

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SIGNATURE THEATRE, INC.</b>		<b>D</b> Employer identification number <b>62-1417785</b>
	Doing business as		<b>E</b> Telephone number <b>571-527-1860</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>4200 CAMPBELL AVE.</b>		<b>G</b> Gross receipts \$ <b>9,007,214.</b>
City or town, state or province, country, and ZIP or foreign postal code <b>ARLINGTON, VA 22206</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>MAGGIE BOLAND</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
<b>J</b> Website: <b>WWW.SIGTHEATRE.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1990</b>	<b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROFESSIONAL THEATRE PRODUCTIONS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>40</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>39</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>297</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 3,928,420.	<b>Current Year</b> 6,211,267.
	<b>9</b> Program service revenue (Part VIII, line 2g)	4,298,104.	412,185.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-9,642.	-55.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	716,824.	2,238,489.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,933,706.	8,861,886.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,379,064.	4,271,048.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		827,728.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,226,070.	1,703,979.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,605,134.	5,975,027.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-671,428.	2,886,859.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 10,204,582.	<b>End of Year</b> 13,654,259.
	<b>21</b> Total liabilities (Part X, line 26)	8,014,370.	8,577,188.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,190,212.	5,077,071.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	<b>MAGGIE BOLAND, PRESIDENT AND MANAGING DIRECTOR</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JEFFREY A. SMITH, CPA</b>	Preparer's signature <i>Jeffrey A. Smith</i>	Date <b>5/15/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00139935</b>
	Firm's name <b>BURDETTE SMITH &amp; BISH LLC</b>	Firm's EIN <b>45-4037800</b>	Firm's address <b>4114 LEGATO ROAD, 5TH FLOOR FAIRFAX, VA 22033</b>	Phone no. <b>703-591-5200</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part 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: PROFESSIONAL THEATRE PRODUCTIONS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 4,772,906. including grants of \$ ) (Revenue \$ -50,570. ) PROFESSIONAL THEATRE PRODUCTIONS - MAIN PRODUCTIONS CONSISTING OF MUSICALS, PLAYS, CABARET PERFORMANCES, AND STAGE READINGS FOR NEW PLAY DEVELOPMENT.

4b (Code: ) (Expenses \$ 47,499. including grants of \$ ) (Revenue \$ 50,570. ) EIGHT SEPARATE EDUCATION PROGRAMS DESIGNED TO NUTURE EMERGING TALENT AND EXPANDING AUDIENCES

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,820,405.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (40); 1b Enter the number of voting members included on line 1a, above, who are independent (39); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (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 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed VA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
Own website [ ] Another's website [X] Upon request [X] Other (explain on Schedule O) [ ]
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records SIGNATURE THEATRE, INC. - 571-527-1835
4200 CAMPBELL AVE., ARLINGTON, VA 22206

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCHAEFFER, ERIC FORMER ARTISTIC DIRECTOR	40.00					X	200,148.	0.	2,690.	
(2) BOLAND, MAGGIE MANAGING DIRECTOR	40.00	X		X			180,353.	0.	626.	
(3) STANLEY, CHRISTINE DIRECTOR OF ADVANCEMENT	40.00					X	145,763.	0.	2,675.	
(4) BUZZELL, JENNIFER DIRECTOR OF MARKETING	40.00					X	121,000.	0.	571.	
(5) GARDINER, MATTHEW ASSOCIATE ARTISTIC DIRECTOR	40.00					X	108,658.	0.	4,340.	
(6) BARGER, J. MAX DIRECTOR	2.00	X					0.	0.	0.	
(7) BELL, JEFF DIRECTOR	2.00	X					0.	0.	0.	
(8) BENNETT, DOTTIE CHAIR - BOD	2.00	X		X			0.	0.	0.	
(9) BENTON, JOHN DIRECTOR	2.00	X					0.	0.	0.	
(10) BERNARD, CATHY VICE CHAIR - BOD	2.00	X		X			0.	0.	0.	
(11) CANTRELL, JEAN DIRECTOR	2.00	X					0.	0.	0.	
(12) CUNNINGHAM, SUE DIRECTOR	2.00	X					0.	0.	0.	
(13) DAVIS, ASHLEY DIRECTOR	2.00	X					0.	0.	0.	
(14) DESANTIS, MICHAEL DIRECTOR	2.00	X					0.	0.	0.	
(15) DYER, JAMES DIRECTOR	2.00	X					0.	0.	0.	
(16) FELD, BONNIE DIRECTOR	2.00	X					0.	0.	0.	
(17) FREY D.D.S. BRADLEY S. DIRECTOR	2.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GANDY, DEBORAH DIRECTOR	2.00	X						0.	0.	0.
(19) GILLEECE, MARY ANN DIRECTOR	2.00	X						0.	0.	0.
(20) GRIMM, JR., ROBERT DIRECTOR	2.00	X						0.	0.	0.
(21) GUZZETTA, FRANK DIRECTOR	2.00	X						0.	0.	0.
(22) HUSEMAN, BRIAN DIRECTOR	2.00	X						0.	0.	0.
(23) IRWIN, DON DIRECTOR	2.00	X						0.	0.	0.
(24) ISAACS, MAXINE DIRECTOR	2.00	X						0.	0.	0.
(25) MAZAWAY, LOUIS DIRECTOR	2.00	X						0.	0.	0.
(26) MCGOWAN, TERRANCE TREASURER	2.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								755,922.	0.	10,902.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								755,922.	0.	10,902.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ROBERT COHN CONSULTING 44 GRAMERCY PARK NORTH, NEW YORK, NY 10010	CONSULTING	100,944.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MICHEL, PETER DIRECTOR	2.00	X						0.	0.	0.
(28) MILLER, AMANDA CHRISTINE DIRECTOR	2.00	X						0.	0.	0.
(29) OCHSMAN, DAVID DIRECTOR	2.00	X						0.	0.	0.
(30) PAYNE, PAT SECRETARY-BOD	2.00	X		X				0.	0.	0.
(31) PICKARD, WESLEY DIRECTOR	2.00	X						0.	0.	0.
(32) PORVAZNIK, CHARLES DIRECTOR	2.00	X						0.	0.	0.
(33) ROSS, KATHLEEN DIRECTOR	2.00	X						0.	0.	0.
(34) ROST, RYNTHIA DIRECTOR	2.00	X						0.	0.	0.
(35) SCHRIEFER, RUSS VICE CHAIR	2.00	X		X				0.	0.	0.
(36) SCHWAB, SUSAN DIRECTOR	2.00	X						0.	0.	0.
(37) SHRAGER, DEBBIE DIRECTOR	2.00	X						0.	0.	0.
(38) SHUGOLL, MERRILL DIRECTOR	2.00	X						0.	0.	0.
(39) SPATZ, CARL DIRECTOR	2.00	X						0.	0.	0.
(40) TANOUS, PETER VICE CHAIR	2.00	X		X				0.	0.	0.
(41) VALENTE, SARAH DIRECTOR	2.00	X						0.	0.	0.
(42) WARREN, ARTHUR DIRECTOR	2.00	X						0.	0.	0.
(43) WEIL, MAYA DIRECTOR	2.00	X						0.	0.	0.
(44) YOUNG, NICOLE DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,004,550.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,206,717.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 140,892.				
	<b>h Total.</b> Add lines 1a-1f			6,211,267.			
Program Service Revenue	<b>2 a</b> <b>PERFORMANCE REVENUE</b>	<b>Business Code</b>					
		711110	411,771.	411,771.			
	<b>b</b> <b>ROYALTIES</b>	711110	414.	414.			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			412,185.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		110.			110.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	145,034.			
			(ii) Other				
				145,199.			
				-165.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
<b>c</b> Gain or (loss)	<b>7c</b>						
<b>d</b> Net gain or (loss)			-165.		-165.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		5,722.				
			129.				
			5,593.	5,593.			
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> <b>INSURANCE CLAIM</b>	<b>Business Code</b>					
		711110	2,228,725.	2,228,725.			
	<b>b</b> <b>MISCELLANEOUS</b>	711110	4,081.	4,081.			
	<b>c</b> <b>PROMOTIONAL</b>	711110	90.	90.			
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			2,232,896.				
<b>12 Total revenue.</b> See instructions			8,861,886.	2,650,674.	0.	-55.	

