Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

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

◆ Do not enter social security numbers on this form as it may be made public. ♦ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u> _	For th	ne 2021 calendar year, or tax year beginning U	5/UI/ZI , and ending US/SI	/ 44		Čaralia va	u bahamatetu	ation number	
B	Check if a	applicable: C Name of organization			l b	Employe	ridentific	ation number	
Ц	Address		ARTS COMPANY, INC						
	Name ch	nange -	PERFORMING ARTS COUNCIL				2730	10	
\equiv		Number and street (or P.O. box it mail is not delivered		Room/su			e number	7946	
	Initial retu					100-	303-	7340	
	terminate	ed						200 200	
\Box	Amended		MT 59840		G	Gross rec	eipts\$	260,387	
\equiv		F Name and address of principal officer.		H(a) I	s this a group	return for s	subordinate	s? Yes X No	
	Application	ion pending LAURA MERRILL			E .				
		127 W MAIN ST STE	108	H(b) A	re all subord			Yes No	
		HAMILTON	MT 59840		If "No;" at	ach a list.	See instru	ctions	
A	Tax-exe	empt status: X 501(c)(3) 501(c) () ♦	(insert no.) 4947(a)(1) or 527						
J	Website	e: • WWW.BITTERROOTPERFORM	INGARTS.ORG	H(c) (Эгоир ехетр	ion numbe	er 🄷		
ĸ	Form of	organization: X Corporation Trust Association	Other ◆	Year of form	ation: 20	09	M State	of legal domicile: MT	
	art I								
32.33	T	Briefly describe the organization's mission or most	significant activities:						
á.	1	THE MISSION OF THE BITTERROO	5	IS TO	BRING	DIV	ERSE	022502754560250222	
ဦ		ARTISTS TO OUR COMMUNITY TO	কৰি প্ৰকৃতি কৰি আহিছাৰ ইনিয়া কৰা কৰি ইনি কৰে কৰা কৰে কৰিছিক কৰিবলৈ কি ইনি কৰিবলৈ কৰ	01.4 (007.4 (0.4) 4.7 (CB10 A 10400 A 1			
Activities & Governance		IN THE PERFORMING ARTS.	TANDENT ATTACKMENT OF THE STATE	. T.D.C.	1011111	YV			
Ver		* CONTRACTOR AND	to the series of			1	6-880 x 8 s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ගු		Check this box ♦ if the organization discontinu			N . II. N	Tr.	464		
∞ಶ	3	Number of voting members of the governing body (Part VI, line 1a)			3	11		
ies	4	Number of voting members of the governing body (Number of independent voting members of the gov Total number of individuals employed in calendar y	erning body (Part VI, line 1b)		ant. LC	4	\mathbb{C}^{10}		
ž	5	Total number of individuals employed in calendar y	ear 2021 (Part V, line 2a)	0.71	The said	5	4		
ğ	6	Number of independent voting members of the government of independent voting members of the government of individuals employed in calendar y Total number of volunteers (estimate if necessary)		S.C. C		6	35		
	7a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12	JEN 100	6) 30-, .	7a		0	
	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	80 - 111 - 111 A	*****	7b			
		Total number of individuals employed in calendar y Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, co Net unrelated business taxable income from Form Contributions and grants (Part VIII, line 1h)			Prior Year			Current Year	
d)	8	Contributions and grants (Part VIII, line 1h)			215,	239		100,572	
Ž	9	Program service revenue (Part VIII, line 2g)						118,865	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)			82		135	
ď	41	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	s. 9c. 10c. and 11e)		13	453	30,46		
		Total revenue – add lines 8 through 11 (must equal			228			250,039	
_		Grants and similar amounts paid (Part IX, column (AN D A WAY	T T		000		1,500	
		Benefits paid to or for members (Part IX, column (A	\ N== A\					0	
	1 4-	Salaries, other compensation, employee benefits (F			56	802		71,902	
Expenses	160				50,	002		71,302	
eu	100	Professional fundraising fees (Part IX, column (A),							
×	, D	Total fundraising expenses (Part IX, column (D), lin			20	953		222,328	
	100	Other expenses (Part IX, column (A), lines 11a-11c							
	18	Total expenses. Add lines 13-17 (must equal Part	X, column (A), line 25)	. —		755		295,730	
20	19	Revenue less expenses. Subtract line 18 from line	12		137			-45,691	
Net Assets or		Total a conta /David W. Con. 100			ng of Currer			End of Year	
Sset	20	Total assets (Part X, line 16)	# 46 \$15 \$5 ±26 \$4 ±25 \$4 ±25 \$4 ±25 \$4 ±4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$20 \$4 \$4 \$2		229			186,897	
et A	21	Total liabilities (Part X, line 26)	Ender of the second sec	·		26		3,004	
		Net assets or fund balances. Subtract line 21 from	line 20		229	584		183,893	
	art II	Signature Block							
		enalties of perjury, I declare that I have examined this retu				of my kr	rowledge	and belief, it is	
tre	ue, corr	rect, and complete. Declaration of preparer (other than offi	icer) is based on all information of which prepar	er has any k	nowledge.				
Sig	าก	Signature of officer				Date			
He		LAURA MERRILL	PRES	IDENT					
		Type or print name and title							
_		Print/Type preparer's name	Preparer's signature	I	Date	Check	if	PTIN	
Pai	d	DOUGLAS J DAVIS	DOUGLAS J DAVIS		09/26/2			P00753969	
	parer	" DATTE CDOTTO DE				_		-2949077	
	Only		<u> </u>		I-irm	's EIN "	0.2	-2949011	
J-30	- City		E0940				400	262 2005	
A 4	2 M S	Firm's address " HAMILTON, MT	59840			ne no.	406	-363-2225	
ivia	y tne IF	RS discuss this return with the preparer shown above	er see instructions					X Yes No	

