEO FOR REVIEW. UPON FINALIZATION/APPROVAL,

THE FORM 990 IS SIGNED BY THE PRESIDENT & CEO.

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

THE ASSOCIATION OF PERFORMING ARTS PROFESSIONALS HAS A CONFLICT OF INTEREST

STATEMENT WHICH IS SIGNED BY BOARD MEMBERS ANNUALLY. THE CONFLICT OF

INTEREST STATEMENT WAS MOST RECENTLY UPDATED IN 2009. THE STAFF IS

CURRENTLY IN THE PROCESS OF CANVASSING THE MEMBERS OF THE BOARD OF

DIRECTORS ON ANY AREAS OF POTENTIAL CONFLICT.

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

ARTS PROFESSIONALS PRESIDENT AND CEO'S ANNUAL PERFORMANCE EVALUATION IS

CONDUCTED PRIOR TO THE END OF EACH FISCAL YEAR. THE TYPICAL REVIEW PROCESS

INVOLVES THE PRESIDENT AND CEO'S SELF ASSESSMENT IN RESPONSE TO A SET OF

PRIORITIES AND ANNUAL OPERATING PLAN ESTABLISHED BY THE BOARD OF DIRECTORS

ALONG WITH THE ANNUAL UNAUDITED FINANCIAL STATEMENT. THE EXECUTIVE

COMMITTEE REVIEWS THE CEO'S PERFORMANCE ON THE ACCOMPLISHMENTS AND

CHALLENGES OF THE PREVIOUS YEAR. THE RECOMMENDATION TO CONTINUE THE CEO

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

Name of the organization ASSOCIATION OF PERFORMING ARTS PROFESSIONALS	Employer identification number 39–1131995
WRITTEN EMPLOYMENT CONTRACT IS BASED ON THE EXECUTIVE COMM	IITTEE'S
ASSESSMENT OF THE PRESIDENT AND CEO AND APPROVAL BY THE BO	ARD. THE
PRESIDENT AND CEO TRACKS AND MONITORS THE PROGRESS THROUGH	I WEEKLY
CONFERENCE CALLS WITH THE EXECUTIVE COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT	OF INTEREST
POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ASSOCIATION	ON MAKES ITS
AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON IT	S WEBSITE.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER SERVICES:	
PROGRAM SERVICE EXPENSES	455,359.
MANAGEMENT AND GENERAL EXPENSES	34,104.
FUNDRAISING EXPENSES	15,140.
TOTAL EXPENSES	504,603.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	504,603.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ASSOCIATION OF PERFORMING ARTS PROFESSIONALS

Employer identification number 39-1131995

Part I	Identification of Disregarded Entities. Compl	ete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) eme End-of-year		ssets Direct control entity		9
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more	related tax-exe	mpt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) et controlling entity	cont	g) 512(b)(13) rolled tity?
			, , , , , , , , , , , , , , , , , , ,		501(c)(3))			Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,	ı	•			_								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)				
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate		Disproportionate		I	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0				
	1														
	1														
	1														
	1														
	1														
	1														
	1														
	1														
		l .					l								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Schedule R (Form 990) 2022

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a				
	Gift, grant, or capital contribution to related organization(s)				1b				
С	Gift, grant, or capital contribution from related organization(s)				1c				
d	Loans or loan guarantees to or for related organization(s)				1d				
е	Loans or loan guarantees by related organization(s)				1e				
	, , , , , , , , , , , , , , , , , , , ,								
f	Dividends from related organization(s)				1f				
g Sale of assets to related organization(s)									
h Purchase of assets from related organization(s)									
i	Exchange of assets with related organization(s)				1i				
j Lease of facilities, equipment, or other assets to related organization(s)									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k				
	Performance of services or membership or fundraising solicitations for related orga				11		<u> </u>		
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m				
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n				
	Sharing of paid employees with related organization(s)				10	Х			
p Reimbursement paid to related organization(s) for expenses									
	Reimbursement paid by related organization(s) for expenses				1q				
r	Other transfer of cash or property to related organization(s)				1r				
	Other transfer of cash or property from related organization(s)				1s				
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered rela	ationships and transaction thresholds.					
	(a)	(b)	(c)	(d)					
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved				
		type (a-s)							
1)									
2)									
3)									
4)									
5)									
6)									
3216	3 09-14-22			Schedule	R (Forr	n 990) 2022		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

