**... 990** 

Department of the Treasury Internal Revenue Service

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

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

 $\blacktriangleright$  Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A F	or th	e 202	1 calendar year, or tax year beginning 07/01	L/2021	and endin	ıg		06/	/30/20	22	
R or	1: :6		C Name of organization				D Employer ide	entific	ation num	ber	
_ Cn	eck if ap		THEATRE DEVELOPMENT FUND, INC.								
	Addre chang		Doing Business As				13-6216				
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		E Telephone n	umber			
	Initial	return	520 EIGHTH AVENUE		801		(212)93	12-9	9770		
	Termi	nated	City or town, state or province, country, and ZIP or foreign postal code								
	Ameno return		NEW YORK, NY 10018				<b>G</b> Gross receip	ts \$	17,	093,	400.
	Applic pendir		F Name and address of principal officer: VICTORIA BAILE	Y			H(a) Is this a ground subordinates		n for	Yes	X No
			520 EIGHTH AVENUE, SUITE 801, NEW YORK,	NY 1	0018		H(b) Are all subord		cluded?	Yes	No
1 -	Гах-ех	empt st	atus: X 501(c)(3) 501(c)( ) ◀ (insert no.) 45	947(a)(1)	or 527	7	If "No," attac	h a list.	. (see instruc	tions)	
J	Nebsi	te: 🕨	WWW.TDF.ORG				H(c) Group exemp	otion nu	umber 🕨		
K	orm c	of organ	ization: X Corporation Trust Association Other		L Year of	formation	on: 1967 <b>M</b>	State	of legal dor	micile:	NY
Pa	rt I	Sui	mmary								
	1	Briefly	describe the organization's mission or most significant activities:	SEE S	CHEDULE	0.					
မွ											
Jan											
Governance	2	Check	this box F if the organization discontinued its operations of				of its net assets	 3.			
ô	3	Numb	er of voting members of the governing body (Part VI, line 1a)					3			29
<u>«</u> ۵			er of independent voting members of the governing body (Part VI,					4			28
Activities			number of individuals employed in calendar year 2021 (Part V, line					5			112
Ξ			number of volunteers (estimate if necessary)					6			28
Α̈́	7a	Total	unrelated business revenue from Part VIII, column (C), line 12					7a			536.
			nrelated business taxable income from Form 990-T, line 34					7b			NONE
							Prior Year		Curre	ent Ye	ar
ø.	8	Contri	butions and grants (Part VIII, line 1h)				4,419,94	10.	5,	682,	,508.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		Y FOR		1,524,24	13.	6,	104	,124.
eve			ment income (Part VIII, column (A), lines 3, 4, and 7d)	UBLIC IN	NSPECTION		201,24	10.		743	,175.
~			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				375,81	.0.		209	,898.
			revenue - add lines 8 through 11 (must equal Part VIII, column (A),				6,521,23		12,		705.
			s and similar amounts paid (Part IX, column (A), lines 1-3)				NO	ONE			,000.
			its paid to or for members (Part IX, column (A), line 4)				NO	ONE			NONE
Ś			es, other compensation, employee benefits (Part IX, column (A), line				4,145,15	51.	7,	145,	,115.
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)				NONE				NONE
xpe	b	Total t	fundraising expenses (Part IX, column (D), line 25)  1,367	7,983.							
ú			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				2,978,76	54.	4,	399	,873.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				7,123,91		11,	631,	988.
	19		nue less expenses. Subtract line 18 from line 12				-602,68				717.
Net Assets or Fund Balances						Beginn	ing of Current Y	'ear		of Year	
sets	20	Total	assets (Part X, line 16)				11,719,28	31.	10,	654,	511.
As d Ba	21	Total I	liabilities (Part X, line 26)				5,318,68	31.	4,	240,	768.
Fee	22	Net as	ssets or fund balances. Subtract line 21 from line 20.				6,400,60	0.0	6,	413,	743.
Pa	rt II	Siç	gnature Block								
Und	er per	nalties o	of perjury, I declare that I have examined this return, including accompany	ing schedu	ules and statem	nents, ar	nd to the best of	my k	nowledge	and be	lief, it is
true	, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information	tion of whi	ch preparer has	s any kno	bwiedge.				
٥.							01/3	18/2	2023		
Sig			Signature of officer				Date				
Her	е	<b>.</b>	VICTORIA BAILEY	EXE	CUTIVE I	DIREC	TOR				
			Type or print name and title								
Deli		Print/	Type preparer's name Preparer's signature		Date		Check	if P	TIN		
Paid		AAR	ON SHAPIRO		01/24	/2023	self-employe	ed	P01333	816	
Prep Use		Firm's	name ▶ FORVIS, LLP				Firm's EIN	44	1-0160	260	
	Unity	Firm's	address > 1155 AVENUE OF THE AMERICAS #1200 NEW YORK,	NY 1003	6		Phone no.	21	L2-867	-400	0
Мау	the II	RS dis	cuss this return with the preparer shown above? (see instructions)			<u> </u>			. X Ye	es	No
For	Paper	work	Reduction Act Notice, see the separate instructions.						Form	n <b>990</b>	(2021)

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Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly	describe the organization's mission:
•		
	2FF 20	CHEDULE O
	Did the	organization undertake any significant program services during the year which were not listed on the
_		organization undertake any significant program services during the year which were not listed on the Yes No
		describe these new services on Schedule O.
3		e organization cease conducting, or make significant changes in how it conducts, any program
3		?
		describe these changes on Schedule O.
4		e the organization's program service accomplishments for each of its three largest program services, as measured by
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
		I expenses, and revenue, if any, for each program service reported.
4a	(Code:	) (Expenses \$ 2,170,487. including grants of \$ ) (Revenue \$ 1,947,246. )
	TKTS	BY TDF - THE TKTS TICKET BOOTHS SUPPORT TDF'S MISSION OF
		URAGING AND ENABLING DIVERSE AUDIENCES TO ATTEND THEATRE AND
		E. THE TKTS BOOTHS, STARTING IN 1973 WITH ONE AND AT JUNE 30,
		, NUMBERING TWO, SELL APPROXIMATELY 700,000 SAME-DAY
		DUNTED TICKETS ANNUALLY TO BROADWAY AND OFF-BROADWAY THEATRE
	AND !	DANCE PERFORMANCES. TKTS ENABLES THEATREGOERS WHO CANNOT
		RD FULL PRICE TICKETS TO ATTEND THEATRE, WHICH IN TURN
		EASES ATTENDANCE SIGNIFICANTLY.
		TKTS BOOTHS CLOSED IN MARCH 2020 DUE TO THE COVID RELATED
		ENSION OF LIVE PERFORMANCES IN NEW YORK CITY. TKT REOPENED IN
		EMBER 2022.
4b	(Code:	) (Expenses \$ 1,903,150. including grants of \$ ) (Revenue \$ 3,308,610. )
	TDF I	MEMBERSHIP PROGRAM - THE MEMBERSHIP PROGRAM ALSO SUPPORTS
	TDF'	S MISSION OF ENCOURAGING AND ENABLING DIVERSE AUDIENCES TO
	ATTE	ND THEATRE AND DANCE. ANNUALLY TDF MAKES POSSIBLE THE SALE OF
	APPRO	DXIMATELY 440,000 DEEPLY-DISCOUNTED TICKETS TO BROADWAY,
	OFF-	BROADWAY, AND OFF-OFF BROADWAY THEATRE AND DANCE PERFORMANCES
	TO OT	VER 115,000 TDF MEMBERS, WHO QUALIFY FOR MEMBERSHIP BY
	CERT	IFYING THAT THEY BELONG TO ONE OF THIRTEEN CATEGORIES MAKING
	THEM	ELIGIBLE FOR DISCOUNTED TICKETS.
4c	(Code:	) (Expenses \$1,272,954. including grants of \$) (Revenue \$)
	TDF S	SCHOOLS AND COMMUNITY ENGAGEMENT - THE EDUCATION PROGRAM
	BUIL	OS AUDIENCES FOR THE THEATRE BY INTRODUCING YOUNG PEOPLE TO
	LIVE	THEATRE AND PREPARING THEM TO ENGAGE AS AUDIENCES.
	APPRO	OXIMATELY 11,000 NEW YORK CITY PUBLIC SCHOOL CHILDREN ARE
	BROU	GHT TO THEATRE AND DANCE PERFORMANCES ANNUALLY AT NO COST TO
	THE S	SCHOOLS OR STUDENTS, AND IN ADDITION THESE YOUNG PEOPLE
	PART	ICIPATE IN CLASSROOM WORKSHOPS, POST-PERFORMANCE DISCUSSIONS
	AND !	PLAYWRIGHTING WORKSHOPS DESIGNED TO ENHANCE AND CONTEXTUALIZE
	THEI	R EXPERIENCE. TDF COMMUNITY ENGAGEMENT PROGRAMS WORK TO
	STRE	NGTHEN LOCAL AUDIENCES FROM EVERY BOROUGH AND NEIGHBORHOOD IN
	NEW	YORK CITY, CURRENTLY WORKING WITH OVER 55 CENTERS OR AGENCIES.
4d	-	rogram services (Describe on Schedule O.) SEE SCHEDULE O
_	(Expens	
46	Total nr	ogram service expenses • 0 142 687

**4e** Total program service expenses ▶ 9,142

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1E1020 1.000

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Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		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,"	440	77	
h	complete Schedule D, Part VI	11a	X	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		- 1
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1.0		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 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	.		
40	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	10		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19		40		v
20 2	If "Yes," complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
ւն 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
00	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 current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		X 
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	25h		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No.
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   31			
	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			
10.	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 1E1030		Form	990	(2021)
	7015TT V01B <b>01/24/2023 15:00:44</b> V21-7.8F			

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	Statements Departing Other IDC Filings and Tay Compliance (continued)		Yes	No.
Par			162	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 112			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		v
	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 contributions or	6b		
7	gifts were not tax deductible?	0.0		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Х
h	and services provided to the payor?	7b		-25
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
a.	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	The organization of the property of the proper			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		- 22
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 45		
13	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		L
	If "Yes," complete Form 6069.			