-om	n 990 (2021) PERFORMING AR	RTS COMPANY, INC	27-0273010	Page 2
P	art IIIStatement of Program			
		ontains a response or note to a	any line in this Part III	<u>X</u>
1			NG ADDG GOIDIGIT TO BO	
			NG ARTS COUNCIL IS TO	
	IN THE PERFORMING AR		RFORMANCES AND EDUCATI	ONAL OUTREACH
-	in the Performing Ar			
2	Did the organization undertake any sign	nificant program services during the	year which were not listed on the	
_			- Caragonia word not not not on the	Yes X No
	If "Yes," describe these new services of		= X K) = 4 + 13 X m F = 8 cm = 8 cm = 3 X 5 + 22 c c ss = 4 m m m m m m m m m m m m m m m m m m	· · · · · · · · · · · · · · · · · · ·
3			it conducts, any program	
	services?			Yes X No
	If "Yes," describe these changes on So	chedule O.		=
4			s three largest program services, as measure	
			ort the amount of grants and allocations to of	hers,
	the total expenses, and revenue, if any	, for each program service reported.		
-	(O-1) (F)	206 121	1 500	
	(Code:)(Expenses \$	286,121 including grant	s of \$ 1,500) (Revenue	3 \$
	THE SCHEDULE O			enger om er av ken av klade kan ken av eller i delle i
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	* *** CONTRACTOR TO WE NOT THE THE THE THE THE		5 51 5 5 5 6 7 5 7 7 7 10 27 7 5 11 4 7 51 7 5 61 7	
	7 30 4 100 4 100 4 100 4 100 4 100 4 100 4 100 5			
		including grant	s of \$) (Revenue	\$ \$
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		including grant	s of \$) (Revenue	9 \$
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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 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 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	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete 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? 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			
	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,"			27
	complete Schedule D, 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			707
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	اءدد		х
-11	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	344		х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	х	
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	A	-
•	the organization's separate or consolidated infancial 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	116		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			42
IZQ	Schedule D, Parts XI and XII	12a		x
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
ь	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 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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 individual	als on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		no e mes s	restration special	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					1	
	organization's current and former officers, directors, trustees, key employees, and highest compensations of the compensation	ed					
24-	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		ık.				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lir through 24d and complete Schedule K. If "No," go to line 25a	108 24	D		04-		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			52 + Y + + + + + + + + + + + + + + + + +	24a	-	
C	Did the organization invest any proceeds or 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		944494		24b		
	to defeate any fay exempt heads?	year			24c		
ď	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	515 5 1 51	efit		2,10		
	transaction with a discussified person divine the years of "Ven " normality Cated it I. The it			VII PAR DE PIRO 21 I	25a		x
b	Is the organization aware that if engaged in an excess benefit transaction with a disqualified person in			ATTENDED AND A STANKER IN			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	90-EZ	?				
	If "Yes," complete 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	curre	ent				
	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, trust		У				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee						
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of the	se					**
28	persons? If "Yes," complete Schedule L, Part III	528 1 W : Di. da 1			_ 27		X
20	Was the organization a party to a business transaction with one of the following parties (see the Sche Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	aule L	4				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribut	or? If					
ų.	"Yes," complete Schedule L, Part IV	OF H			28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	5- 8 E 68 E	i twitter	*****************	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	lf		**********			
	"Yes," complete Schedule L, Part IV				28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu	le M			29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualific		.0.10	************			
	conservation contributions? If "Yes," complete Schedule M				30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedi	ule N.	Part I		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"						
	complete Schedule N, Part II	19 1 29 4 7	6 F4 8 6 F4		_32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regi	ulation	S				1861
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	renses Termina			33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part or IV, and Part V, line 1				8.4		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		0 0 (4 × 4) 0 0	* +00 + 10 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 +	34		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		edene ar energe	* 20 2 * 26 2 2 20 2 2 1 4 9 2 1 1 2	35a		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line				35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitab		504 X E 504 X	E 551 E 10 106 11 E 101 11 1 (B1) 1 11 10 E	-		
	related organization? If "Yes," complete Schedule R, Part V, line 2				36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organ						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, F	Part VI			37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines	11b an	nd	SEC 2 110 F 2 SA 4 F SA 4 F SA			
	19? Note: All Form 990 filers are required to complete Schedule O.				38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V	عتدع					
- ش		. 1			2000000000	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and	1b	0				
c	reportable gaming (gambling) winnings to prize winners?				16		
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	F + × +111+	2215 : 2	a e ela grafica e e e e e e e e e	1 16		

Page 5

Pa	srt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)				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	4				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other						
	a financial account in a foreign country (such as a bank account, securities account, or other financial				4a		X
b	If "Yes" enter the name of the foreign country						
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			(R).			
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 transact	tion?	A Property Con-	e obie s eM/e s ere e extre e e	5b		X
c	here were the second of the se				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				- 00		
	organization 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 contribution		+ + + + + + + + + + + + + + + + + + + +	refer various and reduced to	- Oca		
S	atta como per terre destructivo d	113 01			6b		
7	Organizations that may receive deductible contributions under section 170(c).	50 4 4 107	e n we e nwe	************	00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	nada					
а	and continue was the base of t				7-		
1	and services provided to the payor?	257.552	* 6 *3 \$ 5 *3	K X 54 X X 51 X X 61 X X 61 X 6	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				-		
40	required to file Form 8282?			re-sincipation of the	7c		
d	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		te **	0110 × 0 0 × 0 110	7e	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				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 organiza			n 1098-G?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	a by ti	ne				
	2.002 (200 (10) (10) (10) (8		
9	Sponsoring organizations maintaining donor advised funds.						
а				6 FOR 45 FOR F R ROBOR R WORLD R WOR	9a	-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		e same a recons	e ana arabani 2 Mada se ana araba da	9b	**********	
10	Section 501(c)(7) organizations. Enter:	Í.	ı				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			-		
a, a, Di	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		<u> </u>			
11	Section 501(c)(12) organizations. Enter:	aa	ı				
a	Gross income from members or shareholders	11a	ļ		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	4743					
	against amounts due or received from them.)	11b	L				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form				12a	*******	
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ĺ				
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?		بيوميوم	0-10-20-01-02-0	13a		
•	Note: See the instructions for additional information the organization must report on Schedule O.						
Ь	Enter the amount of reserves the organization is required to maintain by the states in which		fi				
	the organization is licensed to issue qualified health plans	13b					
C	Enter the amount of reserves on hand	13c					
14a				U 2 2 50 4 A OF 2 6.42 4 100 F	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			01 Y Z 90 Y E 95 I E 95 I EMY	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?			CR 3 KOROR R 4040K R 8040K R 804 K	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	re?	02 2 400 10 2 200 2 2 2 2 2 2 2 2 2 2	16		X
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				17	سستيين	augusian
	If "Yes," complete Form 6069.						