EXTENDED TO MAY 15, 2024

Form	990-T	E	Exempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
		For ca	lendar year 2022 or other tax year beginning $\; JUL \; \; 1$, $\; \; 2022 \; \;$, and ending $\; \; JUN \; \; 30$, $\; \; 20$	23	2022
Departr Internal	nent of the Treasury Revenue Service	ı	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
Α _	Check box if address changed.		Name of organization (DEmplo	oyer identification number
B Exe	empt under section	Print	PROFESSIONALS	3	9-1131995
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 919 18TH STREET, NW, 650		exemption number nstructions)
=	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON , DC 20006	F	Check box if
		С Во	ok value of all assets at end of year 5,996,329.		an amended return.
G C	heck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
н с	heck if filing only to)	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u>I</u> С	heck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
			ed Schedules A (Form 990-T)		1
K D	uring the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	L	Yes X No
lf	"Yes," enter the na	ame an	d identifying number of the parent corporation.		
	ne books are in car		ASSOCIATION OF PERFORMING ARTS P Telephone number	(202) 833-2787
Par	t I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	12,858.
2	Reserved			2	
3	Add lines 1 and 2			3	12,858.
4	Charitable contrib	utions (see instructions for limitation rules)	4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	12,858.
6	Deduction for net	operati	ng loss. See instructions STATEMENT 1	6	12,858.
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	5	7	
8	Specific deduction	ı (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A de	duction. See instructions	9	
10	Total deductions.	. Add li	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	0.
Par	t II Tax Com	putat	ion		
1	Organizations tax	able a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1_	0.
2	Trusts taxable at	trust_r	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	:	Tax rate schedule or Schedule D (Form 1041)	. 2	
3	Proxy tax. See ins	structio	ns	3	
4	Other tax amounts	s. See i	nstructions	4	
5	Alternative minimu	ım tax ((trusts only)	5	
6	Tax on noncompl	iant fa	cility income. See instructions	6	

7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Print/Type preparer's name

Preparer's signature

Date

Check if self- employed

STEPHEN MACKALL

Firm's name

SB & COMPANY, LLC

Firm's name

10200 GRAND CENTRAL AVE., SUITE 250

Firm's address

OWINGS MILLS, MD 21117

PTIN

20-2153727

Phone no. (410)584-2218

223711 01-16-23

Form 990-T (2022)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Open to Public Inspection for

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Revenue Service Do not enter SSN numbers on this form as it r	nay be r	nade public if	your orgai	nization is a 501(c)(3).	601(c)(3) Organizations Only
A N	lame of the organization ASSOCIATION OF PERFORM PROFESSIONALS	ING	ARTS		B Employer	identificat	
<u>c</u> .	Unrelated business activity code (see instructions) 54180	0			D Sequence	e: 1	of 1
E 0	Describe the unrelated trade or business ADVERTISING	REVE	NUE FR	OM NO	N-MEMBERS		
Pai	t I Unrelated Trade or Business Income		(A) Inc	ome	(B) Expens	es	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7				-	
8	Interest, annuities, royalties, and rents from a controlled						
•	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
40	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10	1/	1,573	31 '	715.	12,858.
11	Advertising income (Part IX)	12	***	±,5/5) JI,	, 13.	12,030.
12	Other income (see instructions; attach statement) Total. Combine lines 3 through 12	13	1/	1,573	31 '	715.	12,858.
13				_			
Pai	Deductions Not Taken Elsewhere See instructi directly connected with the unrelated business in		r limitatioi	ns on de	eductions. Ded	uctions	must be
	and only defined that are armelated buenness in						
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses			I		6	
7	Depreciation (attach Form 4562). See instructions			7			
8	Less depreciation claimed in Part III and elsewhere on return					8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)		12				
13	Excess readership costs (Part IX)		13				
14	Other deductions (attach statement)		14	0.			
15 16	Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Si					15	<u>U•</u>
16	. •			,	·	16	12,858.
17	column (C) Deduction for net operating loss. See instructions					17	0.
18	Unrelated business taxable income. Subtract line 17 from line 10					18	12,858.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

	1
Page	2

Part	III Cost of Goods Sold Enter meti	nod of inventory valuati	on		1 ago 2
1		•		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h			_	
9	Do the rules of section 263A (with respect to property	,			Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instru	ctions.	
	A 🗌	•			
	В				
	С				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
_	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
~	percentage of rent for personal property exceeds				
	500/ if the count is he are deep countity or in a count				
С	Total rents received or accrued by property.				
ŭ	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, columns A through b	l			
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part Lline 6, col	umn (Δ)	0.
·	Deductions directly connected with the income	tinoagn B. Enter nore		anni (r y	
4	in lines 2(a) and 2(b) (attach statement)				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I	line 6. column (B)		0.
Part		ee instructions)	(B)		
1	Description of debt-financed property (street address, of	,	heck if a dual-use. See i	nstructions	
-	A	,,,			
	В				
	c \square				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed	- 11			
_	property				
3	Deductions directly connected with or allocable				
•	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
C	columns A through D)				
4	Amount of average acquisition debt on or allocable				
4	• .				
E	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
•	financed property (attach statement)	24	0.1		0/
6	Divide line 4 by line 5	%	%		% %
7	Gross income reportable. Multiply line 2 by line 6	Fatanbara and S	4.1 Bas 7 bas (A)		0.
8	Total gross income (add line 7, columns A through D)	. ∟nter nere and on Par	τι, line /, column (A)		U •
^	Allegable deducations North-to-Dec C 1 P C	Т	T		
9	Allocable deductions. Multiply line 3c by line 6	ough D. Estaultana	Lon Dort Libra 7 1	n (D)	0.
10	Total allocable deductions. Add line 9, columns A thr				0.
<u>11</u>	Total dividends-received deductions included in line	ıu			U •