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

Sect	tion A. Governing Body and Management	<del></del>		Δ
3661	Ton A. Governing Body and Management		Yes	No
4 =	Enter the number of voting members of the governing body at the end of the tax year 29			
Та	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	-		
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
-	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	37	
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13 14	X	37
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?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	130		
40-	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
b	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		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	「(sec	tion 5	01(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)	(		- (-)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f inter	est p	olicy,
20	and financial statements available to the public during the tax year.	lo <b>-</b>		
20	State the name, address, and telephone number of the person who possesses the organization's books and record OWEN WILES 520 EIGHTH AVENUE, NO. 801 NEW YORK, NY 10018	S <b>P</b>		

212-912-9770

Form **990** (2021)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Companies   Comp					(0	C)					
Company   Comp	(A)	(B)			Pos	sition			(D)	(E)	(F)
Per week (list which is the compensation (list which is the compensation which is the compensation which is the compensation which the compensation which is the compensatio	Name and title		1 '						'	•	
Community   Comm			i i						· ·	•	
Company   Comp		1 '									•
1) VICTORIA BAILEY   35.00		, ,	ndiv or di	nsti	Offic	(ey	mpl High	om -	,	,	
(1) VICTORIA BAILEY  EXECUTIVE DIRECTOR  NONE  X  X  247,488.  NONE  65,450.  (2) MICHAEL NAUMANN  35.00  MANAGING DIRECTOR  NONE  X  198,916.  NONE  30,134.  (3) JULIAN CHRISTENBERRY  35.00  DIRECTOR OF TICKETING  NONE  X  141,139.  NONE  X  141,139.  NONE  58,685.  (4) OWEN WILES  35.00  DIRECTOR OF FINANCE & ADMIN.  NONE  MINTEY ESTRIN  35.00  DIRECTOR OF DEVELOPMENT  NONE  X  123,787.  NONE  39,749.  (6) TYMAND STAGGS  35.00  DIRECTOR OF IT  NONE  X  133,236.  NONE  26,794.  (7) DANIEL RENNER  35.00  DIRECTOR OF COMMUNITY ENGAGEMENT  NONE  X  129,340.  NONE  26,491.  (8) DAVID LESHAY  35.00  DIRECTOR OF COMMUNICATIONS  NONE  X  127,352.  NONE  24,037.  (9) EARL D. WEINER  2.00  CHAIRPERSON  NONE  X  NONE  X  NONE  NONE  NONE  NONE  X  NONE  N			idua	tutio	e,	dme	est o	er	1099-NEC)	1099-NEC)	related organizations
(1) VICTORIA BAILEY  EXECUTIVE DIRECTOR  NONE  X  X  247,488.  NONE  65,450.  (2) MICHAEL NAUMANN  35.00  MANAGING DIRECTOR  NONE  X  198,916.  NONE  30,134.  (3) JULIAN CHRISTENBERRY  35.00  DIRECTOR OF TICKETING  NONE  X  141,139.  NONE  X  141,139.  NONE  58,685.  (4) OWEN WILES  35.00  DIRECTOR OF FINANCE & ADMIN.  NONE  MINTEY ESTRIN  35.00  DIRECTOR OF DEVELOPMENT  NONE  X  123,787.  NONE  39,749.  (6) TYMAND STAGGS  35.00  DIRECTOR OF IT  NONE  X  133,236.  NONE  26,794.  (7) DANIEL RENNER  35.00  DIRECTOR OF COMMUNITY ENGAGEMENT  NONE  X  129,340.  NONE  26,491.  (8) DAVID LESHAY  35.00  DIRECTOR OF COMMUNICATIONS  NONE  X  127,352.  NONE  24,037.  (9) EARL D. WEINER  2.00  CHAIRPERSON  NONE  X  NONE  X  NONE  NONE  NONE  NONE  X  NONE  N		"	~ ±	nal 1		loye	w x				
(1) VICTORIA BAILEY  EXECUTIVE DIRECTOR  NONE  X  X  247,488.  NONE  65,450.  (2) MICHAEL NAUMANN  35.00  MANAGING DIRECTOR  NONE  X  198,916.  NONE  30,134.  (3) JULIAN CHRISTENBERRY  35.00  DIRECTOR OF TICKETING  NONE  X  141,139.  NONE  X  141,139.  NONE  58,685.  (4) OWEN WILES  35.00  DIRECTOR OF FINANCE & ADMIN.  NONE  MINTEY ESTRIN  35.00  DIRECTOR OF DEVELOPMENT  NONE  X  123,787.  NONE  39,749.  (6) TYMAND STAGGS  35.00  DIRECTOR OF IT  NONE  X  133,236.  NONE  26,794.  (7) DANIEL RENNER  35.00  DIRECTOR OF COMMUNITY ENGAGEMENT  NONE  X  129,340.  NONE  26,491.  (8) DAVID LESHAY  35.00  DIRECTOR OF COMMUNICATIONS  NONE  X  127,352.  NONE  24,037.  (9) EARL D. WEINER  2.00  CHAIRPERSON  NONE  X  NONE  X  NONE  NONE  NONE  NONE  X  NONE  N			stee	rust		Ф	) ens				
(1) VICTORIA BAILEY   35.00   EXECUTIVE DIRECTOR   NONE   X   X   247,488.   NONE   65,450.		,		ee			sated				
EXECUTIVE DIRECTOR											
(2) MICHAEL NAUMANN   35.00   MANAGING DIRECTOR   NONE   X   198,916.   NONE   30,134.	(1) VICTORIA BAILEY	35.00									
MANAGING DIRECTOR	EXECUTIVE DIRECTOR	NONE	Х		Х				247,488.	NONE	65,450.
3 JULIAN CHRISTENBERRY   35.00   DIRECTOR OF TICKETING   NONE   X   141,139.   NONE   58,685.	(2) MICHAEL NAUMANN	35.00									
DIRECTOR OF TICKETING	MANAGING DIRECTOR	NONE			Х				198,916.	NONE	30,134.
(4) OWEN WILES   35.00   DIRECTOR OF FINANCE & ADMIN.   NONE   X   145,933.   NONE   26,363.	(3) JULIAN CHRISTENBERRY	35.00									
DIRECTOR OF FINANCE & ADMIN.   NONE   X	DIRECTOR OF TICKETING	NONE					X		141,139.	NONE	58,685.
Column	(4) OWEN WILES	35.00									
DIRECTOR OF DEVELOPMENT	DIRECTOR OF FINANCE & ADMIN.	NONE			Х				145,933.	NONE	26,363.
Column	(5) WHITNEY ESTRIN	35.00									
DIRECTOR OF IT	DIRECTOR OF DEVELOPMENT	NONE					X		123,787.	NONE	39,749.
(7) DANIEL RENNER       35.00         DIR. OF COMMUNITY ENGAGEMENT       NONE       X       129,340.       NONE       26,491.         (8) DAVID LESHAY       35.00       X       127,352.       NONE       24,037.         DIRECTOR OF COMMUNICATIONS       NONE       X       127,352.       NONE       24,037.         (9) EARL D. WEINER       2.00       X       NONE       NON	(6) TYMAND STAGGS	35.00									
DIR. OF COMMUNITY ENGAGEMENT   NONE   X   129,340.   NONE   26,491.	DIRECTOR OF IT	NONE					X		133,236.	NONE	26,794.
(8) DAVID LESHAY         35.00         X         127,352.         NONE         24,037.           DIRECTOR OF COMMUNICATIONS         NONE         X         127,352.         NONE         24,037.           (9) EARL D. WEINER         2.00         X         X         NONE         NONE <t< td=""><td>(7) DANIEL RENNER</td><td>35.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(7) DANIEL RENNER	35.00									
DIRECTOR OF COMMUNICATIONS   NONE   X   127,352.   NONE   24,037.	DIR. OF COMMUNITY ENGAGEMENT	NONE					X		129,340.	NONE	26,491.
(9) EARL D. WEINER         2.00           CHAIRPERSON         NONE         X         X         NONE	(8) DAVID LESHAY	35.00									
CHAIRPERSON         NONE         X         X         NONE         NONE         NONE           (10) SANDRA KRESCH         1.00         X         X         NONE	DIRECTOR OF COMMUNICATIONS	NONE					X		127,352.	NONE	24,037.
(10) SANDRA KRESCH         1.00           VICE CHAIRPERSON         NONE         X         X         NONE	(9) EARL D. WEINER	2.00									
VICE CHAIRPERSON         NONE         X         X         NONE         NONE         NONE           (11) GWEN MARCUS         1.00         X         X         NONE	CHAIRPERSON	NONE	X		Χ				NONE	NONE	NONE
(11) GWEN MARCUS         1.00           VICE CHAIRPERSON         NONE         X         X         NONE         NONE </td <td>(10) SANDRA KRESCH</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(10) SANDRA KRESCH	1.00									
VICE CHAIRPERSON         NONE         X         X         NONE         NONE         NONE           (12) ROBERT T. GOLDMAN         1.00         X         X         NONE         NONE </td <td>VICE CHAIRPERSON</td> <td>NONE</td> <td>X</td> <td></td> <td>Χ</td> <td></td> <td></td> <td></td> <td>NONE</td> <td>NONE</td> <td>NONE</td>	VICE CHAIRPERSON	NONE	X		Χ				NONE	NONE	NONE
(12) ROBERT T. GOLDMAN         1.00           TREASURER         NONE X X         NONE NONE           (13) AMY CHIN         1.00           SECRETARY         NONE X X         NONE NONE           (14) HOLLY COHEN         1.00	(11) GWEN MARCUS	1.00									
TREASURER         NONE         X         X         NONE         NONE         NONE           (13) AMY CHIN         1.00         X         X         NONE	VICE CHAIRPERSON	NONE	X		Х				NONE	NONE	NONE
(13) AMY CHIN         1.00           SECRETARY         NONE         X         X         NONE         NONE         NONE           (14) HOLLY COHEN         1.00         NONE         NONE <td>(12) ROBERT T. GOLDMAN</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(12) ROBERT T. GOLDMAN	1.00									
SECRETARY NONE X X NONE NONE (14) HOLLY COHEN 1.00	TREASURER	NONE	X		Х				NONE	NONE	NONE
(14) HOLLY COHEN 1.00	(13) AMY CHIN	1.00									
	SECRETARY	NONE	X		Х				NONE	NONE	NONE
TRUSTEE NONE X NONE NONE NONE	(14) HOLLY COHEN	1.00									
	TRUSTEE	NONE	X						NONE	NONE	NONE