Form 990 (2021) PERFORMING ARTS COMPANY, INC 27-0273010 Page 6 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 Section 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. Enter the number of voting members included on line 1a, above, who are independent 10 16 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? Х 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			162	IAC
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
d	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	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
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		X
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		
Sac	tion C Disclosure			

List the states with which a copy of this Form 990 is required to be filed • NONE 17 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) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records .

BYRON WILLIAMS

HAMILTON

127 W MAIN ST

STE 108 MT 59840

406-363-7946

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 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	bo:	Position (do not check more than one box, unless person is both an officer and a director/trustee)			is both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) MANDY BARNINGS										
DEDUCATION OF THE PROPERTY OF	0.00	.,							_	_
DIRECTOR (2) KENT CURTISS	0.00	X	-				_	0	0	0
(2) KENT COKITED	0.00									
DIRECTOR	0.00	x						0	0	0
(3) STACIE DUCE					_					
	0.00									
DIRECTOR	0.00	X						0	o	0.
(4) CORY KEITH					im					
* * * * * * * * * * * * * * * * * * *	0.00									
DIRECTOR	0.00	X			_			0	0	0
(5) BROOKE KIMZEY	0.00									
SECRETARY	0.00	x		х						_
(6) LAURA MERRILL	0.00	Δ	-	Δ.	_	\vdash		0	0	0
(b) Ellotti Piettelle	0.00									
PRESIDENT	0.00	x		х				0	0	o
(7) CHRIS PORTER										<u> </u>
, ,	0.00									
DIRECTOR	0.00	Х						0	0	0
(8) PEGGY TONON										
A THE A MENT OF THE A	0.00	[
DIRECTOR	0.00	X						0	0	0
(9) BEN WATTERS	0 00									
VICE PRESIDENT	0.00	x		x				0		
(10) BYRON WILLIAMS	0.00	Δ.		Λ				U	0	0
(,,,===================================	0.00									
TREASURER	0.00	x		x				0	Ö	0
(11)	1- 7 7 7			V						
erina internaciona con a graza por esta	. a v . a									

27-0273010

Part VII Section A. O	fficers, Directors,	Trustee	es, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for related organ(zation below dotted line	or director	do not ox, unli	Pos check ess pe	rson	s both	an	(D) Reportable compensation from the organization (W-2/- 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
						ă				
	OR A ROME & \$100 A \$01 A A ROLL A ROLL A ROLL A A RO	1.7.10								
		a ware								
		. 4:1 -								
* 3 515*********************************		· • •5• ·• I								
: iminararanianianiani	wasawa agan nga nnga ma	2 24 5								
		1817								
1b Subtotal c Total from continuation	on sheets to Part \	/II, Sect	ion /	Α	,,,,,		*			
	uals (including but i	not limite	ed to				bov	re) who received more than	\$100,000 of	
employee on line 1a? If for any individual listed organization and related individual Did any person listed or for services rendered to	any former officer "Yes," complete So on line 1a, is the so d organizations green in line 1a receive or the organization?	, directon chedule oum of reater that	J for D for eport n \$15	suc able 50,00	h ind com i0? /	f "Ye	aliosatio s," c	ee, or highest compensated on and other compensation complete Schedule J for such unrelated organization or for such person	from the ch individual	
Section B. Independent Cor 1 Complete this table for		mpens	ated i	inder	end	ent c	ontro	ractors that received more t	than \$100 000 of	
compensation from the	organization. Repo	rt comp	ensa	tion	for th	ne ca	lend	dar year ending with or with	in the organization's tax ye (B) tion of services.	(C) Compensation
N	lame and business addres	S						Descript	tion of services	Compensation
Total number of indeper received more than \$10	ndent contractors (i 0,000 of compensa	ncluding	g but m the	not l	imite aniza	ed to ation	thos	se listed above) who	0	
DAA										Form 990 (2021)