**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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	769,366.	453,626.	123,196.	192,544.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	3,501,682.	2,850,426.	161,873.	489,383.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	200,170.	122,741.		77,429.
<b>13</b> Office expenses .....				
<b>14</b> Information technology .....	163,963.	136,913.	5,741.	21,309.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	197,085.	187,645.	1,888.	7,552.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	2,956.		2,956.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	378,720.	356,898.	21,822.	
<b>23</b> Insurance .....	44,420.	42,453.	393.	1,574.
<b>24</b> 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.)				
<b>a</b> <b>PRODUCTION &amp; PROGRAMMING</b>	561,257.	558,403.	2,822.	32.
<b>b</b> <b>ADMINISTRATION</b>	136,059.	104,861.	4,231.	26,967.
<b>c</b> <b>HOSPITALITY AND TRAVEL</b>	15,450.	2,735.	1,933.	10,782.
<b>d</b> <b>FINANCING CHARGES</b>	3,899.	3,704.	39.	156.
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	5,975,027.	4,820,405.	326,894.	827,728.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,411,286.	<b>1</b>	3,399,833.
	<b>2</b> Savings and temporary cash investments .....	216,544.	<b>2</b>	17,294.
	<b>3</b> Pledges and grants receivable, net .....	799,345.	<b>3</b>	2,301,618.
	<b>4</b> Accounts receivable, net .....	6,572.	<b>4</b>	655,306.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	12,681.	<b>8</b>	17,181.
	<b>9</b> Prepaid expenses and deferred charges .....	580,222.	<b>9</b>	363,260.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 12,449,859.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,864,156.	<b>10c</b>	6,585,703.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	221,513.	<b>14</b>	201,716.
	<b>15</b> Other assets. See Part IV, line 11 .....	198,968.	<b>15</b>	112,348.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	10,204,582.	<b>16</b>	13,654,259.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	516,250.	<b>17</b>	622,501.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	2,308,700.	<b>19</b>	1,748,616.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	5,189,420.	<b>23</b>	6,206,071.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,014,370.	<b>26</b>	8,577,188.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	799,795.	<b>27</b>	1,877,428.
	<b>28</b> Net assets with donor restrictions .....	1,390,417.	<b>28</b>	3,199,643.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	2,190,212.	<b>32</b>	5,077,071.
	<b>33</b> Total liabilities and net assets/fund balances .....	10,204,582.	<b>33</b>	13,654,259.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,861,886.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,975,027.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,886,859.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,190,212.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,077,071.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)



**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**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4281097.	3329840.	3619927.	4308249.	6211267.	21750380.
<b>2</b> 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 .....	5738351.	5590820.	5878385.	4566645.	2641000.	24415201.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....	72,856.	25,718.	22,697.	-1,072.	5,593.	125,792.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	10092304.	8946378.	9521009.	8873822.	8857860.	46291373.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	766,215.	559,992.	1099500.	925,212.	739,480.	4090399.
<b>b</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 .....						0.
<b>c</b> Add lines 7a and 7b .....	766,215.	559,992.	1099500.	925,212.	739,480.	4090399.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						42200974.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....	10092304.	8946378.	9521009.	8873822.	8857860.	46291373.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	7,950.	535.	6,146.	-9,642.	-55.	4,934.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	7,950.	535.	6,146.	-9,642.	-55.	4,934.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	10100254.	8946913.	9527155.	8864180.	8857805.	46296307.

**14 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) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	91.15 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	90.84 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.01 %
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	.01 %

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described in 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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.)

Horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

SIGNATURE THEATRE, INC.

Employer identification number

62-1417785

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>6,194.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>9,642.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
7	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>3,414.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
13	_____ _____ _____	\$ <u>7,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ <u>9,801.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ <u>11,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ <u>25,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ <u>6,083.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
19	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ 9,392.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
25	<hr/> <hr/> <hr/>	\$ 6,328.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
31	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
37	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ <u>13,320.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ <u>10,076.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
43	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	_____ _____ _____	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	_____ _____ _____	\$ 6,895.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
49	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	 <hr/> <hr/> <hr/>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	 <hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	 <hr/> <hr/> <hr/>	\$ <u>6,456.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
55	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ <u>5,168.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
61	<hr/> <hr/> <hr/>	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 17,088.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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	 <hr/> <hr/> <hr/>	\$ <u>10,560.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
68	 <hr/> <hr/> <hr/>	\$ <u>9,357.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	 <hr/> <hr/> <hr/>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	 <hr/> <hr/> <hr/>	\$ <u>70,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
73	 <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	 <hr/> <hr/> <hr/>	\$ 1,392.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	 <hr/> <hr/> <hr/>	\$ 8,875.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
76	 <hr/> <hr/> <hr/>	\$ 11,352.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
77	 <hr/> <hr/> <hr/>	\$ 4,824.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
78	 <hr/> <hr/> <hr/>	\$ 11,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
79	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 11,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
85	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ <u>1,989,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ <u>5,168.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ <u>23,260.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
91	_____ _____ _____	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	_____ _____ _____	\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
93	_____ _____ _____	\$ 15,050.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
94	_____ _____ _____	\$ 10,246.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
95	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	_____ _____ _____	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
97	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	 <hr/> <hr/> <hr/>	\$ <u>13,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	 <hr/> <hr/> <hr/>	\$ <u>180,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
103	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	 <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	 <hr/> <hr/> <hr/>	\$ <u>64,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
109	<hr/> <hr/> <hr/>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ <u>4,707.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ <u>10,179.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ <u>11,392.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**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
115	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>SIGNATURE THEATRE, INC.</b>	Employer identification number <b>62-1417785</b>
--	---