Form **990** (2021)

	(D)				~\			/D)	/ <b>C</b> \	<b>/C</b> \
(A)	(B)			((				(D)	(E)	(F)
Name and title	Average hours per	(do i	not ch	Pos neck		e than or	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	box,	unles	s pe	rson	is both a	an	from	related	other
	hours for					or/truste		the	organizations	compensation
	related organizations	ndiv or di	nsti	Officer	(ey	Highest co employee	Former	organization	(W-2/1099-MISC)	from the organization
	below dotted	idua	utio	er	mp	est o	ē	(W-2/1099-MISC)		and related
	line)	Individual trustee or director	Institutional trustee		Key employee	e om				organizations
		stee	trust		Ф	pens				
			ее			compensated				
15) SANDRA DANZIGER	1.00					0				
TRUSTEE	NONE	X						NONE	NONE	NONE
16) WENDY DAVITED	1.00	21						NONE	NONE	NONE
TRUSTEE	NONE	X						NONE	NONE	NONE
17) SHARON DUNN	1.00	- 21						IVOIVE	IVOIVE	110111
TRUSTEE	NONE	X						NONE	NONE	NONE
18) TERRY FITZPATRICK	1.00							110112	110112	
TRUSTEE	NONE	Х						NONE	NONE	NONE
19) BETTYE FLETCHER	1.00							-	-	
TRUSTEE (THROUGH 6/2/22)	NONE	Х						NONE	NONE	NONE
20) ROBERT FRIED	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
21) JOSEPH GIRALDI	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
22) MEG HERRMAN	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
23) HOLLY HYNES	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
24) ZAK KARIM	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
25) JACQUELINE LICALZI	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total							▶	1,247,191.	NONE	297,703.
c Total from continuation sheets to Part VII, Se	ection A						▶	NONE	NONE	NONE
d Total (add lines 1b and 1c)							▶	1,247,191.	NONE	297,703.
2 Total number of individuals (including but not l		hose	liste	d al	bove	e) who	re	ceived more than	\$100,000 of	
reportable compensation from the organization	<u> ▶</u>					14				
										Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Schedu	ıle J for su	ch ina	lividu	ual						3
4 For any individual listed on line 1a, is the s	sum of rep	ortab	ole d	om	pen	sation	ar	nd other compens	sation from the	
organization and related organizations gre	eater than	\$15	0,0	00?	l f	"Yes,	" (	complete Schedu	le J for such	
individual										4
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Ye	es," comple	te Scl	nedu	ıle J	for	such <sub>l</sub>	per	son		5
Section B. Independent Contractors										

year.

(A) Name and business address	(B) Description of services	(C) Compensation

<sup>2</sup> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  $\,\blacktriangleright\,$ 

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(C	;)		(D)	(E)		(F)	
Name and title	Average		-	Posit	tion		Reportable	Reportab	ole	Estimated	
	hours per	,				than on	00	compensation			
	week (list any hours for			•		s both a r/trustee	, 110111	related		other compensation	
	related			_			- 1116	organization (W-2/1099-N		from the	
	organizations	dire	itit	Officer	y en	Highest co	organization (W-2/1099-MISC)	(** =, *****	,	organization	
	below dotted line)	ual	tion		key employee	st co	7   1			and related organizations	
	ilite)	Individual trustee or director	Institutional trustee		yee	compensated				organizations	
		ee	ıste			ssne					
			0			ıted					
26) HECTOR LOZADA	1.00										
TRUSTEE	NONE	Х					NONE		NONE	NON	
27) BETSY MILLER	1.00										
TRUSTEE	NONE	Х					NONE		NONE	NON	
28) CAROL WOOD MOORE	1.00										
TRUSTEE	NONE	Х					NONE		NONE	NON	
29) PENNY PETERS	1.00						-				
TRUSTEE	NONE	X					NONE		NONE	NON!	
30) RUTH SARFATY	1.00										
TRUSTEE	NONE	X					NONE		NONE	NON!	
31) EILEEN SILVERS	1.00										
TRUSTEE	NONE	Х					NONE		NONE	NON!	
32) ARI TEPLITZ	1.00						110111			21021	
TRUSTEE	NONE	X					NONE		NONE	NON	
33) DONNA WILLIAMS	1.00						110112		110111	11011	
TRUSTEE	NONE	X					NONE		NONE	NON	
34) SANDRA WISHNICK	1.00			_			110112		1101112	11011	
TRUSTEE	NONE	X					NONE		NONE	NON	
35) MARY GOOD	1.00						110111			21021	
TRUSTEE	NONE	X					NONE		NONE	NON	
36) VEENA MOSUR	1.00										
TRUSTEE	NONE	X					NONE		NONE	NON!	
1b Sub-total							<b>.</b>				
c Total from continuation sheets to Part VII, S	ection A					'					
d Total (add lines 1b and 1c)							•				
2 Total number of individuals (including but not				ab	ove)	) who	received more than	\$100.000 o	f		
reportable compensation from the organizatio					,	,					
										Yes No	
3 Did the organization list any former office	er, directo	or. or	trus	stee	e. k	ev en	nplovee, or highes	t compensa	ated		
employee on line 1a? If "Yes," complete Sched										3	
4 For any individual listed on line 1a, is the											
organization and related organizations gr											
individual										4	
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y										5	
Section B. Independent Contractors	, <b>,</b>					,					
1 Complete this table for your five highest com	pensated i	ndepe	ender	nt c	ontr	actors	that received more	than \$100,	,000 o	f	
compensation from the organization. Report of year.											
(A)							(B)			(C)	
Name and business add	dress						Description of se	ervices	С	ompensation	

ivalite and business address	Description of services	Compensation

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

Page 8

Part VII Section A. Officers, Directors, Tru (A)  Name and title	(B) Average hours per week (list any hours for	(do i box, office	not ch unles	Pos neck ss pe	c) sition more erson lirect	e than o is both or/trust	one an ee)	(D)  Reportable compensation from the	(E) Reportab compensatior related organizatio	le n from ons	Esti amo o comp	(F) mated ount of ther ensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)	orga and	m the nization related nizations
37) WENDY XU	1.00											
TRUSTEE	NONE	X						NONE		NONE		NON
1b Sub-total	ection A						<b>&gt; &gt;</b>					
2 Total number of individuals (including but not reportable compensation from the organization		hose	liste	d al	bov	e) who	o re	ceived more than	\$100,000 of	f		
Did the organization list any former office employee on line 1a? If "Yes," complete Sched.	er, directo	or, or	tru <i>lividu</i>	iste Jal	e,	key e	emp	loyee, or highes	t compensa	ted	3	Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	sum of repeater than	ortab \$15	le c	om 00?	per	sation	n ar	nd other compens	sation from the	the uch	4	Х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satio	on f	fron	n any	un	related organization	on or individ	ual	5	X
Section B. Independent Contractors	cs, compre	10 001	icaa	10 0	101	Sucri	рст	3011	<u> </u>	• •		1
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>												
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompensa	ation
							+					
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos		isted above) who	received			