Pa	rt V	II Stateme	ent of	Revenue	aine a	response or note	to any line in this	s Part VIII		
		Officer II	OUTE	saule o donne	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Trooponioo or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts st	1a	Federated camp	aigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	GENERAL TO A STATE OF THE STATE			1b					
S, G	C	Fundraising ever			1c]			
ar G	d	Related organiza	ations		1d					
ıs,	е	Government grants (co			1e					
rtio er S	ţ	All other contributions, and similar amounts no			1f	100,572				
de S	g									
ont nd (lines 1a-1f			1g		100,572			
OR	h	Total, Add lines	1a-11	832 X 25272 2 2 11 12 X 501 X 501	1 1302 2-202	Business Code				
	25	MTCVVIII CALI	rc.				118,865	118,865		
Program Service Revenue	2a b	TICKET SAL		ASS VICE A WAY A AND A A ST			220,003	220,000		
Ser	C	* *************************************		MERGER OFF TRE						
eve	d	5 0 0 0 10 0 0 000 5 5 11 0 5 5 5	3705376							
rogi	е							-		
Д	Ť	All other program								
	g	Total. Add lines					118,865			
	3	Investment inco			s, inte	rest, and		955		
		other similar am		***************			135	135		
	4	Income from inv								
	5	Royalties	r-ii			(ii) Personal				
	6-	Grace rente	6a	(i) Real		(II) Personal				
	6a b	Gross rents Less: rental expenses	7.5							
	6	Rental inc. or (loss)	6c			-				
	d	d Net rental income or (loss)				CALLETT 1945 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		Gross amount from		(i) Securities		(ii) Other				
	11	sales of assets other than inventory	7a							
ne	b	Less: cost or other								
ther Revenue		basis and sales exps.	7b							
Pe Be		Gain or (loss)	7с							
ther		Net gain or (loss				•				
Ö	ъ	Gross income from		ising events		1				
		(not including \$ of contributions rep	100 1 1 100	nomenazanasa Miline						
		1c). See Part IV, Iii			8a	36,778				
	ь	Less: direct exp			8b	10,267				
	***	Net income or (I		0.0000000000000000000000000000000000000	events		26,511			26,511
	9a	Gross income fr	om ga	ming						
		activities. See P			9a					
		Less: direct exp			9b					
		Net income or (I			vities .	• • • • • • • • • • • • • • • • • • • •				
	10a	Gross sales of in				660				
		returns and allow			10a	668				
	b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory						587	587		
-	- 6	Met Income of ()	11 (GGO	om oales of life	Jinory	Business Code	***************************************	337		
Miscellaneous Revenue	11a	OTHER REVE	NUE				3,369	3,369		
sellane evenue	b	The Control of the Co								
cell	Ċ			\$ 2.64 N Y 102 C Y212 C 100 N						
Mis	d	All age state and a second								
	e	Total. Add lines	11a-1	1d	- CALLERY	•	3,369			
	12	Total revenue	See in	etructione			250,039	122,956	1 0	26,511

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, 7b, Management and expenses 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,500 1,500 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, 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) 64,764 64,764 Other salaries and wages Pension plan accruals and contributions (include 395 395 section 401(k) and 403(b) employer contributions) 1,820 1.820 Other employee benefits 4,923 4,923 Payroll taxes Fees for services (nonemployees): Management Legal 1,610 1,610 Accounting d Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 145,270 145,270 (A) amount, list line 11g expenses on Schedule O.) 10,090 10,090 Advertising and promotion 24,755 7,566 32,321 Office expenses 13 3,515 3,515 Information technology 14 15 Royalties 14,408 14,408 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,537 1,537 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 7,298 TICKETING FEES 7,298 2,174 2,174 SUPPLIES 2,043 2,043 LICENSES & PERMITS 893 893 TRASH-SANITIZATION 1,169 1,169 All other expenses 9,609 295,730 286,121 Total functional expenses. Add lines 1 through 24e 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 (2021)

Balance Sheet

Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 44,564 21,816 1 Savings and temporary cash investments 185,046 2 165,081 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related, See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 229,610 186,897 16 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 25 3,004 Total liabilities. Add lines 17 through 25 3,004 26 26 Organizations that follow FASB ASC 958, check here • X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 229,584 183,893 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here ◆ and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 229,584 183,893 32 32 229,610 Total liabilities and net assets/fund balances 186,897

Form 990 (2021)

	1990 (2021) PERFORMING ARTS COMPANY, INC 27-0273010			Pa	ge 12
Pa	nt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			039
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	95,	730
3	Revenue less expenses, Subtract line 2 from line 1	3	- 7	45,	691
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	29,	584
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7.			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
,	32, column (B))	10	14	83,	893
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	بتحبيي	
				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 O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed 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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?	n X + Ca x + Ca x #III la	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	المراوية والمراوية	3b		
			For	n 990	(2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

			♥ Go to	www.irs.gov/rormago for ins	tructions	and the	latest imormati	Olic							
lame	of the	organization	PERFORMING A	RTS COMPANY, IN	С			Employer ident	fication number 3010						
Pa	irt l	Reaso	on for Public Charity	Status. (All organizations	must c	omplete	this part.) Se	e instructio	ns.						
he (orgai	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, o	check only	one box.)								
1	Ň	A church, cor	vention of churches, or asso	ociation of churches described	in section	170(b)(1)(A)(i).								
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)										
3	Ħ			ce organization described in sec		(b)(1)(A)(i	ii).								
4	П	,		in conjunction with a hospital				i). Enter the h	ospital's name,						
		city, and state:													
5		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					ection 17	n/h)/1)/A	(V)								
7		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.)													
			W 45 55 55 5		6411 No										
8	\vdash			70(b)(1)(A)(vi). (Complete Part		ad la soni	unation with a la	nd grant colle	no.						
9	Щ			cribed in section 170(b)(1)(A)(i of agriculture (see instructions).					ge						
10	X	An organization receipts from support from	activities related to its exem gross investment income ar) more than 33.1/3% of its supplied to certain the functions, subject to certain durrelated business taxable in	exception come (les	s; and (2) ss section	no more than 3 511 tax) from b	31/3% of its	SS:						
		10		0, 1975. See section 509(a)(2)											
11	Н			exclusively to test for public safe				out the nurne	cac of						
12	Ш	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.													
	а	· ·	~	erated, supervised, or controlled											
	a	the suppo	orted organization(s) the pov	ver to regularly appoint or elect complete Part IV, Sections A a	a majority										
	b		0.000	pervised or controlled in conne		its suppoi	ted organization	(s), by having							
	_	control or	management of the suppor	ting organization vested in the s											
	C	Type III f	unctionally integrated. A s	upporting organization operated tructions). You must complete	d in conne Part IV,	ction with	, and functionall A, D, and E.	y integrated w	ith,						
	d	Type III r	non-functionally integrated	I. A supporting organization open organization open organization generally must sa	erated in o	onnection	with its support	ed organization an attentiven	on(s) ess						
		requireme	ent (see instructions). You n	nust complete Part IV, Sectio	ns A and	D, and P	art V.								
	e	Check the functiona	is box if the organization rec lly integrated, or Type III nor	eived a written determination fr n-functionally integrated suppor	om the IR ting orgar	S that it is ization.	a Type I, Type	II, Type III							
	f		nber of supported organizati		E		**********								
	g	Provide the fo	ollowing information about the	e supported organization(s).	1										
(i		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount o support instruct	(see	(vi) Amount of other support (see instructions)						
				GBOVO (GGG HIGH BOXIGHD))	Yes	No		,	3,1100 22,107,107						
/A)					† · · · ·										
(A)															
(B)															
(C)															
(D)															
(E)															