**Part II Noncash Property** (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
14	42 SHARES OF VANGUARD	\$ 9,801.	11/10/20
17	67 SHARES OF AMERICAN ELECTRIC POWER	\$ 6,083.	11/10/20
39	420 SHARES OF GENMARK	\$ 10,076.	04/13/21
48	500 SHARES OF RAMBUS	\$ 6,895.	10/29/20
67	44 SHARES OF MICROSOFT	\$ 10,560.	02/02/21
75	6 SHARES OF ALPHABET INC.	\$ 8,875.	08/05/20

Name of organization <b>SIGNATURE THEATRE, INC.</b>	Employer identification number <b>62-1417785</b>
--	---

**Part II Noncash Property** (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
76	96 SHARES OF NESTLE _____ _____ _____	\$ 11,352.	08/05/20
77	17 SHARES OF NEXTERA _____ _____ _____	\$ 4,824.	08/05/20
92	26 SHARES OF DANAHER _____ _____ _____	\$ 5,000.	07/17/20
93	79 SHARES OF DANAHER _____ _____ _____	\$ 15,050.	07/17/20
94	40 SHARES OF DHR _____ _____ _____	\$ 10,246.	05/20/21
110	40 SHARES OF APPLE _____ _____ _____	\$ 4,707.	11/09/20

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**Part II Noncash Property** (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
111	90 SHARES OF COPART _____ _____ _____	\$ 10,179.	02/02/21
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>SIGNATURE THEATRE, INC.</b>	Employer identification number  <b>62-1417785</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization SIGNATURE THEATRE, INC. Employer identification number 62-1417785

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a-1b: Reporting requirements for art collections. 2: Reporting requirements for art held for financial gain. Includes revenue and asset reporting.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		10,816,691.	4,477,247.	6,339,444.
d Equipment		1,633,168.	1,386,909.	246,259.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,585,703.



**Part VII Investments - Other Securities.**

Complete if the organization answered "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 valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	8,885,840.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	23,954.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	23,954.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	8,861,886.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	8,861,886.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	5,998,981.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	23,954.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	23,954.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	5,975,027.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	5,975,027.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE THEATRE'S TAX POSITIONS AND CONCLUDED THAT THE THEATRE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, FEDERAL AND STATE INFORMATION RETURNS FOR YEARS PRIOR TO 2018 ARE NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**SIGNATURE THEATRE, INC.**

Employer identification number

**62-1417785**

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**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? .....

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2020

**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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SCHAEFFER, ERIC FORMER ARTISTIC DIRECTOR	(i)	200,148.	0.	0.	0.	2,690.	202,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BOLAND, MAGGIE MANAGING DIRECTOR	(i)	180,353.	0.	0.	0.	626.	180,979.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **SIGNATURE THEATRE, INC.** Employer identification number **62-1417785**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1,716	140,892.	FMV AT DONATION DATE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

DONATED STOCKS ARE RECEIVED DIRECTLY FROM THE CONTRIBUTOR'S BROKERAGE ACCOUNT INTO THE THEATRE'S INVESTMENT BROKERAGE ACCOUNT. THE THEATRE HAS ACCESS TO THEIR INVESTMENT ACCCOUNT ONLINE AND SELLS THE STOCKS AFTER THEY ARE RECEIVED. THE PROCEEDS ARE USED FOR GENERAL OPERATING EXPENSES OR IN ACCORDANCE WITH ANY SPECIFIC CONTRIBUTORS' REQUIREMENTS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

SIGNATURE THEATRE, INC.

Employer identification number

62-1417785

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

THE TREASURER OF THE FINANCE COMMITTEE REVIEWS THE 990 BEFORE THE FILING OF  
THE RETURN. AFTER THE RETURN IS FILED MEMBERS OF THE FINANCE COMMITTEE OF  
THE BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE FORM 990 PREPARED BY THE  
INDEPENDENT ACCOUNTING FIRM TO REVIEW.

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

THE THEATRE MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY  
REQUIRING OFFICERS, DIRECTORS AND KEY EMPLOYEES TO REVIEW AND SIGN OFF ON  
THE POLICY ANNUALLY, AS WELL AS REPORT ANY CONFLICTS OF INTEREST AS THEY  
MAY OCCUR.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS ARE  
AVAILABLE UPON REQUEST. THERE IS A WRITTEN CONFLICT OF INTEREST POLICY IN  
EFFECT FOR BOARD MEMBERS. THE CONFLICT OF INTEREST POLICY IS MONITORED  
ANNUALLY.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE



2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
1	4 6-CIRCUIT MULTI CABLES	04/05/96	SL	10.00		16	2,310.				2,310.	2,310.		0.	2,310.
2	TOP HATS, SWITCH BOX	05/09/96	SL	10.00		16	1,042.				1,042.	1,041.		0.	1,041.
3	2 6 CIRCUIT MULTI CABLE	08/08/96	SL	10.00		16	1,167.				1,167.	1,167.		0.	1,167.
4	HAZER MACHINE	08/20/96	SL	10.00		16	2,247.				2,247.	2,247.		0.	2,247.
5	LIGHTING SYSTEM SWITCH	08/23/96	SL	10.00		16	830.				830.	830.		0.	830.
6	6SRC 4PARS W/SAFETY CAB.	06/30/98	SL	10.00		16	900.				900.	900.		0.	900.
7	UPRIGHT PIANO	02/24/00	SL	10.00		16	1,995.				1,995.	1,995.		0.	1,995.
8	BABY GRAND PIANO	02/24/00	SL	10.00		16	7,995.				7,995.	7,995.		0.	7,995.
9	2 DOUBLE GOBO ROT. & CONT.	06/03/99	SL	7.00		16	2,332.				2,332.	2,332.		0.	2,332.
10	SYNTHESIZER PACKAGE	09/24/00	SL	5.00		16	1,670.				1,670.	1,670.		0.	1,670.
11	ENHANCED DMX512 ISOLATER	09/30/00	SL	5.00		16	875.				875.	875.		0.	875.
12	MULTI-CABLE LIGHTING	12/04/02	SL	5.00		16	552.				552.	552.		0.	552.
13	LIGHTING EQUIPMENT	01/14/03	SL	5.00		16	2,162.				2,162.	2,162.		0.	2,162.
14	YAMAHA 01V-96 SOUND BOARD	02/25/04	SL	10.00		16	2,016.				2,016.	2,016.		0.	2,016.
15	VIDEO PROJECTOR	08/03/04	SL	5.00		16	1,795.				1,795.	1,795.		0.	1,795.
16	LIGHTING CABLE	08/01/04	SL	5.00		16	1,306.				1,306.	1,306.		0.	1,306.
17	LIGHTING EQUIPMENT	08/05/04	SL	5.00		16	1,359.				1,359.	1,359.		0.	1,359.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	LIGHTING CABLE- BARBIZON	05/01/05	SL	5.00		16	1,155.				1,155.	1,155.		0.	1,155.
19	LIGHT BOARD UPGRADE-BARBIZON	10/18/04	SL	5.00		16	1,668.				1,668.	1,668.		0.	1,668.
20	NEW SPEAKER SYSTEM - MARYLAND SOUND & IMAGE	12/01/05	SL	5.00		16	27,366.				27,366.	27,366.		0.	27,366.
21	YAMAHA DM1000 SOUND BOARD - SWEET WATER SOUND	05/30/06	SL	5.00		16	2,060.				2,060.	2,060.		0.	2,060.
22	FLAT FILE - STAPLES	03/06/06	SL	7.00		16	1,289.				1,289.	1,289.		0.	1,289.
23	FOG MACHINE - LOOK SOLUTIONS USA	08/21/06	SL	3.00		16	1,640.				1,640.	1,640.		0.	1,640.
24	SCROLLER CABLE	08/21/06	SL	3.00		16	1,583.				1,583.	1,583.		0.	1,583.
25	4 PIANOS FROM JORDAN KITTS	08/31/06	SL	10.00		16	30,505.				30,505.	30,505.		0.	30,505.
26	POWER SUPPLY - BARBIZON	09/05/06	SL	3.00		16	3,406.				3,406.	3,406.		0.	3,406.
27	APARTMENT FURNITURE	02/28/07	SL	5.00		16	3,779.				3,779.	3,779.		0.	3,779.
28	CABARET TABLES - HOSP. MARKETING SRVCS.	06/14/07	SL	10.00		16	4,818.				4,818.	4,818.		0.	4,818.
29	DISPLAY CASE	06/18/07	SL	15.00		16	887.				887.	769.		59.	828.
30	CARGO VAN	07/14/06	SL	10.00		16	17,399.				17,399.	17,399.		0.	17,399.
31	WALKIE TALKIES - CRICKET VENTURES	10/23/06	SL	5.00		16	3,168.				3,168.	3,168.		0.	3,168.
32	AUTOMATION - CREATIVE CONNORS	02/27/07	SL	10.00		16	6,760.				6,760.	6,760.		0.	6,760.
33	AUTOMATION - CREATIVE CONNORS	03/12/07	SL	10.00		16	53,139.				53,139.	53,139.		0.	53,139.
34	PUBLICIST/DIR PR/MARKETING/MARKETING MGR.	03/27/07	SL	5.00		16	809.				809.	809.		0.	809.
35	GENIE LIFT - CARTER MACHINERY	04/14/07	SL	7.00		16	6,850.				6,850.	6,850.		0.	6,850.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
36	NEW BUILDING LIGHTING PACKAGE - PRODUCTION RESOURC	01/01/07	SL	7.00		16	47,248.				47,248.	47,248.		0.	47,248.
37	CLEARCOM SYSTEM-BARBIZON (PAYMENT 1 OF 2)	01/30/07	SL	5.00		16	15,307.				15,307.	15,307.		0.	15,307.
38	DOUBLE MUFF HEADSET - FOR CLEARCOM BARBIZON	02/02/07	SL	5.00		16	2,963.				2,963.	2,963.		0.	2,963.
39	CLEARCOM SYSTEM - BARBIZON (PAYMENT 2 OR 2)	02/26/07	SL	5.00		16	7,392.				7,392.	7,392.		0.	7,392.
40	WASHER	10/12/06	SL	7.00		16	1,081.				1,081.	1,081.		0.	1,081.
41	BAR EQUIPMENT	01/01/07	SL	7.00		16	13,646.				13,646.	13,646.		0.	13,646.
42	TEAMING ROOM FURNITURE (IS THIS THE 4TH FL KITCHEN/CONF	12/11/06	SL	7.00		16	2,060.				2,060.	2,060.		0.	2,060.
43	CORPORATE EXPRESS - NEW BUILDING OFFICE FURNITURE	01/01/07	SL	10.00		16	232,445.				232,445.	232,445.		0.	232,445.
44	CABLING/SECURITY KONE	04/09/09	SL	10.00		16	7,850.				7,850.	7,850.		0.	7,850.
45	OFFICE FURNITURE	07/22/08	SL	5.00		16	633.				633.	633.		0.	633.
46	OFFICE FURNITURE - IKEA	08/01/08	SL	5.00		16	793.				793.	793.		0.	793.
47	YAMAHA PM5D-RH DIGITAL MIXING CONSOLE - MASQUE SOUN	08/19/08	SL	7.00		16	103,260.				103,260.	103,260.		0.	103,260.
48	ADDED CUBICAL ITEMS	01/18/07	SL	7.00		16	11,187.				11,187.	11,187.		0.	11,187.
49	INDUSTRIAL SERVER - PAID TO PAYPAL	11/02/06	SL	5.00		16	1,788.				1,788.	1,788.		0.	1,788.
50	LIGHTING INVENTORY-PRODUCTION RESOURC	07/14/06	SL	7.00		16	47,248.				47,248.	47,248.		0.	47,248.
51	SEATING PLATFORMS - STAGING DIMENSIONS	01/01/07	SL	10.00		16	55,933.				55,933.	55,933.		0.	55,933.
52	PHONE SYSTEM-UTDI	01/01/07	SL	7.00		16	29,725.				29,725.	29,725.		0.	29,725.