13-6216919

#### Part VIII Statement of Revenue

(B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns Membership dues c Fundraising events 1c d Related organizations 3,606,610. Government grants (contributions) . . 1e All other contributions, gifts, grants, 2,075,898 and similar amounts not included above . 1f g Noncash contributions included in 9,600 lines 1a-1f 1g \$ Total. Add lines 1a-1f 5,682,508 **Business Code** Program Service Revenue TKTS SERVICES 711110 1,947,246. 1,947,246 711110 MEMBERSHIP 1,514,361. 1,514,361 711110 TICKET DISTRIBUTION 1,247,405. 1,247,405 711110 COSTUME COLLECTION 667,393. 667,393 HANDLING CHARGES 711110 546,844. 546,844 711110 180,875 180,875 All other program service revenue 6,104,124. Investment income (including dividends, interest, and 71,804. 71,804 NONE 4 Income from investment of tax-exempt bond proceeds . 5 NONE (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c NONE NONE d Net rental income or (loss) . . NONE Gross amount from (i) Securities (ii) Other sales of assets 5,025,066. other than inventory 7a b Less: cost or other basis Other Revenue 7b 4,353,695 and sales expenses . . 671,371. c Gain or (loss) . . . . 7c 671,371 671,371. d Net gain or (loss) 8a Gross income from fundraising events (not including \$ \_ of contributions reported on line 8a 1c). See Part IV, line 18 NONE 8b **b** Less: direct expenses NONE c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 NON 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. NONE Gross sales of inventory, less 10a returns and allowances NONE b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory NONE **Business Code** Miscellaneous Revenue 11a OTHER 900099 182,278 182,278. LICENSE FEES 900099 27,084. 27,084. c ADVERTISING 541800 536. 536. All other revenue 209,898 Total, Add lines 11a-11d Total revenue. See instructions 12,739,705. 6,104,124. 536. 952,537. 12

13-6216919

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	87,000.	87,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	820,196.	352,481.	308,796.	158,919
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE		1 7 7 7	
	Other salaries and wages	4,641,724.	4,103,614.	1,763.	536,347
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	227,983.	191,807.	17,017.	19,159
9	Other employee benefits	925,438.	760,366.	58,524.	106,548
10	Payroll taxes	529,774.	420,054.	58,600.	51,120
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	10,981.		10,981.	
С	Accounting	60,000.		60,000.	
d	Lobbying	25,000.			25,000
е	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	300,726.	158,523.	67,162.	75,041
12	Advertising and promotion	30,348.	12,619.	9,461.	8,268
13	Office expenses	952,618.	644,410.	128,124.	180,084
14	Information technology	331,266.	238,236.	62,892.	30,138
15	Royalties	NONE			
	Occupancy	1,081,446.	770,496.	269,122.	41,828
	Travel	21,682.	9,016.	6,759.	5,907
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
	Conferences, conventions, and meetings	NONE			
	Interest	NONE NONE			
	Payments to affiliates		210 002	0 141	15 540
	Depreciation, depletion, and amortization	235,564.	210,883. 106,673.	9,141. 25,223.	15,540 2,858
	Insurance	134,754.	100,073.	25,225.	2,030
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.)				
9	TICKET PURCHASES	559,937.	559,937.		
	LEAGUES' SPECIAL PROJECTS	166,230.	165,000.	1,230.	
	SUBSIDY EXPENSE	144,305.	144,305.	2,2331	
	COSTUME CLEANING	137,698.	137,698.		
	All other expenses	207,318.	69,569.	26,523.	111,226
	Total functional expenses. Add lines 1 through 24e	11,631,988.	9,142,687.	1,121,318.	1,367,983
	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	,	., =,	, =,====	, , , , , , , , , , , , , , , , , , , ,
	following SOP 98-2 (ASC 958-720)				

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### Part X Balance Sheet

Pa	rt X		t V		
		Check if Schedule O contains a response or note to any line in this Pa	(A)	<del></del>	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	673,870.	1	866,643.
	2	Savings and temporary cash investments	2,390,352.	2	2,438,865.
	3	Pledges and grants receivable, net	250,900.	3	494,644.
	4	Accounts receivable, net	170,664.	4	159,473
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NON
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE		NONI
Assets	7	Notes and loans receivable, net	NONE		NONE
SS	8	Inventories for sale or use	NONE		NONI
1	9	Prepaid expenses and deferred charges	209,939.	9	252,236.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,919,314.			
		Less: accumulated depreciation	1,170,225.		1,078,661.
	11	Investments - publicly traded securities	6,853,331.	11	4,522,039.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE		841,950.
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,719,281.	16	10,654,511.
	17	Accounts payable and accrued expenses	1,413,263.	17	1,702,457.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	53,239.		174,032.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	NIONIE		NONE
Lia	23	controlled entity or family member of any of these persons	NONE		NONE
		Unsecured notes and loans payable to unrelated third parties	NONE 1,990,000.		NONE
	24 25	Other liabilities (including federal income tax, payables to related third	1,990,000.	24	NONE
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,862,179.	25	2,364,279.
	26	Total liabilities. Add lines 17 through 25	5,318,681.	26	4,240,768.
	20	Organizations that follow FASB ASC 958, check here ► X	3,310,001.	20	1,240,700.
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	5,395,955.	27	5,293,688.
Fund Balances	28	Net assets with donor restrictions.	1,004,645.	28	1,120,055.
Ind		Organizations that do not follow FASB ASC 958, check here ▶	1,001,013.		1/120/033:
		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
4ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
•	32	Total net assets or fund balances	6,400,600.	32	6,413,743.
ž	33	Total liabilities and net assets/fund balances	11,719,281.	33	10,654,511.
_			== , . => , = 3 = •		Form <b>990</b> (2021)

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Part	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	1	2,7	39,	<u> 705</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			31,	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,1	07,	<u>717</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6,4	00,	<u>600</u> .
5	Net unrealized gains (losses) on investments	5	_	1,3	57,	<u>938</u>
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		2	63,	<u> 364</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		6,4	13,	<u>743</u> .
Part	· · ·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	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 com-	piled	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 audit	ted or	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b		

#### SCHEDULE A (Form 990)

### **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

Department of the Treasury Internal Revenue Service

Name of the organization

FUND, INC. Employer identification number

THE	CATR	E DEVELOPMENT FUND	<u> </u>					216919
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	comple	te this p	art.) See instruction	S.
The	orgai	nization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2	$\square$	A school described in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3	$\square$	A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4	$\square$	A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
	I	hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ental unit described in
	;	section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go		rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	$\square$	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fr	om the general public
	(	described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college
	(	or university or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
		university:						
10	; ;	An organization that norma receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f nent income and u n after June 30, 19	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco ( <b>a)(2).</b> (0	ceptions ome (les: Complete	s; and (2) no more that s section 511 tax) from e Part III.)	n 331/3 % of its
11	$\equiv$	An organization organized a	•	•	•		. , , ,	ery out the nurneese of
12		An organization organized a one or more publicly suppo	•	•				• •
		the box on lines 12a throug	_					
•		Type I. A supporting orga						
а		the supported organization	•	•	•		• , ,	
		supporting organization.	. , .	• • • •		ajority of	the directors of truste	ces of the
b		Type II. A supporting org	-			with its	supported organizati	on(s) by having
-		control or management of	•					, , ,
		organization(s). You must		=		, p - 1 - 2 - 1		ange and employees
С		Type III functionally inte	•		ited in c	onnectio	n with, and functiona	lly integrated with.
	,	its supported organization						, ,
d		Type III non-functionally		· ·				ted organization(s)
		that is not functionally inte			-			- ' '
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type	II, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
f		er the number of supported						
g	Prov	vide the following information	on about the suppo	orted organization(s).	1			
	(i) Naı	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
/D;								
(D)						<u></u>		
(E)								
( <del>-</del> )								
Tota	al							

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.) Section A. Public Support (d) 2020 Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . . . 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . . . . . % 16a 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

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

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

Sec	tion A. Public Support				<u> </u>	,	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	SEE SUPP PAGE					
	received. (Do not include any "unusual grants.")	6,732,242.	7,235,299.	6,718,879.	5,937,518.	5,682,508.	32,306,446.
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	9,567,926.	11,012,354.	7,714,725.	262,548.	6,104,124.	34,661,677.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	16,300,168.	18,247,653.	14,433,604.	6,200,066.	11,786,632.	66,968,123.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	108,216.	73,280.	283,791.	284,141.	238,850.	988,278.
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						NONE
	Add lines 7a and 7b.	108,216.	73,280.	283,791.	284,141.	238,850.	988,278.
8	Public support. (Subtract line 7c from						
	line 6.)						65,979,845.
	tion B. Total Support	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
	ndar year (or fiscal year beginning in)	16,300,168.	18,247,653.		6,200,066.	11,786,632.	66,968,123.
9 10 a	Amounts from line 6. Gross income from interest, dividends,	10,300,100.	10,247,053.	14,433,604.	6,200,066.	11,700,032.	00,900,123.
	payments received on securities loans,						
	rents, royalties, and income from similar sources	163,753.	274,195.	183,700.	104,192.	71,804.	797,644.
h	Unrelated business taxable income (less	103,733.	271,155.	103,700.	101,152.	71,001.	7,57,011.
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
С	Add lines 10a and 10b	163,753.	274,195.	183,700.	104,192.	71,804.	797,644.
11	Net income from unrelated business		,		, , ,	,	
	activities not included in line 10b, whether						
	or not the business is regularly carried on.					536.	536.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) SEE SUPP PAGE	901,548.	306,652.	386,670.	163,656.	209,362.	1,967,888.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	17,365,469.	18,828,500.	15,003,974.	6,467,914.	12,068,334.	69,734,191.
14	First 5 years. If the Form 990 is fo	r the organization	on's first, second	l, third, fourth,	or fifth tax yes	ar as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2021 (line 8	, ,	•			15	94.62%
16	Public support percentage from 2020 Scho					16	94.81%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2021 (li					17	1.14%
18	Investment income percentage from 2020					18	1.15%
19 a	331/3% support tests - 2021. If the o	-					. $\square$
	17 is not more than 331/3 %, check thi						
b	331/3% support tests - 2020. If the org				•		· . —
	line 18 is not more than 331/3 %, check			•			<del></del>
20	<b>Private foundation.</b> If the organization	did not check a	a box on line 14	4, 19a, or 19b,	check this box	k and see instru	ctions