27-0273010

Page 2

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

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

Sec	tion A. Public Support					,	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by						
5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	т					
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructions)		A RES ROSE E ATANA A ATANA A ATA	er en e e e e e e e e e e e e e e e e e		
13	First 5 years. If the Form 990 is for the or	.75				A = 1	. —
800	organization, check this box and stop her tion C. Computation of Public Se			****************		**************	AXE,AXE,AX 🕨
14				~ 400			
15	Public support percentage for 2021 (line 6	o, column (1) divided	o by line 11, colum	n (1))		14	<u>%</u>
16a	Public support percentage from 2020 Sch 33 1/3% support test—2021. If the organ	ization did not cho	ok the box on line	12 and line 14 is	99 1/90/ or more o	15	%
, , ,	box and stop here. The organization qual	lifies as a publicly s	unported organiza	P. Property			▶ □
b	33 1/3% support test—2020. If the organ				15 is 33 1/3% or mo	ne check	
	this box and stop here. The organization					aranna nama near marris Nel Ambor	
17a	10%-facts-and-circumstances test-202			A X 50 A A 50 A 4	a, or 16b, and line	14 is	
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa organization	cts-and-circumstan	ices test. The orga	nization qualifies	as a publicly suppo	rted	▶□
b	10%-facts-and-circumstances test—202	20. If the organizati	on did not check a	box on line 13, 16	Sa, 16b, or 17a, and	d line	
	15 is 10% or more, and if the organization in Part VI how the organization meets the						
	organization Private foundation. If the organization di			: : : : : : : : : : : : : : : : : : :			> 🗌
18							
	instructions		14 2 5 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		· · · · · · · · · · · · · · · · · · ·		/msr/srzz / 🔲

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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.)

500	tion A. Public Support	quality under the	e resis listed b	elow, please co	implete Fait ii.	1	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees	(a) 2017	(0) 2010	(6) 2018	(d) 2020	(e) 2021	(i) iotai
1	received. (Do not include any "unusual grants.")	76,374	98,934	124,885	215,239	100,572	616,004
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	149,525	139,396	139,490	6,206	123,037	557,654
3	Gross receipts from activities that are not an unrelated trade or business under section 513	30,420	33,643		16,649	36,778	117,490
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	256,319	271,973	264,375	238,094	260,387	1,291,148
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						1,291,148
	etion B. Total Support	(-) 004Z	(b.) 0040	7-3 004D	(4) 2020	(a) 2024	/6 Total
	inger Joan for hoper Jan. modium. 9	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	256,319	271,973	264,375	238,094	260,387	1,291,148
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net Income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	055 310	000 000	264 255	238,094	260,387	1,291,148
14	and 12.) First 5 years. If the Form 990 is for the or	256,319	271,973	264,375			1,231,140
14	organization, check this box and stop her						▶ 🗍
Sec	ction C. Computation of Public Su	ipport Percent	age		C 15 1 1 W 1 X 1 X 1 X 1 1 X 1 1 1	11 (2-2-6-1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	······································
15	Public support percentage for 2021 (line 8			ın (f))		15	100.00%
16	Public support percentage from 2020 Sch						100.00%
	tion D. Computation of Investme						
17	Investment income percentage for 2021 (I			, column (f))		17	%
18	Investment income percentage from 2020			**************************************			%
19a	33 1/3% support tests—2021. If the orga			14, and line 15 is	more than 33 1/39	%, and line	· [
	17 is not more than 33 1/3%, check this b	ox and stop here.	The organization o	ualifies as a public	ly supported orga	nization	▼ X
b	33 1/3% support tests—2020. If the orga						⊾ □
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did						
	Tivate foundation. If the organization the	a not offere a pox o	(7, 120, 01	TOD, OHOUR HIS DOX	COLINE GOO INSTRUCT	×:12	enance en L

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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.
- 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.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- 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.
 - 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
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	ile A (Form 990) 2021 FERFORMING ARTS COMPANI, INC. 21-021	3010	Page 3
Par	t IV Supporting Organizations (continued)		
2.42		<u> </u>	es 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		
i.	11c below, the governing body of a supported organization?	11a	
	A family member of a person described on line 11a above?	11b	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44	
Conti	provide detail in Part VI. ion B. Type I Supporting Organizations	11c	
Secti	ion B. Type i Supporting Organizations	1 9	na Ma
4	Did the coverning hady members of the coverning hady afficers esting in their official connects, or membership of one or	11	es No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	a	
	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	
Secti	ion C. Type II Supporting Organizations		
-		Y	es 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	ion D. All Type III Supporting Organizations		
		Y	es 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		
1	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	3	
Secti	supported organizations played in this regard. ion 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 instruct	ions	
a	The organization satisfied the Activities Test. Complete line 2 below.	10.10).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructions).	
2	Activities Test. Answer lines 2a and 2b below.		es 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 "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Sched	JIE A (FORM 990) 2021 FERFORMING ARTS COMPANI, IN	10	27-0273	Page t
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	ov. 20, 1	970 (explain in Part VI).	See
	instructions. All other Type III non-functionally integrated supporting organizations mu	st compl	ete Sections A through I	Ξ
Sec	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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
6	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-functionally integrated	Type III	supporting organization	

Schedule A (Form 990) 2021

(see instructions).