53	LIGHTING EQUIP. - COLOR SCROLLERS BARBIZON	08/27/08	SL	5.00		16	43,340.				43,340.	43,340.		0.	43,340.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
54	KASTLE - SECURITY SYSTEM (COMBO 6 BILLS OVER 2 YRS)	01/01/07	SL	10.00		16	103,649.				103,649.	103,649.		0.	103,649.
55	HOIST - PRODUCTION RESOURCE GROUP	01/01/07	SL	10.00		16	9,066.				9,066.	9,066.		0.	9,066.
56	NEW THEATRE BUILDING BUILD OUT	01/01/07	SL	35.00		16	10702057.				10702057.	4,127,937.		305,773.	4,433,710.
57	1 DELL COMPUTER	08/15/07	SL	5.00		16	1,367.				1,367.	1,367.		0.	1,367.
58	COMPUTER NETWORK -THINKING BEYOND/CIRACOM	08/29/07	SL	5.00		16	10,000.				10,000.	10,000.		0.	10,000.
59	THEATRE EQUIPMENT - PRODUCTION RESOURCE GROUP	01/18/08	SL	7.00		16	6,454.				6,454.	6,454.		0.	6,454.
60	TABLES	11/28/07	SL	7.00		16	2,353.				2,353.	2,353.		0.	2,353.
61	DATA BUSINESS SYSTEM - POSI TOUCH SYSTEM	03/07/08	SL	5.00		16	4,290.				4,290.	4,290.		0.	4,290.
62	SHELVING	01/04/08	SL	7.00		16	1,341.				1,341.	1,341.		0.	1,341.
63	SHELVES	01/04/08	SL	7.00		16	1,021.				1,021.	1,021.		0.	1,021.
64	BAR IMPROVEMENT	08/16/07	SL	34.00		16	42,345.				42,345.	16,087.		1,245.	17,332.
65	DISPLAYS	07/10/07	SL	7.00		16	2,087.				2,087.	2,087.		0.	2,087.
66	ADMIN ASSIST. DESK	08/29/08	SL	5.00		16	1,277.				1,277.	1,277.		0.	1,277.
67	CABLING	09/18/08	SL	5.00		16	7,505.				7,505.	7,505.		0.	7,505.
68	AUDIENCE RISERS	06/11/09	SL	10.00		16	3,915.				3,915.	3,915.		0.	3,915.
69	UNINTERRUPTIBLE POWER SOURCE	08/25/08	SL	5.00		16	25,806.				25,806.	25,806.		0.	25,806.
70	LIGHT BOARD EQUIPMENT	08/28/09	SL	5.00		16	3,730.				3,730.	3,730.		0.	3,730.
71	ADDITIONAL 8 IKEA HENRIKSDAL TALL STOOLS FOR ADDED MAX SE	09/30/10	SL	3.00		16	916.				916.	916.		0.	916.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
72	WIRELESS MIC PACKAGE AS PER NEW LAWS	07/01/10	SL	5.00		16	56,548.				56,548.	56,548.		0.	56,548.
73	BASE STATION/PACKS FOR REBAND BTR TELEX TO A2 (CHIP	12/08/10	SL	5.00		16	6,008.				6,008.	6,008.		0.	6,008.
74	2 SAMSUNG FLAT SCREEN TVS (HALF THE COST AS PURCHASED	12/08/10	SL	5.00		16	2,569.				2,569.	2,569.		0.	2,569.
75	REFURBISHED POSI TERMINAL FOR BAR	03/18/11	SL	3.00		16	1,021.				1,021.	1,021.		0.	1,021.
76	RESTAURANT SUPPLY BINS FOR DONOR LOUNGE	07/12/11	SL	5.00		16	837.				837.	837.		0.	837.
77	BMG METAL TUBING FOR DONOR LOUNGE	07/21/11	SL	5.00		16	860.				860.	860.		0.	860.
78	NEW BERNINA 1008 SEWING MACHINE FOR COSTUME SHOP	06/14/12	SL	5.00		16	1,099.				1,099.	1,099.		0.	1,099.
79	1 MAC MINI (MICRO CENTER) - SOUND	02/09/12	SL	5.00		16	600.				600.	600.		0.	600.
80	2 MAC MINIS - MUSICIANS	02/15/12	SL	5.00		16	1,200.				1,200.	1,200.		0.	1,200.
81	A&O CARPET - CARPET FOR LOBBY INCLUDING INSTALL LABO	07/01/12	SL	5.00		16	14,210.				14,210.	14,210.		0.	14,210.
82	DONATED TOOLS (KASARSKY, ANDI)	09/09/12	SL	4.00		16	9,422.				9,422.	9,422.		0.	9,422.
83	EQUIPEX 24" HALF-SIZE ELECTRIC PINNACLE CONVECTION	06/17/13	SL	7.00		16	1,293.				1,293.	1,293.		0.	1,293.
84	IMAC COMPUTER FOR GRAPHICS DEPT	10/25/12	SL	5.00		16	2,099.				2,099.	2,099.		0.	2,099.
85	9 OF 11 USE LENOVO THINKPAD T420 LAPTOP COMPUTERS - STAF	01/10/13	SL	4.00		16	6,750.				6,750.	6,750.		0.	6,750.
86	LGA SIX CORE DESKTOP PROCESSOR VIDEO	05/03/13	SL	5.00		16	570.				570.	570.		0.	570.
87	ASUS HDCP READEY CROSS FIRE X SUPPORT VIDEO CARDS (2)	05/03/13	SL	5.00		16	870.				870.	870.		0.	870.
88	CPU INTEL CORE 17 390X 3.5G DESTOP PROCESSOR VIDEO	05/05/13	SL	5.00		16	1,030.				1,030.	1,030.		0.	1,030.
89	DONATED 2 LG 55" TV'S FOR SPIN - AND USE FOR PUBLICITY	05/10/13	SL	5.00		16	2,381.				2,381.	2,381.		0.	2,381.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
90	3 LG 55" TV'S FOR SPIN/SAIGON AND FUTURE	05/24/13	SL	5.00		16	3,529.				3,529.	3,529.		0.	3,529.
91	1ST SHARP AQUOS 70" TV (1 OF 3 FROM BEST BUY)	06/05/13	SL	5.00		16	1,800.				1,800.	1,800.		0.	1,800.
92	TV - SHARP AQUOS 70" CLASS (69-1/2") LED	06/10/13	SL	5.00		16	1,800.				1,800.	1,800.		0.	1,800.
93	TV - SHARP AQUOS 70" CLASS (69-1/2") LED	06/10/13	SL	5.00		16	1,800.				1,800.	1,800.		0.	1,800.
94	SONY HVR-HD 1000I MINIDV 1080 CAMCORDER WITH 10X OPTI	06/14/13	SL	3.00		16	1,390.				1,390.	1,390.		0.	1,390.
95	1 MAC MINI TO BE USED FOR SOUND DEPARTMENT	08/13/13	SL	5.00		16	894.				894.	894.		0.	894.
96	OPTIPLEX 3020 MINITOWER BTX BASE WITH VIDEO CABLE, DISPL	01/17/14	SL	5.00		16	811.				811.	811.		0.	811.
97	LEXICON REVERB UNIT EFFECTS PROCESSOR PCM-92	01/24/14	SL	10.00		16	1,286.				1,286.	825.		129.	954.
98	USED YAMAHA SSP5D MIX ENGINE SOUND CONSOLE-PAID W/ELMS PE	05/12/14	SL	5.00		16	4,050.				4,050.	4,050.		0.	4,050.