#### 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	V Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_		•		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
•	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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			
J	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struction	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	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 <b>Part VI identify</b>			
	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	0-		
	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 <b>Part VI</b> 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		
2		-5		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	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 <b>Part VI</b> the role played by the organization in this regard.	3h		

Page 6 Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization:	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi			
Se	ection 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		
	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		
	Other expenses (see instructions)	7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	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		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-functional	ly integra	ted Type III supporting	g organization
	(see instructions).			

Schedule A (Form 990) 2021

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Page **7** 

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g					
<u>h</u>	Applied to 2021 distributable amount				
_ <u>i</u>	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI.</b> 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.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018 Excess from 2019				
c d	Excess from 2020				
<u>u</u>	Excess from 2021				
	LAUGOO HUIH ZUZI,				Sahadula A (Farm 000) 2021

Schedule A (Form 990 or 990-EZ) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III - OTHER INCOME										
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL				
OTHER LICENSE FEES	901,548.	302,485. 4,167.	336,670. 50,000.	115,740. 47,916.	182,278. 27,084.	1,838,721. 129,167.				
TOTALS	901,548.	306,652.	386,670.	163,656.	209,362.	1,967,888.				

# Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

**Schedule of Contributors** 

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

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2021

**Employer identification number** Name of the organization THEATRE DEVELOPMENT FUND, INC 13-6216919 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization THEATRE DEVELOPMENT FUND, INC.

Part I	Contributors (	see instructions).	Use duplicate copies of Part I if additional space is needed.	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$383,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$262,410.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$148,500.	Person   X     Payroll   Noncash  (Complete Part II for noncash contributions.)
(a) No.	N/A  (b)  Name, address, and ZIP + 4	\$148,500.  (c)  Total contributions	Payroll Noncash (Complete Part II for
(a)	(b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

Name of organization THEATRE DEVELOPMENT FUND, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is n	needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$53,500.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$35,750.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$31,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THEATRE DEVELOPMENT FUND, INC.

art I	Contributors (see	instructions). U	se duplicate	copies of I	Part I if ac	dditional spac	e is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	N/A	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14	N/A	\$25,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15	N/A	\$25,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16	N/A	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17	N/A	\$25,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THEATRE DEVELOPMENT FUND, INC.

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20	N/A	\$18,550.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21	N/A	\$15,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23	N/A	\$15,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THEATRE DEVELOPMENT FUND, INC.

Part I Contributors (see in	structions). Use duplicate co	opies of Part I if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	N/A	\$14,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(-)	/h\	(-)	4.0
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 28 (a)	Name, address, and ZIP + 4  N/A  (b)	\$12,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.  28  (a) No.	Name, address, and ZIP + 4  N/A  (b)  Name, address, and ZIP + 4	\$12,500.  (c) Total contributions	Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

Name of organization THEATRE DEVELOPMENT FUND, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31	N/A	\$10,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32	N/A	\$10,470.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33	N/A	\$10,160.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
34_	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
35	N/A	\$10,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
36	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THEATRE DEVELOPMENT FUND, INC.

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	N/A	\$10,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THEATRE DEVELOPMENT FUND, INC.

Part I Contributors (see instructions). Use duplicate copies of Part	rt I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	N/A	\$9,053.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	N/A	\$9,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	N/A	\$8,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Name of organization Page 2

	THEATRE DEVELOPMENT FUND, INC.	13-6216919
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is r	needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	N/A	\$7,600.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	N/A	\$7,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	N/A	\$7,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	N/A	\$6,350	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

THEATRE DEVELOPMENT FIND INC.

	THEATRE DEVELOPMENT FUND, INC.		13-6216919
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eeded.
(a)	(b)	(c)	(d)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	N/A	\$\$, 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	N/A	\$\$,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	N/A	\$\$,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	N/A	<b>\$</b> 5,000.	Person X Payroll

Name of organization

THEATRE DEVELOPMENT FUND, INC.

art I	Contributors (see instructions).	Use duplicate copies of Part I if	additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63_	N/A	\$5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THEATRE DEVELOPMENT FUND, INC.

Part I	Contributors (	see instructions).	Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	N/A	\$1,990,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THEATRE DEVELOPMENT FUND, INC.

Employer identification number
13-6216919

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73 <u>N/A</u>		\$ \$ 802,200.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

THEATRE DEVELOPMENT FUND, INC.

Employer identification number

13-6216919

art II	<b>Noncash Property</b>	(see instructions)	. Use duplicate	copies of Part II	if additional space is	needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990) (2021)

Name of organization THEATRE DEVELOPMENT FUND, INC. 13-6216919 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

# **SCHEDULE C** (Form 990)

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

Tax)	(See separate instructions), the		Tax) (See separate in	nstructions) or Form 990-E	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization				ntification number
THE	EATRE DEVELOPMENT FUN	ND, INC.			216919
Pa	-	organization is exempt under			
1	•	ne organization's direct and ind	irect political camp	aign activities in Part	IV. See instructions for
	definition of "political campa	•			
2		xpenditures. See instructions			
		campaign activities. See instruction	ns		
Pai	-	organization is exempt under			
1		sise tax incurred by the organization			
2		ise tax incurred by organization m			
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pai	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3	).
1		xpended by the filing organization			
2	527 exempt function activiti	g organization's funds contributedes		▶\$	
3	line 17b	enditures. Add lines 1 and 2. En			
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, er ributions received that were pron d or a political action committee (	per (EIN) of all section of the amount paid optly and directly de	on 527 political organiza d from the filing organiz divered to a separate po	ations to which the filing ation's funds. Also enter ditical organization, such
	<b>(a)</b> Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)			_		
(6)					

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

Schedule C (Form 990) 2021

Sch	edule C (Form 990) 2021 THEATR	E DEVELOPMENT FUND, IN	C.	13-	-6216919 Page <b>2</b>
Pa	ort II-A Complete if the organizati section 501(h)).	on is exempt under section	501(c)(3) and	filed Form 5768 (elec	ction under
A		elongs to an affiliated group (and and share of excess lobbying expe		ch affiliated group meml	ber's name,
В	Check ▶ if the filing organization ch	ecked box A and "limited control	" provisions app	y.	
		oying Expenditures eans amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influence Total lobbying expenditures to influence		· · · · · -		
С	Total lobbying expenditures (add lines 1	a and 1b)			
d	Other exempt purpose expenditures				
е	Total exempt purpose expenditures (add	d lines 1c and 1d)			
f	Lobbying nontaxable amount. Enter the columns.	e amount from the following t	able in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is	s:		
	Not over \$500,000	20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess of	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess of	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess ov	er \$1,500,000.		
	Over \$17,000,000	\$1,000,000.			
_	Grassroots nontaxable amount (enter 25	· · · · · · · · · · · · · · · · · · ·	_		
	Subtract line 1g from line 1a. If zero or le				
	Subtract line 1f from line 1c. If zero or le				
j	If there is an amount other than zero				
	reporting section 4911 tax for this year?				Yes No
		4-Year Averaging Period Under	` '	4	
	(Some organizations that made a See	the separate instructions for li			ns below.
	Lobi	bying Expenditures During 4-Ye	ar Averaging Per	iod	
	Calendar year (or fiscal year (a)	) 2018 <b>(b)</b> 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
С	Total lobbying expenditures				

Schedule C (Form 990) 2021

**d** Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

	,	orm 990)	2021	THE	CATE	E DEVE	LO	PMENT	FUND,	INC	7.						13-6216919	F
Part	II-B		nplete if t ction und				em	pt und	er secti	ion (	501(c)	(3)	an	d has NO	T filed	d For	m 5768	
<b></b>		"\/ "		 1:	1-	41	4:	h - l			D- ==			-1-1-1-1	(a	a)	(b)	
			response		та	tnrougn	11	below,	proviae	e in	ran	IV	a	aetallea	Yes	No	Amount	

-c-	and "Von" response on lines to through the below provide in Port IV a detailed	(6	1)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		Х	
С	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		X	
е	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		Х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			25,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
ï	Other activities?		Х	
j	Total. Add lines 1c through 1i			25,000
ı 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х	•
	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

# Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions.	5	

#### **Supplemental Information** Part IV

ovide the descriptions required for Part FA, line 1, Part FB, line 4, Part FC, line 5, Part IFA (anniated group list), Part IFA, lines 1 a	ına
(See instructions); and Part II-B, line 1. Also, complete this part for any additional information.	