Schedu Pan	PERFORMING ARTS Type III Non-Functionally Integrated 509(a)(3		27 - 0273	010 Page 7
200020000000000000000000000000000000000	on D – Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpo			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide	details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions, Add lines 1 through 6.		r	
-8	Distributions to attentive supported organizations to which the orga	nization is responsive		
_	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
- 10	Elifo o attrodit arriado by into a pintosin	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021		ll .	
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3_	Excess distributions carryover, if any, to 2021			<u> </u>
a	From 2016			
b	From 2017			
	From 2018,			
d	From 2019			
	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
25	any. Subtract lines 3g and 4a from line 2. For result		ı	
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
•	and 4c.			
à	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	EXCOOS NOTE EVER DESCRIPTION OF THE PROPERTY O	V		Schedule A (Form 990) 2021

Schedule A (Form	1 990) 2021	ľ	PER	RFORMIN	IG ART	rs	COMPANY	, INC		27-0273			age 8
Part VI	Supple III, line B, lines 3a, and	mental In 12; Part I\ 1 and 2; 3b; Part \	formation /, Section Part IV, Section V, line 1;	on. Providen A, lines Section C, Part V, Se	e the ex 1, 2, 3b, line 1; F ection B,	plan 3c, art l line	ations requi 4b, 4c, 5a, 6 V, Section I 1e; Part V,	red by Pa 5, 9a, 9b, 0, lines 2 Section	9c, 11a, 1 and 3; Par D, lines 5, 6	0; Part II, line 1b, and 11c; I t IV, Section I 5, and 8; and	Part IV, E, lines	Section 1c, 2a, 2t	b,
	lines 2,	5, and 6.	Also con	nplete this	part for	any	additional in	nformatio	n. (See ins	tructions.)			
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

27-0273010 PERFORMING ARTS COMPANY, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located ◆ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ◆ \$ 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 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sone	edule D (Form 990) 2021 PERFORMI				0273010		Р	age 2
P	art III — Organizations Maintainii	ng Collections of	f Art, Historical T	reasures, or Ot	her Similar Assets	(continu	ued)	
3	Using the organization's acquisition, acces collection items (check all that apply):	sion, and other record	ds, check any of the fo	llowing that make sig	gnificant use of its			
а	Public exhibition	d 🗍	Loan or exchange pro	ogram				
b	Scholarly research	e 🗍	Other					
C	H		2	Print to the entire trade a sex x ev	*************			
4	Provide a description of the organization's	collections and explai	n how they further the	organization's evem	nt nurnose in Part			
	XIII.	ochocho di la ovipiali	in non and rataron are	organization 5 exem	bribaiboso iii i ait			
5	During the year, did the organization solicit	or receive donations	of art, historical treasu	res, or other similar				
	assets to be sold to raise funds rather than					Ye	s	No
Pa	art IV Escrow and Custodial A			-				
	Complete if the organization	on answered "Yes	" on Form 990, Pa	art IV, line 9, or re	eported an amount	on Form	i	
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custo	dian or other intermed	diary for contributions	or other assets not				
	included on Form 990, Part X?				v 46 5 7 45 5 5 7 5 5 64 5 9 5 7 5 7 5 7 1	Yes	s	No
b	If "Yes," explain the arrangement in Part XI	Il and complete the fo	ollowing table:			: ==		
						Amount		
C	Beginning balance				1c			
đ	Additions during the year		(K* * *180 * 50K3 a na 4 na na a 190 a n	30 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1d			
е					1e			
f	Ending balance	**********			15			
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or cus	todial account liabilit	y?	Yes	s	No
b	If "Yes," explain the arrangement in Part XI	II. Check here if the e	xplanation has been p	rovided on Part XIII				
Pε	art V Endowment Funds.							
	Complete if the organization	on answered "Yes	" on Form 990, Pa	art IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years !	back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and						_	
	losses							
ď	Grants or scholarships					-	_	
	Other expenditures for facilities and			-				
	programs							
f	Administrative expenses					+		
α	End of year balance					1		
2	Provide the estimated percentage of the cu		e (line 1g. column (a))	held as:		ـــــــــ		
a	Board designated or quasi-endowment	%	e (iiiie igi oolaliiii (di))	nois as.				
b	Permanent endowment ◆ %							
	Term endowment ♦ %							
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.						
За	Are there endowment funds not in the poss		ation that are held and	administered for the	r			
	organization by:		The same in the same			7	Yes	No
	(i) Unrelated organizations							***
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requi	red on Schedule R?	COLUMN CONTRACTOR S & S & 25		3b		
4	Describe in Part XIII the intended uses of the	ne organization's endo	wment funds	o no materia e una nemana 2020 2020 20	renrescontestantant			
	art VI Land, Buildings, and Equ							
normani de la companione de la companion	Complete if the organization		on Form 990 Pa	rt IV. line 11a S	ee Form 990 Part	X. line 10)	
	Description of property	(a) Cost or other t			Accumulated	(d) Book va		
	: "*"*	(investment)	100 11 21 2		depreciation	(2) 2001 11		
1a	Land							
h	Buildings							
	Leasehold improvements	· =						
ų	Equipment						-	_
	Other							
	I. Add lines 1a through 1e. (Column (d) must		X. column (R) line 10)(c,)				

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" or	Form 990 Part IV fir	ne 11h See Form 990. Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	V.,	Cost or end-of-year market value
(1) Financial of	derivatives		
	old equity interests		
Company of the		1	
2.6			
(5)	PERCEPORE OF BUILDING SECTIONS OF THE SECTION OF TH		
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(6)			
71-15			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments – Program Related.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	ne 11c. See Form 990, Part X, line 13.
	(a) Description of Investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX	Other Assets.		es 11d Coo Form 000 Port V line 15
	Complete if the organization answered "Yes" or	Trong 990, Partiv, iii	(b) Book value
- ///	(α) σεντιμιση		(a) book value
_(1)			
(3)			
(4)		_	
(5)	0.0		
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" or line 25.	n Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X,
1,	(a) Description of liability		(b) Book value
	income taxes DLL TAXES PAYABLE		3,00
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 25.)		* 3,00
	uncertain tay positions. In Part XIII, provide the text of the fo	ofnote to the organization's	