99	4 LIMIT SWITCH: OVER-TRAVEL PROTECTION SWITCHERS FOR AUT	07/24/13	SL	5.00		16	1,735.				1,735.	1,735.		0.	1,735.
100	130 NATIONAL PUBLIC SEATING 3200 SERIES PADDED FOLDING C	10/01/13	SL	5.00		16	2,890.				2,890.	2,890.		0.	2,890.
101	TELEX CHARGER BC800NM4 AND 2 TELEX BATTERIES F01U139547 B	10/29/13	SL	10.00		16	1,395.				1,395.	930.		139.	1,069.
102	WOODCRAFT PROD CABLE TABLE SAW, 36" PRO CAB FENCE, BASE	11/21/13	SL	5.00		16	2,897.				2,897.	2,897.		0.	2,897.
103	MINI FOGGER PACKAGE - MACHINE, BATTERIES, CHARGER,	12/05/13	SL	5.00		16	1,472.				1,472.	1,472.		0.	1,472.
104	4 WALL NEW LED MOVING LIGHTS PACKAGE PER PHILIP GRAHAM GR	05/05/14	SL	10.00		16	74,996.				74,996.	46,247.		7,500.	53,747.
105	LEVELING FEET, COUNTERTOPS, BOX STEEL AND HARDWARE FOR P	05/09/14	SL	5.00		16	1,137.				1,137.	1,137.		0.	1,137.
106	FLAT STAIR NOSING WITH NEON CONTRAST STRIP FOR STAIR RIS	05/22/14	SL	5.00		16	4,125.				4,125.	4,125.		0.	4,125.
107	TUBE INSERTS AND FEET FOR STEPS IN ARK AND MAX	06/19/14	SL	5.00		16	903.				903.	903.		0.	903.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
108	WEBSITE DESIGN (MADE MEDIA)	04/30/15		180M		HY43	60,000.				60,000.	20,667.		4,000.	24,667.
109	WEBSITE INTEGRATION - BLOCKS OFFICE (MADE MEDIA) - PLACED	07/01/15		180M		HY43	127,620.				127,620.	42,540.		8,508.	51,048.
110	TESSITURA SOFTWARE (PLACED IN SERVICE 7/1/15)	07/01/15		180M		HY43	48,370.				48,370.	16,123.		3,225.	19,348.
111	TESSITURA SOFTWARE - IMPLEMENTATION (PLACE IN SER	07/01/15		180M		HY43	57,327.				57,327.	19,109.		3,822.	22,931.
112	TESSURA NETWORK INC. IMPLEMENTATION	08/30/15		180M		HY43	7,473.				7,473.	2,408.		498.	2,906.
113	1 T FLYING FRAME - OVERLAND	07/01/14	SL	10.00		16	855.				855.	513.		85.	598.
114	(4) T10 LOUDSPEAKERS NL4 - OVERLAND PRO	07/01/14	SL	10.00		16	10,688.				10,688.	6,413.		1,069.	7,482.
115	D80 AMPLIFIER NL4 - OVERLAND PRO	07/01/14	SL	10.00		16	9,394.				9,394.	5,636.		939.	6,575.
116	5 SELADOR DESIRE D22 LUSTR & PORT PARS FOR SHEN	08/11/14	SL	5.00		16	3,433.				3,433.	3,433.		0.	3,433.
117	EDGESTAR FULL SIZE DUAL TAP KEGERATOR/BEER DISPENSER	04/02/15	SL	10.00		16	599.				599.	314.		60.	374.
118	CARDIAC SCIENCE POWERHEART G3 AED	05/22/15	SL	3.00		16	632.				632.	632.		0.	632.
119	ALOHA POS SYSTEM	07/18/14	SL	5.00		16	16,392.				16,392.	16,392.		0.	16,392.
120	DELL SONIC WALL NSA 220 DEVICE (FIREWALL)	10/17/14	SL	5.00		16	1,079.				1,079.	1,079.		0.	1,079.
121	SENNHEISER EW 300 IEM G3 IN EAR MONITOR SYSTEM	11/18/14	SL	5.00		16	720.				720.	720.		0.	720.
122	HP 350GI NOTEBOOK LAPTOP - JOE C	11/24/14	SL	5.00		16	570.				570.	570.		0.	570.
123	NB DELL M2800 CAD LAPTOP - ANDREW FOX	12/19/14	SL	5.00		16	1,506.				1,506.	1,506.		0.	1,506.
124	NB DELL M2800 CAD LAPTOP - ASST TD	12/19/14	SL	5.00		16	1,506.				1,506.	1,506.		0.	1,506.
125	DELL POWEREDGE R620 1U RACK SERVER	12/23/14	SL	5.00		16	3,500.				3,500.	3,500.		0.	3,500.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
126	CISCO SMALL BUSINESS 500X SERIES SG500X-48P-59-NA SWIT	12/23/14	SL	5.00		16	2,196.				2,196.	2,196.		0.	2,196.
127	3 DELL INSPIRON NOTEBOOKS - BAR MGR, WARDROBE, DEVO	01/30/15	SL	5.00		16	2,250.				2,250.	2,250.		0.	2,250.
128	3 DELL INSPIRON 17 I5 NOTEBOOKS - ELECTRICS/PROPS	02/02/15	SL	5.00		16	2,344.				2,344.	2,344.		0.	2,344.
129	2 DT DELL OPTIPLEX 302005WX1WRT DESKTOPS (EDU &	02/12/15	SL	5.00		16	1,200.				1,200.	1,200.		0.	1,200.
130	MACBOOK PRO 13.3/3.7 GZ - SOUND DEPT	03/19/15	SL	5.00		16	1,357.				1,357.	1,357.		0.	1,357.
131	N-SCAN EQUIPMENT: SERVER, 5 HAND HELD SCANNERS	04/08/15	SL	3.00		16	11,761.				11,761.	11,761.		0.	11,761.
132	3 LEMUR-S TICKET PRINTERS 200 DPI W/CUTTER & ETHERNET	05/12/15	SL	5.00		16	4,677.				4,677.	4,677.		0.	4,677.
133	2 DELL INSPIRON LAPTOPS 17 I5749	05/29/15	SL	5.00		16	1,610.				1,610.	1,610.		0.	1,610.
134	2 DELL INSPIRON LAPTOPS 17 I5749	05/29/15	SL	5.00		16	1,608.				1,608.	1,608.		0.	1,608.
135	CISCO SG500X NETWORK SWITCH	05/13/15	SL	5.00		16	2,349.				2,349.	2,349.		0.	2,349.
136	LOAN COSTS - ARLINGTON COUNTY RENEGOTIATION	12/24/14		228M		HY43	19,000.				19,000.	5,500.		1,000.	6,500.
137	TESSITURA NETWORK INC CONTRACTOR EXPENSES	09/28/15		180M		HY43	768.				768.	243.		51.	294.
138	WEBSITE INTEGRATION (MADE MEDIA)	12/17/15		180M		HY43	10,780.				10,780.	3,234.		719.	3,953.
139	2 YAHMHA S90XS 88 SYNTHESIZER KEYBOARDS	07/01/15	SL	5.00		16	4,000.				4,000.	4,000.		0.	4,000.
140	DAISY CHAIN HD SYSTEM	07/14/15	SL	5.00		16	2,394.				2,394.	2,394.		0.	2,394.
141	MACINTOWOC UY-0190A ICE MACHINE	07/20/15	SL	5.00		16	1,969.				1,969.	1,936.		33.	1,969.
142	5 E4 LOUDSPEAKERS NL4	11/09/15	SL	5.00		16	2,600.				2,600.	2,427.		173.	2,600.