# Part IV Supplemental Information (continued)

PART II-B, LINE 1

THEATRE DEVELOPMENT FUND RETAINED THE SERVICES OF A FIRM TO PROVIDE GOVERNMENT RELATIONS COUNSEL AND RELATED WORK.

# **SCHEDULE D** (Form 990)

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.

**Open to Public** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

тнь	ATRE DEVELOPMENT FUND, INC.	13-6216919
	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	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	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
3	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	
Da	rt II Conservation Easements.	
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
-		of a historically important land area
		of a certified historic structure
	Preservation of open space	or a continea motorio otraciare
2	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
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
-	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminating transferred and the stational regions of the stationary regi	
	tax year	mated by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	
	<b>&gt;</b>	•
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	d expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	ial statements that describes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	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 of art, historical treasures, or other similar assets held for public exhibition, education,	e statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	hese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s	
	art, historical treasures, or other similar assets held for public exhibition, education, or reso	
	provide the following amounts relating to these items:	<b>.</b> .
	(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 a	assets for financial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	•
a h	Revenue included on Form 990, Part VIII, line 1	**************************************
=	Assets included in Form 990, Part X	

		ATRE DEVELOPM		•					216919		age <b>Z</b>
Pa	rt III Organizations Maintaini										
3	Using the organization's acquisition	on, accession, and	other recor	ds, checl	k any of	the follow	ing that mak	ke sign	ificant u	se o	f its
	collection items (check all that app	ly):		_							
а	Public exhibition		d	Loan	or exchan	ge progra	m				
b	Scholarly research		е	Other							
С	Preservation for future gene	rations									
4	Provide a description of the organ	nization's collections	s and expla	ain how t	they furth	er the or	ganization's e	exempt	purpos	e in	Part
	XIII.		·		•		-				
5	During the year, did the organization	on solicit or receive	donations o	f art, hist	orical trea	asures, or	other similar				
	assets to be sold to raise funds rath							[	Yes		No
Pa	rt IV Escrow and Custodial A				3						
	Complete if the organiza		es" on For	m 990. F	Part IV. lii	ne 9. or r	eported an a	amoun	t on Fo	rm	
	990, Part X, line 21.			,	,	, -					
1a	Is the organization an agent, trus	tee, custodian or c	ther interm	nediary fo	or contrib	utions or	other assets	not			
	included on Form 990, Part X?							Г	Yes		No
b	If "Yes," explain the arrangement i							• • _			,
-			p.0.0				A	mount			
С	Beginning balance				1	С	, , ,	ount			
d	Additions during the year					d					
e	Distributions during the year					e					
f	Ending balance					f					
2a	Did the organization include an am						account liabili	ity2	Yes	_	No
_	<u> </u>										INO
b	If "Yes," explain the arrangement in the arrangemen	II Part Alli. Check ii	ere ii trie e.	хріапаціог	i nas beer	i provided	on Part Alli .			-	]
Га	rt V Endowment Funds. Complete if the organiza	ation answered "V	es" on For	m 000 F	Part I\/ Iii	na 10					
	Complete ii the organiza	(a) Current year	(b) Prio			ears back	(d) Three years	c back	(e) Four	voore k	nack
				-					(e) Four	years t	Jack
1a	Beginning of year balance	298,000.	2:	96,000.		4,000.		000.			
b	Contributions			2,000.		2,000.	244,	000.		50,0	00.
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	298,000.	25	98,000.	29	6,000.	294,	000.		50,0	00.
2	Provide the estimated percentage	of the current year	end balanc	e (line 1g,	column (a	a)) held as	:				
а	Board designated or quasi-endown		_%	, 0,	•	,,					
b	Permanent endowment ▶ 100.0	000_%									
С	Term endowment ▶	%									
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.								
3a	Are there endowment funds not in	the possession of t	he organiza	ation that	are held	and admir	nistered for the	Э			
	organization by:								[	′es	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the relate								3b		
4	Describe in Part XIII the intended u	•	•			-	_				
Pa	rt VI Land, Buildings, and Equ	uipment.									
	Complete if the organize	ation answered "Y									
	Description of property		r other basis stment)		or other basis other)		cumulated reciation	(d)	Book val	ue	
1a	Land	,		(	,	3391					
b	Buildings										
~	Leasehold improvements			2.6	65,072	1 7	30,411.		03	4,66	51
d	Equipment.				232,050		32,050.			_, 00	
e	Other				)22,030 )22,192		78,192.		1 /	4,00	<u> </u>
	II. Add lines 1a through 1e. <i>(Column</i>		m 990 Part						1,07		
		i i a ji i i i a o c o quai i Oi i	555, i uit	., Joiuilli	( <i>–),</i> mre				⊥,∪/	$\sigma$ , $\sigma$	<i>/</i> _ •

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THEATRE DEVELO	PMENT FUND, INC	13-	-6216919 Page \$
Part VII Investments - Other Securities.			
Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	l "Voo" on Form 000	Part IV line 11a See Form 000 I	Part V lina 12
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
(4)		Seet of one of year marke	
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	scription		(b) Book value
(1)EMPLOYEE RETENTION CREDIT REC.	•		802,200.
(2)DEPOSITS			39,750.
(3)			•
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u> </u>	841,950.
Part X Other Liabilities.			
Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	1 990, Part X,
line 25.			
	tion of liability		(b) Book value
(1) Federal income taxes			
(2)DEFERRED RENT			1,022,162.
(3)ACCRUED PENSION LIABILITY			806,098.
(4)ADVANCE TICKET REVENUE			536,019.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		· · · · · · · · · · · · · · · · · · ·	2,364,279.

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

Part 1	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	11,673,881.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-1,065,824.
3	Subtract line 2e from line 1	3	12,739,705.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,739,705.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	11,660,738.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	.	00 750
	Add lines 2a through 2d	2e 3	28,750.
3	Subtract line 2e from line 1	3	11,631,988.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  4a		
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a  Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,631,988.
Part	XIII Supplemental Information.		, ,
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

AS PART OF ITS 50TH ANNIVERSARY, TDF LAUNCHED A CAMPAIGN TO FUND THE WENDY WASSERSTEIN PROJECT, A THEATRE EDUCATION MENTORING PROGRAM FOR NEW YORK CITY HIGH SCHOOL STUDENTS.

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

PENSION-RELATED CHANGES OTHER THAN PERIODIC PENSION COST: 263,364

# **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THEATRE DEVELOPMENT FUND, INC.

Employer identification number 13-6216919

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X   Form 990 of other organizations     X   Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
•	If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
6				
_	compensation contingent on the net earnings of:	60		77
a	The organization?	6a		X
b	Any related organization?	6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
VICTORIA BAILEY	(i)	239,060.	NONE	8,428.	7,082.	58,368.	312,938.	
1 EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
MICHAEL NAUMANN	(i)	195,650.	NONE	3,266.	9,017.	21,117.	229,050.	
2 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
OWEN WILES	(i)	145,616.	NONE	317.	7,500.	18,863.	172,296.	
3 DIRECTOR OF FINANCE &	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JULIAN CHRISTENBERRY	(i)	137,880.	NONE	3,259.	7,097.	51,588.	199,824.	
4 DIRECTOR OF TICKETING	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
WHITNEY ESTRIN	(i)	123,483.	NONE	304.	5,917.	33,832.	163,536.	
5 DIRECTOR OF DEVELOPME	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
DANIEL RENNER	(i)	127,081.	NONE	2,259.	5,944.	20,547.	155,831.	
6 DIR. OF COMMUNITY ENG	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
DAVID LESHAY	(i)	125,364.	NONE	1,988.	5,869.	18,168.	151,389.	
7 DIRECTOR OF COMMUNICA	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
TYMAND STAGGS	(i)	132,509.	NONE	727.	6,115.	20,679.	160,030.	
8 DIRECTOR OF IT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 13-6216919

THEATRE DEVELOPMENT FUND, INC.

#### FORM 990, PART I, LINE 1

THEATRE DEVELOPMENT FUND IS A PERFORMING ARTS SERVICE ORGANIZATION

DEVOTED TO ADVANCING LIVE THEATRE AND DANCE BY BUILDING AUDIENCES. TDF

ENVISIONS A WORLD WHERE THE TRANSFORMATIVE EXPERIENCE OF ATTENDING LIVE

THEATRE AND DANCE IS ESSENTIAL, RELEVANT, ACCESSIBLE AND INSPIRATIONAL.

TDF MAKES TICKETS AFFORDABLE AND ACCESSIBLE TO DIVERSE AUDIENCES,

INCLUDING NEW YORK CITY PUBLIC SCHOOL CHILDREN, PEOPLE WITH DISABILITIES,

AND INDIVIDUALS WHO ARE NOT ABLE TO AFFORD FULL-PRICE TICKETS. THROUGH

OUR PROGRAMS WE BRING THEATRE INTO THE LIVES OF 2,000,000 PEOPLE PER

YEAR. TDF COMMUNITY ENGAGEMENT PROGRAMS WORK TO STRENGTHEN LOCAL

AUDIENCES FROM EVERY BOROUGH AND NEIGHBORHOOD IN NEW YORK CITY, CURRENTLY

WORKING WITH 55 CENTERS OR AGENCIES. THE COSTUME COLLECTION RENTS

COSTUMES AT INEXPENSIVE RATES TO NOT-FOR-PROFIT ORGANIZATIONS. THE

WEBSITE IS A WIDE-RANGING SOURCE OF INFORMATION ABOUT THE THEATRE,

DESIGNED TO STIMULATE AND ENCOURAGE THEATRE ATTENDANCE BY BOTH

EXPERIENCED AND NOVICE THEATREGOERS.