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

Sche	edule D (Form 990) 2021 PERFORMING ARTS COMPANY,	INC 27	-0273010	Page 4
Pa	Reconciliation of Revenue per Audited Financial Sta	atements With Reve	nue per Return.	
_	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	erran erran erren erren erren 200 erren erre	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
ď	Recoveries of prior year grants	2c		
e	Other (Describe in Part XIII.)	2d		
3	Add lines 2a through 2d	CONTRACTOR CONTRACTOR CONTRACTOR		
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1;		3	
a	Investment expenses not included on Form 990, Part VIII, line 7b	40		
	Other (Describe in Part XIII.)	4a 4b		
c	Add lines 4a and 4b	SHIXES THE	40	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ent it is an a summa a shall it is not it is n	4c	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	enses per Return	
	Complete if the organization answered "Yes" on Form 9	90. Part IV. line 12a.	•	
1	Total expenses and losses per audited financial statements	- 1	11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	9 S S S S S S S S C C C C C C C C C C C		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	**************************************	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Total second and a second and			
С	Add lines 4a and 4b		4c	
5 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		4c 5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information.		5	
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Schedule D (Fo	orm 990) 2021	PERFORMING	ARTS	COMPANY,	INC	27-0273010 Page 5
Part XIII	Supplemer	ntal Information (co	ontinued,)		
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SCHEDULE G (Form 990)

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization PERFORMING ARTS CO	MDANV TI	שכי			Employer identifica 27 - 02730	
Part I Fundraising Activities. Complete if			iswei	red "Yes" on Form 9	_	
Form 990-EZ filers are not required to	o complete thi	s par	t			
1 Indicate whether the organization raised funds through a	any of the following	ig acti	vities.	Check all that apply.		
a Mail solicitations	e 🔲 Solicitatio	n of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation	n of go	vernn	nent grants		
c Phone solicitations	g 🗌 Special fu	ndrais	ing ev	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement wi or key employees listed in Form 990, Part VII) or entity i	th any individual n connection with	(includ profe	ling of ssiona	ficers, directors, trustees Il fundraising services?	5, 	Yes No
b If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization.	indraisers) pursua	ant to	agreer	ments under which the fi	undraiser is to be	
(i) Name and address of individual or entity (fundralser)	(II) Activity	raise cust con	id fund- ir have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
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Total		1				
List all states in which the organization is registered or li- registration or licensing.		contrib	utions	or has been notified it i	s exempt from	F13 + 13 3 4 4 4 4 4 4 4 4
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DISCRESSES CONTROL CONTROL						

Schedule G (Form 990) 2021 PERFORMING ARTS COMPANY, INC 27-0273010 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPECIAL EVENTS NONE (add col. (a) through (total number) col. (c)) (event type) (event type) 36,778 36,778 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 36,778 36,778 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages Direct 8 Entertainment 10,267 10,267 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 10,267 26,511 Net income summary. Subtract line 10 from line 3, column (d) ... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	dule G (Form 990) 2021	PERFORMING	ARTS	COMPANY,	INC	27-0273010	Page 3
11	Does the organization cor	nduct gaming activities w	ith nonme	mbers?			Yes No
12	Is the organization a gran	tor, beneficiary or trustee	of a trust	or a member of a	partnership or oth	er entity	
							Yes No
13	Indicate the percentage o	-			i a y mia y mia mma many a suc		
a	*						13a %_
b	Annual Company of the Company						13b %
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14	records:	ess or the person who pre	epares the	organization's ga	ming/special event	s books and	
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15a	Does the organization have				_		Yes No
N.	If "Yes," enter the amount	of coming revenue recei	ived by the	organization	·	and the	[] 163 [] 110
D	ir res, enter the amount	t or garming revenue rece	iveu by the	e organization 🔻	Φ	and the	
c	amount of gaming revenu If "Yes," enter name and	address of the third party	inty ▼ ⊅ :		141144551415		
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	Gaming manager comper	nsation ◆ \$	x east t east x ea	enne			
	Description of services pr	ovided •	* **** * **** * ***				ria e V
	Director/officer	Employee		Independent con	tractor		
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17	Mandatory distributions:	al warden seem has a wall	an alkanden M	in alterior at more	an Mariana Area and	and v	
а	Is the organization require retain the state gaming lic				(m) 100 I	eeds to izations or	Yes No
b	Enter the amount of distri spent in the organization's				other exempt organ	izations or	
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SCHEDULE O (Form 990) 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PERFORMING ARTS COMPANY, INC

Employer identification number

27-0273010

DOING BUSINESS AS - ADDITIONAL NAMES

BITTERROOT PERFORMING ARTS COUNCIL

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

IN POST-PANDEMIC FY2022, OUR ORGANIZATION RESUMED THE PRESENTATION OF LIVE PERFORMANCES IN OUR 17TH SEASON. SIX WELL-RECEIVED CONCERTS WERE PRESENTED IN OUR MAIN 700-SEAT VENUE. WE ALSO EXPANDED OUR PROGRAMMING TO INCLUDE A CONCERT IN ANOTHER LOCAL COMMUNITY, PRESENTED A FULL, FREE CONCERT TO A LOCAL SCHOOL, AND ORGANIZED FREE COMMUNITY SESSIONS IN WHICH OUR VISITING MUSICIANS JOINED IN WITH LOCAL MUSICIANS. WE ALSO PARTNERED WITH A LOCAL HIGH STUDENT TO HELP HER PRODUCE A BENEFIT CONCERT. OUR ORGANIZATION WILL ALSO PRESENT ITS FIRST OUTDOOR SUMMER CONCERT IN AUGUST 2022.

WE CONTINUED TO CREATE CONTENT FOR OUR "BITTERROOT PRESENTS" EDUCATIONAL VIDEO LIBRARY WHICH SPOTLIGHT LOCAL STUDENT AND PROFESSIONAL MUSICAL ARTISTS, PLUS OTHER ASPECTS OF PERFORMING ARTS PRODUCTION, WITH THE GOAL OF INSPIRING AND EDUCATING STUDENTS OF ALL AGES ABOUT THE PERFORMING ARTS. THE BITTERROOT PRESENTS VIDEO LIBRARY IS MADE AVAILABLE TO SCHOOLS AT NO CHARGE. IN FY2022, MATERIAL FOR TWO NEW VIDEOS WERE CREATED, AND TWO VIDEOS WERE COMPLETED.