143	CARPET IN BOX OFFICE (A&O)	04/12/16	SL	5.00		16	1,200.				1,200.	1,020.		180.	1,200.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
144	BOB'S DISCOUNT FURNITURE IN GREEN ROOM (DONATED)	04/23/16	SL	5.00		16	3,706.				3,706.	3,088.		618.	3,706.
145	IMAC 21.5 FOR DIGITAL MEDIA MANAGER	08/27/15	SL	5.00		16	1,299.				1,299.	1,256.		43.	1,299.
146	QNAP TS-853 PRO NETWORK ATTACHED STORAGE (FOR SEVER)	12/03/15	SL	8.00		16	994.				994.	569.		124.	693.
147	(DT ACER ATC-710-UR51)DESKTOP TO REPL	05/11/16	SL	5.00		16	551.				551.	459.		92.	551.
148	CANON 8400 S 44" PLOTTER FOR PODS	05/18/16	SL	8.00		16	4,495.				4,495.	2,294.		562.	2,856.
149	FIRE DOOR	06/30/17	SL	20.00		16	2,510.				2,510.	377.		126.	503.
150	EQUIPEX FC-60G/1 OVEN SGL CONV BROIL 4 SHLF 120V	09/06/16	SL	5.00		16	1,363.				1,363.	1,045.		273.	1,318.
151	MASQUE MTB-51F MIC TEST BOX (SK50/SHURE)	10/12/16	SL	3.00		16	895.				895.	895.		0.	895.
152	(2) T10 LOUDSPEAKERS NL4 Z0550.001	11/29/16	SL	5.00		16	5,579.				5,579.	3,999.		1,116.	5,115.
153	T FLYING FRAME Z5370.000	11/29/16	SL	5.00		16	885.				885.	634.		177.	811.
154	QVAC SKINBOARD VACUUM PACKAGING MACHINE FOR SHOP	03/30/17	SL	5.00		16	1,200.				1,200.	780.		240.	1,020.
155	3 SENNHEISER SZI 1015T EMITTER PANEL MODULATORS - F	04/17/17	SL	5.00		16	3,300.				3,300.	2,090.		660.	2,750.
156	6 SENNHEISER SZI 1015 EMITTER PANEL EXTENDERS - AS	04/17/17	SL	5.00		16	5,400.				5,400.	3,420.		1,080.	4,500.
157	KABUKI SYSTEMS	05/04/17	SL	3.00		16	1,100.				1,100.	1,100.		0.	1,100.
158	CIRCULAR COLD SAW (INCLUDING FREIGHT)	04/01/17	SL	5.00		16	8,080.				8,080.	5,252.		1,616.	6,868.
159	1 SENNHEISER EW 300 IEM G3-A-US IN EAR MONITOR FOR M	06/30/17	SL	3.00		16	1,000.				1,000.	1,000.		0.	1,000.
160	IMAC 27" M390/CTO ZOSD MKTG SERIEL C02510DBGQ18 INCLDS \$	07/01/16	SL	5.00		16	2,529.				2,529.	2,023.		506.	2,529.
161	IMAC 27" M390/CTO ZOSD FOR MKTG SERIEL C02510XGGQ18	07/05/16	SL	5.00		16	2,799.				2,799.	2,239.		560.	2,799.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
162	MEYER SOUND: 1 GALEO 616 (6 INPUT, 16 OUTPUT) DIGITAL PR	11/29/16	SL	5.00		16	6,740.				6,740.	4,830.		1,348.	6,178.
163	MICROSOFT SURFACE PRO 256 GB LAPTOP COMPUTER VIA AMAZON	06/21/17	SL	5.00		16	1,599.				1,599.	959.		320.	1,279.
164	TERM DIR/ EXTRA SPACES INTERNS/ BOX OFFICE DELL CO	06/04/07	SL	5.00		16	529.				529.	529.		0.	529.
165	TERM DIR/ EXTRA SPACES INTERNS/ BOX OFFICE DELL CO	06/04/07	SL	5.00		16	529.				529.	529.		0.	529.
166	TERM DIR/ EXTRA SPACES INTERNS/ BOX OFFICE DELL CO	06/04/07	SL	5.00		16	529.				529.	529.		0.	529.
167	5 "POD" SET UP FOR OLD CONFERENCE ROOM NOW EDU/IT O	12/09/17	SL	5.00		16	4,967.				4,967.	2,566.		993.	3,559.
168	REPLACE CARPET IN BXO LOBBY VESTIBULE BETWEEN 2 PAIRS OF	01/16/18	SL	5.00		16	1,278.				1,278.	639.		256.	895.
169	YAMAHA G3F PIANO CIRCA 1992	11/14/17	SL	5.00		16	3,833.				3,833.	2,044.		767.	2,811.
170	55 WIDE MULTI SCREEN TV CASE 48-60 INCH FOR USE WITH SPEC	01/15/18	SL	5.00		16	1,099.				1,099.	550.		220.	770.
171	KITCHEN AID MIXER FOR BAR	03/01/18	SL	3.00		16	549.				549.	427.		122.	549.
172	DEWALT 12 INC DOUBLE BEVEL SLIDING COMPOUND MITER SAW	04/24/18	SL	3.00		16	550.				550.	397.		153.	550.
173	JET 354170 20INCH FLOOR DRILL PRESS	05/29/18	SL	3.00		16	999.				999.	694.		305.	999.
174	NEW DELL 6Y9TM DESKTOP FOR DIR OF FINANCE	08/30/17	SL	5.00		16	560.				560.	317.		112.	429.
175	NEW DEKK 6Y9TM DESKTOP COMPUTER FOR DEVO (DORI) WIT	09/13/17	SL	5.00		16	596.				596.	338.		119.	457.
176	DELL OPTIPLEX 3050 DESKTOP - FOR ADRIENNE	10/20/17	SL	5.00		16	550.				550.	293.		110.	403.
177	1 DEKK LAPTOP LATITUDE 3580 FOR MORGAN	11/15/17	SL	5.00		16	741.				741.	395.		148.	543.
178	DELL LATITUDE 3580 LAPTOP FOR DOMINIC FOH	01/16/18	SL	5.00		16	702.				702.	351.		140.	491.
179	MICROSOFT SURFACE LAPTOP - FOR IT USE (ADOROMA) 5 YRS	05/16/18	SL	5.00		16	1,299.				1,299.	563.		260.	823.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
180	ORGAN PURCHASED FOR LIGHT YEARS	01/22/18	SL	5.00		16	3,600.				3,600.	1,740.		720.	2,460.
181	DEPOSIT ON CUSTOM RAILINGS FOR DRESS CIRCLE	03/01/19	SL	5.00		16	12,200.				12,200.	3,253.		2,440.	5,693.
182	80 AUDIENCE CHAIRS	08/01/18	SL	5.00		16	24,413.				24,413.	9,358.		4,883.	14,241.
183	DA-LITE 88689 FAST-FOLD DELUX PROJECTOR SCREEN	01/13/19	SL	5.00		16	1,100.				1,100.	330.		220.	550.
184	LABARGE CORNER L- SHAPED DESK FOR PRODUCTION OFFICE	02/21/19	SL	7.00		16	558.				558.	106.		80.	186.
185	1 JANSEN 6542 GRAND PIANO DOLLY	04/09/19	SL	10.00		16	963.				963.	120.		96.	216.
186	FQ-100 FOGGER, 110V (5YRS USE)	04/30/19	SL	5.00		16	615.				615.	144.		123.	267.
187	TWO MERAKI MS120-48LP ETHERNET SWITCHES (NON GALAP	11/28/18	SL	5.00		16	4,432.				4,432.	1,403.		886.	2,289.