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

FORM 990 WAS REVIEWED BY MANAGEMENT AND THE FINANCE COMMITTEE, AND THEN DISTRIBUTED TO ALL MEMBERS OF THE BOARD PRIOR TO FILING. IF ANY ISSUES ARISE OR IF CHANGES ARE NEEDED, THEY ARE BROUGHT UP TO MANAGEMENT AND THE TAX PREPARERS MAKE ANY NECESSARY CHANGES.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO ALL BOARD AND SENIOR STAFF MEMBERS, WHO MUST RETURN A SIGNED FORM INDICATING COMPLIANCE WITH THE POLICY. COMPLETED FORMS ARE REVIEWED BY MANAGEMENT, AND ANY

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

TRANSACTIONS INVOLVING A POTENTIAL CONFLICT OF INTEREST ARE TO BE CONSIDERED BY THE AUDIT COMMITTEE AND HANDLED APPROPRIATELY.

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

THE COVERED OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION REFERENCED IN THIS SECTION ARE THE EXECUTIVE DIRECTOR, THE MANAGING DIRECTOR AND THE DIRECTOR OF FINANCE. WHENEVER THE COMPENSATION FOR ANY OF THESE POSITIONS IS PROPOSED TO BE INCREASED IN AN AMOUNT EXCEEDING THE APPROXIMATE AMOUNT OF THE ANNUAL INCREASE IN THE COST OF LIVING, THE DELIBERATION ON SUCH INCREASE INCLUDES A REVIEW BY THE FINANCE COMMITTEE CHAIR, WHO IS AN INDEPENDENT PERSON. THE COMPENSATION OF PERSONS IN COMPARABLE POSITIONS AS DERIVED FROM THE FORMS 990 OF OTHER ORGANIZATIONS OR OTHER AVAILABLE COMPENSATION SURVEYS IS INCLUDED IN THE REVIEW BY THE CHAIRPERSON. AFTER SUCH REVIEW, THE COMPENSATION INCREASE IS INCLUDED IN THE BUDGET PRESENTED TO AND APPROVED BY THE BOARD. NO SUCH INCREASE WAS PROPOSED OR APPROVED DURING THE FISCAL YEAR COVERED BY THIS FORM 990.

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

TDF'S FINANCIAL STATEMENTS CAN BE FOUND ON TDF'S WEBSITE, WWW.TDF.ORG.
OTHER DOCUMENTATION IS AVAILABLE UPON REQUEST.

#### FORM 990, PART XI, LINE 9

PENSION-RELATED CHANGES OTHER THAN PERIODIC PENSION COST: \$263,364

Name of the organization

THEATRE DEVELOPMENT FUND, INC.

Employer identification number

13-6216919

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THEATRE DEVELOPMENT FUND, INC. ("TDF"), A NOT-FOR-PROFIT ORGANIZATION, FOUNDED IN 1967 TO PROMOTE THE PERFORMING ARTS, IS A BROADLY-ORIENTED SERVICE AND ADVOCACY ORGANIZATION DEDICATED TO BRINGING THE POWER OF THE PERFORMING ARTS TO EVERYONE. TDF'S ACTIVITIES FALL INTO THREE AREAS. TDF EXPANDS ACCESS, MAKING THE PERFORMING ARTS ACCESSIBLE TO ALL BY REMOVING CULTURAL, PHYSICAL AND FINANCIAL BARRIERS. TDF CULTIVATES COMMUNITIES OF THEATERGOERS, BY ENGAGING, EDUCATING AND ENCOURAGING PEOPLE TO MAKE THE PERFORMING ARTS AN ESSENTIAL PART OF THEIR LIVES. TDF SUPPORTS THEATRE MAKERS AND SUSTAINS CREATORS AND ADVANCES THE INDUSTRY THROUGH CONVENINGS, RESEARCH, AND THE TDF COSTUME COLLECTION. THROUGH ITS PROGRAMS, TDF BRINGS THEATRE INTO THE LIVES OF OVER 2,000,000 PEOPLE PER YEAR. TDF'S EFFORTS ARE PRIMARILY FOCUSED IN NEW YORK, BUT IT HAS ALSO BEEN INVOLVED IN AUDIENCE DEVELOPMENT EFFORTS FOR THE PERFORMING ARTS ACROSS THE UNITED STATES AND, ON A LIMITED BASIS, INTERNATIONALLY.

Name of the organization	Employer identification number
THEATRE DEVELOPMENT FUND, INC.	13-6216919

FORM 990, PART III, LINE 4D - OTHER PROGRAM			
DESCRIPTION	GRANTS	EXPENSES	REVENUE
TDF ACCESSIBILITY PROGRAMS	87,000.	1,155,815.	180,875.
COSTUME COLLECTION		1,177,791.	667,393.
DIGITAL STRATEGY & JOURNALISM		709,686.	
OUTREACH AND PUBLIC RELATIONS		581,518.	
AUDIENCE RESEARCH		171,286.	
TOTALS	87,000.	3,796,096.	848,268.

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Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning 07/01, 2021, and ending 06/30, 2022 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Check box if Name of organization ( Check box if name changed and see instructions.) address changed THEATRE DEVELOPMENT FUND, INC. 13-6216919 Print **B** Exempt under section E Group exemption number Number, street, and room or suite no. If a P.O. box, see instructions. or (see instructions) X 501(C )(3) 520 EIGHTH AVENUE, NO. 801 Type City or town, state or province, country, and ZIP or foreign postal code 408(e) 220(e) Check box it NEW YORK, NY 10018 408A 530(a) an amended return Book value of all assets at end of year 529(a) 529A **G** Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation The books are in care of ▶ OWEN WILES Telephone number ▶ 212-912-9770 520 EIGHTH AVENUE, NO. 801 NEW YORK, NY 10018 Part I Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see 286. instructions) 1 Reserved 286. 3 Add lines 1 and 2 3 Charitable contributions (see instructions for limitation rules) 4 286. 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 Deduction for net operating loss. See instructions 286. 6 6 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 7 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 286. 8 Trusts. Section 199A deduction. See instructions 9 9 286. 10 Total deductions. Add lines 8 and 9 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, NONE Part II Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) NONE Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041) Part I, line 11 from: 2 3 Proxy tax. See instructions 3 Other tax amounts. See instructions 4 4 Alternative minimum tax (trusts only) 5 5

6

7

NONE

Form **990-T** (2021)

6

Tax on noncompliant facility income. See instructions

For Paperwork Reduction Act Notice, see instructions.

Par	t III	Tax and Payments						
1 a	Foreign	tax credit (corporations attach Form 1118; trusts attach	Form 1116)	1a				
b	Other o	redits (see instructions)		1b				
С	Genera	business credit. Attach Form 3800 (see instructions)		1c				
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)		1d				
е	Total c	edits. Add lines 1a through 1d				1e		
2	Subtrac	t line 1e from Part II, line 7	<u></u> <u></u>			2		NONE
3	Other ar	nounts due. Check if from: Form 4255 Form 8611	Form 8697	Form 8	866			
		Other (attach statement)				3		
4		x. Add lines 2 and 3 (see instructions) Check if inc						
	section	1294. Enter tax amount here		<b>&gt;</b>		4		NONE
5	Current	net 965 tax liability paid from Form 965-A, Part II, column	n (k)			5		
6 a	Payme	its: A 2020 overpayment credited to 2021		6a				
		stimated tax payments. Check if section 643(g) election a	· · · · · · · · · · · · · · · · · · ·	6b				
		osited with Form 8868		6c				
	_	organizations: Tax paid or withheld at source (see instruc		6d				
е		withholding (see instructions)		6e				
f		or small employer health insurance premiums (attach Fori		6f				
g	Other c	redits, adjustments, and payments: Form 2439						
_			Total ►			_		
7		ayments. Add lines 6a through 6g						
8		ed tax penalty (see instructions). Check if Form 2220 is at						170175
9		e. If line 7 is smaller than the total of lines 4, 5, and 8, ent						NONE
10	•	yment. If line 7 is larger than the total of lines 4, 5, and 8	•	aid				
11 Par		e amount of line 10 you want: Credited to 2022 estimated tax		ormo	Refunde			
		Statements Regarding Certain Activities						Yes No
1		time during the 2021 calendar year, did the orga			_			Tes NO
		financial account (bank, securities, or other) in a	-		_			
		Form 114, Report of Foreign Bank and Financial	Accounts. II Yes	i, ente	er the name of	the foreign	country	V
•	here >		- from or was it th					X
2	_	the tax year, did the organization receive a distributio see instructions for other forms the organization may haw		e gran	tor or, or transfer	or to, a roreig	,ii iiusi:	
3		the amount of tax-exempt interest received or accrued duri			▶ ¢			
4		vailable pre-2018 NOL carryovers here ►\$ 366,5	-		_	oorryovor		
-								
		on Schedule A (Form 990-T). Don't reduce the	NOL carryover sn	iown r	nere by any de	eduction repo	ted on	
5	Part I, li	17 NOL carryovers. Enter available Business Ad	ctivity Code and	nost-2	017 NOL carry	overs Don't	reduce	
		ounts shown below by any NOL claimed on any Schedule	•		•			
		Business Activity Code	. ,		Available post-2		over	
		561500		\$	NONE			
				_				
				_  \$				
				_  \$				
6a	Did the	organization change its method of accounting? (see instru	uctions)					
b	If 6a	is "Yes," has the organization described the chan	ge on Form 990,	990-E	Z, 990-PF, or F	Form 1128?	If "No,"	
	explain	in Part V						
Par	t V	Supplemental Information						
Provi	de the ex	planation required by Part IV, line 6b. Also, provide any of	ther additional inform	ation. S	See instructions.			
٥.	l h	nder penalties of perjury, I declare that I have examined this re slief, it is true, correct, and complete. Declaration of preparer (other than tax					∌st of my kn	nowledge and
Sigr	וו	1	<b>\</b>				RS discuss t	this return
Her				UTIV	E DIRECTOR		reparer sho	
	s	gnature of officer Date		F	oto	(see instruction	7 77 .00	No
Paid		Print/Type preparer's name Preparer's	s signature		ate	Check if	PTIN	
	arer	47	ÿ/	0	1/24/2023	self-employed	P0133	
	Only	Firm's name FORVIS, LLP	- <u> </u>			Firm's EIN ► 4		
	•	Firm's address ► 1155 AVENUE OF THE AMER]	CAS #1200. N	EW YO	ORK. NY 10	Phone no. 212	:-867-40	000