OUR ANNUAL "SPRING FOR THE ARTS" FUNDRAISING AUCTION IN FY2022 FEATURED ART PIECES CREATED BY THREE LOCAL HIGH SCHOOL STUDENTS. THIS GAVE THE STUDENTS THE OPPORTUNITY TO DISPLAY THEIR ART TO THE COMMUNITY, AND PROCEEDS FROM AUCTIONING THEIR PIECES HELPED FUND SCHOLARSHIPS AWARDED ANNUALLY TO LOCAL

Page 2 **Employer Identification number** Name of the organization 27-0273010 PERFORMING ARTS COMPANY, INC HIGH SCHOOL STUDENTS BY THE BITTERROOT PERFORMING ARTS COUNCIL. ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990, PART VI, LINE 11B -FORM 990 WILL BE PRESENTED AT A BOARD MEETING AND APPROVED PRIOR TO FILING. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANY DIRECTOR, OFFICER, KEY EMPLOYEE OR COMMITTEE MEMBER HAVING AN INTEREST IN A CONTRACT OR OTHER TRANSACTION PRESENTED TO THE BOARD OF DIRECTORS OR A COMMITTEE THEREOF FOR AUTHORIZATION, APPROVAL OR RATIFICATION, SHALL MAKE A PROMPT, FULL AND FRANK DISCLOSURE OF HIS INTEREST TO THE BOARD OR COMMITTEE PRIOR TO ITS ACTING ON SUCH CONTRACT OR TRANSACTION. SUCH DISCLOSURE SHALL INCLUDE ANY RELEVANT AND MATERIAL FACTS KNOWN TO SUCH PERSON, ABOUT THE CONTRACT OR TRANSACTION WHICH MIGHT REASONABLY BE CONSTRUED TO BE ADVERSE TO THE CORPORATION'S INTEREST. THE BODY TO WHICH DISCLOSURE IS MADE SHALL THEREUPON DETERMINE BY MAJORITY VOTE WHETHER THE DISCLOSURE SHOWS THAT A CONFLICT OF INTEREST EXISTS OR CAN REASONABLY BE CONSTRUED TO EXIST. IF A CONFLICT IS DEEMED TO EXIST, SUCH PERSON SHALL NOT VOTE ON, NOR USE HIS PERSONAL INFLUENCE ON, NOR PARTICIPATE IN (OTHER THAN TO PRESENT FACTUAL INFORMATION OR TO RESPOND TO QUESTIONS) THE DISCUSSIONS OR DELIBERATIONS WITH RESPECT. TO SUCH CONTRACT OR TRANSACTION. SUCH PERSON MAY NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM AT ANY MEETING WHERE THE CONTRACT OR TRANSACTION IS UNDER DISCUSSION OR IS BEING VOTED UPON. THE MINUTES OF THE MEETING SHALL REFLECT

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

FROM VOTING AND PARTICIPATION AND WHETHER A QUORUM WAS PRESENT.

THE DISCLOSURE MADE, THE VOTE THEREON AND WHERE APPLICABLE, THE ABSTENTION

Name of the organization					Employer identification number	
PERFORMING ARTS	27-027301	27-0273010				
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\$	8,396	\$	0	\$		
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\$	145,270	\$	0	\$	0	
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Form **990**

Two Year Comparison Report

For calendar year 2021, or tax year beginning

06/01/21 ,ending 05/31/22

2020 & 2021

Name

Taxpayer Identification Number

	ÞΕ.	RFORMING ARTS COMPANY, INC				27-0	273010
				2020	2021		Differences
Revenue	1.	Contributions, gifts, grants	1.	99,589	100	,572	983
	2.	Membership dues and assessments	2.				
	3.	Government contributions and grants	3.	115,650			-115,650
	4.	Program service revenue	4.		118	,865	
	5.	Investment income	5.	82		135	53
	6.	Proceeds from tax exempt bonds	6.				
	7.	Net gain or (loss) from sale of assets other than inventory	7.				
	8.	Net income or (loss) from fundraising events	8.	7,514	26	,511	18,997
	9.	Net income or (loss) from gaming	9.				
	10.	Net gain or (loss) on sales of inventory	10.	5,939		587	-5,352
	11.	Other revenue	11.		3	,369	3,369
_	12.	Total revenue. Add lines 1 through 11	12.	228,774	250	,039	21,265
Ex	13.	Grants and similar amounts paid	13.	2,000		,500	-500
	14.	Benefits paid to or for members	14.				
		Compensation of officers, directors, trustees, etc.	15.				
	16.	Salaries, other compensation, and employee benefits	16.	56,802	71	,902	15,100
	17.	Professional fundraising fees	17.				
	18.	Other professional fees	18.	4,040	146	,880	142,840
	19.	Occupancy, rent, utilities, and maintenance	19.	4,183	14	,408	10,225
		Depreciation and Depletion	20.				
	21.	Other expenses	21.	24,730	61	,040	36,310
	22.	Total expenses. Add lines 13 through 21	22.	91,755	295	,730	203,975
	23.	Excess or (Deficit). Subtract line 22 from line 12	23.	137,019	-45	,691	-182,710
ther Information	24.	Total exempt revenue	24.	228,774	250	,039	21,265
	25.	Total unrelated revenue	25.				
	26.	Total excludable revenue	26.	13,535	149	,467	135,932
	27.	Total assets	27.	229,610	186	,897	-42,713
	28.	Total liabilities	28.	26	3	,004	2,978
	29.	Retained earnings	29.	229,584		,893	-45,691
	30.	Number of voting members of governing body	30.	10	11		
		Number of independent voting members of governing body	31.	9	10		
	32,	Number of employees	32.	2	4		
	33.	Number of volunteers	33.	34	35		-