188	ONE MERAKI MS120-48LP ETHERNET SWITCH FOR GALAPRO	11/28/18	SL	5.00		16	2,216.				2,216.	702.		443.	1,145.
189	1232090920 - 1 LENOVO LAPTOP IDEAPAD - 16 GB	12/12/18	SL	5.00		16	1,012.				1,012.	320.		202.	522.
190	ONE SYNOLOGY RS818 4-BAY RACKMOUNT NETWORK STORAGE, V	03/05/19	SL	5.00		16	870.				870.	232.		174.	406.
191	ONE SYNOLOGY 4 BAY NAS DISKSTATION DS918	03/05/19	SL	5.00		16	550.				550.	147.		110.	257.
192	VILTROX EF-EOS M2 AUTO FOCUS LENS & CANON MIRRORLESS CAME	03/17/19	SL	5.00		16	785.				785.	196.		157.	353.
193	GALAPRO SYSTEM, AUDI INTERFACE, INSTALLATION, AND	03/31/19	SL	5.00		16	6,745.				6,745.	1,686.		1,349.	3,035.
194	2 MAC MINIS SG/3.6GHZ QC/8GB/128GB-USA	06/24/19	SL	5.00		16	1,598.				1,598.	320.		320.	640.
195	1 MAC MINI SG/3.6GHZ QC/8GB/128GB-USA	06/26/19	SL	5.00		16	799.				799.	160.		160.	320.
196	GUARDRAILS FOR DRESS CIRCLE	03/01/19	SL	5.00		16	12,590.				12,590.	3,357.		2,518.	5,875.
197	4 CONRNER PIECES FOR RAILING (NOT PART OF ORIGINAL ESTIMA	03/01/19	SL	5.00		16	5,150.				5,150.	1,373.		1,030.	2,403.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
198	RAILING MODIFICATION	03/01/19	SL	5.00		16	6,400.				6,400.	1,707.		1,280.	2,987.
199	3 LARGE WALL BANNERS IN LOBBY WITH INSTALLATION	08/20/19	SL	5.00		16	13,517.				13,517.	2,253.		2,703.	4,956.
200	CUSTOM PORTABLE POWER DISTRIBUTION UNIT	11/26/19	SL	5.00		16	2,411.				2,411.	281.		482.	763.
201	MOTORIZED DRUM ROLL	06/30/20	SL	5.00		16	12,518.				12,518.			2,504.	2,504.
202	1 DELL VOSTRA 5481 LAPTOP	07/10/19	SL	5.00		16	719.				719.	144.		144.	288.
203	1 DELL VOSTRO 5481 LAPTOP	07/20/19	SL	5.00		16	601.				601.	110.		120.	230.
204	2 EMV 10" ELO TERMINAL BUNDLE	07/23/19	SL	5.00		16	1,317.				1,317.	242.		263.	505.
205	2 ZOOM UAC SUPER SPEED AUDIO INTERFACE FOR MAC/PC	07/30/19	SL	5.00		16	1,200.				1,200.	220.		240.	460.
206	VOSTRO 5490 LAPTOP - 10TH GENERATION INTEL CORE I5-102	09/13/19	SL	5.00		16	654.				654.	109.		131.	240.
207	1 VOSTRO NOTEBOOK 3490, 1 VOSTRO 5490	10/15/19	SL	5.00		16	1,475.				1,475.	221.		295.	516.
208	1 APPLE LAPTOP - 13IN MACBOOK AIR	12/05/19	SL	5.00		16	1,221.				1,221.	142.		244.	386.
209	1 VOSTRO 3590 NOTEBOOK	01/24/20	SL	5.00		16	569.				569.	47.		114.	161.
210	PANINI VISION X SCANNER	08/25/20	SL	5.00		16	595.				595.	110.		99.	209.
211	1 DELL VOSTRO 5490 LAPTOP	07/02/20	SL	5.00		16	851.				851.	110.		170.	280.
212	1 DELL VOSTRO NOTEBOOK 5590	08/29/20	SL	5.00		16	629.				629.	110.		105.	215.
213	1 DELL VOSTRO NOTEBOOK 5590	08/29/20	SL	5.00		16	629.				629.	110.		105.	215.
214	1 DELL VOSTRO NOTEBOOK 5590	08/29/20	SL	5.00		16	629.				629.	110.		105.	215.
215	NEW APPLE DESKTOP	09/23/20	SL	5.00		16	3,799.				3,799.	110.		570.	680.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
216	NEW APPLE DESKTOP	12/18/20	SL	5.00		16	2,399.				2,399.	110.		240.	350.
217	DELL VOSTRO NOTEBOOK 3400	03/02/21	SL	5.00		16	629.				629.	110.		42.	152.
218	MACBOOK AIR	03/22/21	SL	5.00		16	1,663.				1,663.	110.		83.	193.
219	1 INSPIRON 15 7000 SERIES LAPTOP	03/24/21	SL	5.00		16	729.				729.	110.		36.	146.
220	1 DELL LATITUDE 3410 LAPTOP	03/27/21	SL	5.00		16	1,149.				1,149.	110.		57.	167.
221	SYNOLOGY RACKSTATION NAS SERVER	03/30/21	SL	5.00		16	1,410.				1,410.	110.		71.	181.
222	SEAGATE IRONWOLF HARD DRIVE	03/30/21	SL	5.00		16	4,044.				4,044.	110.		202.	312.
223	SYNOLOGY RX418 EXPANSION UNIT	03/30/21	SL	5.00		16	646.				646.	110.		32.	142.
224	TESSITURA NETWORK INC 3N-SCAN HANDHELD SOFTWARE	06/21/21		180M		HY42	2,025.				2,025.			0.	
	* 990 PAGE 10 TOTAL OTHER						12617874.				12617874.	5,618,617.		378,721.	5,997,338.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						12617874.				12617874.	5,618,617.		378,721.	5,997,338.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						12596048.			0.	12596048.	5,617,077.			5,993,881.
	ACQUISITIONS						21,826.			0.	21,826.	1,540.			3,457.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						12617874.			0.	12617874.	5,618,617.			5,997,338.
	ENDING ACCUM DEPR											5,997,338.			



Department of the Treasury  
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**SIGNATURE THEATRE, INC.**

**FORM 990 PAGE 10**

**62-1417785**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	356,898.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	356,898.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2020 tax year:					
TESSITURA NETWORK INC					
3N-SCAN HANDHELD SOFTWARE	062121	2,025.		180M	
<b>43</b> Amortization of costs that began before your 2020 tax year				<b>43</b>	21,823.
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report				<b>44</b>	21,823.