7015TT V01B 01/24/2023 15:16:50 V21-7.8F

JSA 1X2741 1.000 Form **990-T** (2021)

# FORM 990T, PART I, LINE 6 DETAIL

LOSS YEAR ENDING	ORGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
06/30/2002			
06/30/2003			
06/30/2004	257,299.	242,493.	286.
06/30/2005	9,598.	9,598.	
06/30/2006	37,350.	37,350.	
06/30/2007	645.	645.	
06/30/2008	62,752.	62,752.	
06/30/2009	10,034.	10,034.	
06/30/2010	2,278.	2,278.	
06/30/2011	250.	250.	
06/30/2012	250.	250.	
06/30/2013	250.	250.	
06/30/2014	250.	250.	
06/30/2015	250.	250.	
06/30/2016	250.	250.	
06/30/2017			
06/30/2018	250.	250.	
TOTAL:	381,706.	366,900.	 286.
	=======	=======	=======
	VAILABLE FROM PRIOR YEA 5 ON PAGE 1, 990-T) .		366,900. 286.
NET OPERATING LOSS D	EDUCTION		286.
			=======

STATEMENT 1

# **SCHEDULE A** (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3).

B Employer identification number

_TH	EATRE DEVELOPMENT FUND, INC. 1	3-621691	_9		
			_		_
<b>C</b> Ur	related business activity code (see instructions) ► 561500 D S	Sequence:	1	of	1
F De	scribe the unrelated trade or business ▶				
		(5) 5			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Pai	Unrelated Trade or Business Income (A) Income	(B) Expens	es	(C	) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶ 1c				
2	Cost of goods sold (Part III, line 8)				
3	Gross profit. Subtract line 2 from line 1c				
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b				
С	Capital loss deduction for trusts				
5	Income (loss) from a partnership or an S corporation (attach				
	statement)				
6	Rent income (Part IV)				
7	Unrelated debt-financed income (Part V)				
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)				
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)				
10	Exploited exempt activity income (Part VIII)				
11	Advertising income (Part IX)				
12	Other income (see instructions; attach statement) . STMT. 1 12 536.				536.
13	Total. Combine lines 3 through 12				<u>536.</u>
Pai	Deductions Not Taken Elsewhere See instructions for limitations on deduct	ions. Deduct	ions m	ust be	
	directly connected with the unrelated business income				
1	Compensation of officers, directors, and trustees (Part X)		1		
2	Salaries and wages		2		
3	Repairs and maintenance		3		
4	Bad debts		4		
5	Interest (attach statement). See instructions		5		
6	Taxes and licenses		6		<u>250.</u>
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return		8b		
9	Depletion		9		
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)		12		
13	Excess readership costs (Part IX)		13		
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14		15		250.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Pa				
	column (C)				286.
17	Deduction for net operating loss. See instructions				
18	Unrelated business taxable income. Subtract line 17 from line 16				286.
For P	aperwork Reduction Act Notice, see instructions.	Sc	hadula /	\ (Form	990-T) 2021

Schedule A (Form 990-T) 2021 Page 2

Par	Cost of Goods Sold	Enter method of inven	tory valuation >		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pr				Yes No
Part					
1	Description of property (property street address,	city, state, ZIP code). Che	ck if a dual-use. See instru	ctions.	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D [				
3	Total rents received or accrued. Add line 2c cold	umns A through D. Enter h	nere and on Part I, line 6, c	olumn (A)	
	ſ				
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part	t I, line 6, column (B)		
- D	V. Handeted Bakt Elman addresses	· · · · · · · ·			
Par					
1	Description of debt-financed property (street add	lress, city, state, ∠IP code)	. Check if a dual-use. See	instructions.	
	<u>A</u>   -				
	B				
	<u>c</u> — —				
	D	Α	В	С	D
•	On in fu	A	В		<u> </u>
2	Gross income from or allocable to debt -				
•	financed property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
a	Straight line depreciation (attach statement).  Other deductions (attach statement)				
b	Total deductions (add lines 3a and 3b,				
С	columns A through D)				
4	· ,				
4	Amount of average acquisition debt on or allocable to debt - financed property (attach statement)				
5					
5	Average adjusted basis of or allocable to debt-				
e	financed property (attach statement)	%	%	%	%
6 7	Divide line 4 by line 5	%	%	%	%
7 o	Gross income reportable. Multiply line 2 by line 6 [ Total gross income (add line 7, columns A through	ugh D) Enter here and an	Part Lline 7 column (A)		
8	i otal gross income (add line 7, columns A throt	agn ⊅). ⊑nter nere and on	rarti, iiile 7, column (A)	· · · · · · · · · • <u> </u>	
9	Allocable deductions. Multiply line 3c by line 6				
9 10	Total allocable deductions. Add line 9, columns	A through D. Enter here	and on Part Lline 7 colum	n (B)	
11	Total dividends-received deductions included in	· ·	·	• •	
				· · · · · · · · · · · · · · · · · · ·	

Schedule A (Form 990-T) 2021 Page 3

Dort VI Interest An	muities Davelt	ios and Dante	s from Controlled Organ	inations (and instructions)	Page 3
interest, An	nuities, Royalt	les, and Kents	s from Controlled Organi	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4     that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	•	Nonexe	empt Controlled Organizatio	ns	•
7. Taxable income	ine	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiza	ntion (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		/ Income. Othe	er Than Advertising Inco	me (see instructions)	
Description of exploi		,		(	
•		om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2
			nrelated business income. Er	, , , , , , , , , , , , , , , , , , , ,	
line 10, column (B)					3
4 Net income (loss)	from unrelated t	trade or busines	s. Subtract line 3 from line	e 2. If a gain, complete	
lines 5 through 7					4
5 Gross income from a	activity that is not	unrelated business	s income		5
6 Expenses attributabl	e to income entere	ed on line 5			6
7 Excess exempt expe	enses. Subtract I	ine 5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on	Part II, line 12	<u> </u>			7

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021 Page 4

Par	t IX Advertising Income					
1	Name(s) of periodical(s). Check	box if reporting	two or more periodicals o	n a consolidated basis.		
	Α					
	В					
	c –					
	D					
⊨nter	amounts for each periodical listed	a above in the co				
			A	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter	r here and on Pa	art I, line 11, column (A)			<b>&gt;</b>
3	Direct advertising costs by period	dical				
а	Add columns A through D. Enter				•	<b>•</b>
_	, (aa selae / t t sag 2 : 2 s					
	Advantising asia (less) Cubtrest	line O from line				
4	Advertising gain (loss). Subtract					
	2. For any column in line 4 sh					
	complete lines 5 through 8. For					
	line 4 showing a loss or zero, do	not complete				
	lines 5 through 7, and enter zero	on line 8				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line	6 is less than				
-	line 5, subtract line 6 from line 5.					
_	than line 6, enter zero					
8	Excess readership costs al					
	deduction. For each column sho					
	line 4, enter the lesser of line 4 of					
а	Add line 8, columns A throu	ugh D. Enter	the greater of the line	e 8a, columns total	or zero here and	on
	Part II, line 13					<b>&gt;</b>
Par	t X Compensation of Off	ficars Direc	tors and Trustops (s	eaa instructions)		
ı aı	Compensation of On	licers, Direc	iors, and musices (s	see instructions)		
					3. Percentage	<ol><li>Compensation</li></ol>
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Tota	I. Enter here and on Part II, line	e 1			▶	
Par	t XI Supplemental Inform	nation (see in	structions)			

SCHEDULE A:ADVERTISING INCOME PART I - LINE 12 - OTHER INCOME

ADVERTISING 536.

TOTAL OTHER INCOME 536.