Part	VI Interest, Annu	ities, R	oyalties, and Re	ents fror	n Control	led Or	ganizations	S (se	e instruct	ions)		Page 3
		-					Exempt Contro	, , ,				
Name of controlled organization		identification incor		unrelated 4. Tota		al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		nn 4 in the iniza-	connected with		
(1)												
(2)												
(3)												
(4)												
			No	nexempt (Controlled O	ganizati	ions					
7	'. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif lyments mad		10. Part of that is incontrolling gross	luded ir	n the ation's		Deductions dire connected with come in column	
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and on	Part I, (A)	Ente	columns 6 and r here and on P ne 8, column (E	art I, 3)
Totals Part	VII Investorent		of a Coation EO	4/-\/7\ /	(A) a (47)		ol-otion .		0.			0.
Part			of a Section 50	1(C)(7), (,		uctions)		E =	
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected	4. Set- (attach st		5. Total ded and set-as (add cols 3	sides
(1)												
(2)												
(3)												
(4)												
Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I,					Add amou column 5. here and on line 9, colu	Enter Part I,
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adve	ertising	g Income (see inst	tructions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from											
										4		
5	Gross income from ac	tivity that i	is not unrelated busi	iness incor	me					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4 Enter here and on E	Oart II lina	10							7		

Schedule A (Form 990-T) 2022

Page	, 4
ıayı	, -

Part	X Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or mo	ore periodicals on a c	onsolidated basis		
	A JOB BANK					
	В 💹					
	c					
	D					
Enter a	mounts for each periodical listed above in the	correspondi	ing column.			
		\vdash	A 572	В	С	D
2	Gross advertising income		44,573.			44,573.
	Add columns A through D. Enter here and on	n Part I, line	11, column (A)			44,373.
a	Direct advertising seats by pariodical	Г	31,715.			
3 a	Direct advertising costs by periodical	·				31,715.
а	Add coldinins A through b. Enter here and on	i i ait i, iii ie	11, column (b)			31//131
4	Advertising gain (loss). Subtract line 3 from lin	ne [
•	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	n				
	line 4 showing a loss or zero, do not complete	I				
	lines 5 through 7, and enter zero on line 8	I	12,858.			
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ess				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of	I				
	line 4, enter the lesser of line 4 or line 7	·				
а	Add line 8, columns A through D. Enter the g	reater of the				0
	Add line 8, columns A through D. Enter the g	reater of the				0.
a Part	Add line 8, columns A through D. Enter the g Part II, line 13	reater of the				
	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir	reater of the	nd Trustees (se		3. Percentage	4. Compensation
	Add line 8, columns A through D. Enter the g	reater of the			3. Percentage of time devoted	4. Compensation attributable to
Part	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir	reater of the	nd Trustees (se		3. Percentage	4. Compensation
Part (1)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir	reater of the	nd Trustees (se		3. Percentage of time devoted to business	4. Compensation attributable to
(1) (2)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir	reater of the	nd Trustees (se		3. Percentage of time devoted to business	4. Compensation attributable to
Part (1)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total.	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Add line 8, columns A through D. Enter the g Part II, line 13 Compensation of Officers, Dir 1. Name Enter here and on Part II, line 1	reater of the	nd Trustees (se		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 1
PRE-2018 NOL CARRY FORWAR PRE-2018 NOL DEDUCTION IN		21,627. 12,858.
SCHEDULE A PORTION OF PRE SCHEDULE A ENTITY	-2018 NOL SCHEDULE A SHARE	
1	0.	
TOTAL SCHEDULE A SHARE OF NET OPERATING DEDUCTION BALANCE AFTER PRE-2018 NO EXPIRING NET OPERATING LO CARRY FORWARD OF NET OPER	0. 12,858. 0. 0. 8,769.	

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 2
		LOSS		
TAX YEAR	LOSS SUSTAINED	PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	1,412.	1,412.	0.	0.
06/30/14	7,374.	7,374.	0.	0.
06/30/15	18,714.	14,838.	3,876.	3,876.
06/30/16	17,084.	0.	17,084.	17,084.
06/30/17	131.	0.	131.	131.
06/30/18	536.	0.	536.	536.
NOL CARRYOV	ER AVAILABLE THIS	/EAR	21,627.	21,627.

990-T SCH	A POST-20	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20 06/30/21 06/30/22	1,163. 236. 22,481.	0. 0. 0.	1,163. 236. 22,481.	1,163. 236. 22,481.
NOL CARRYO	VER AVAILABLE THIS	YEAR	23,880.	23,880.