Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 20**23**

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 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	2023 calend	dar year, or tax year beginning Sep 1 , 2023, and endin	g Au	g 31	, 20 2 4					
В	Check if	applicable:	C Name of organization Encore Stage and Studio, Inc.		D Empl	loyer identification number					
	Address	change	Doing business as		23-7	311352					
	Name cl	nange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telep	hone number					
	Initial ret	urn	3701 Lorcom Lane		(703)548-1154					
	Final retu	ırn/terminated	City or town, state or province, country, and ZIP or foreign postal code								
	Amende	d return	Arlington, VA 22207		G Gross	s recelpts \$1, 269, 856.					
_		ion pending	F Name and address of principal officer:			for subordinates? Yes X No					
_	Cassandra Hanley, 3701 Lorcom Lane, Arlington, VA 22207 H(b) Are all subordinates included? Yes No										
	Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions.										
<u>.</u>											

	art I	Summa		anon. 1907	W State	or legal cornscile. VA					
w	1					A					
đì	'		cribe the organization's mission or most significant activities: Inspire		velop t	ne creativity, empathy and					
Š			nce they need to create meaningful connections			**************************************					
r.			nd have a positive impact in their communities		0/ -4!						
Š	2		box if the organization discontinued its operations or disposed of		1	1					
Ğ	3		voting members of the governing body (Part VI, line 1a)		3	13					
8	4		independent voting members of the governing body (Part VI, line 1b		4	13					
itie	5		per of individuals employed in calendar year 2023 (Part V, line 2a)		5	10					
Activities & Governance	6		per of volunteers (estimate if necessary)		6	630					
ď	7a		ated business revenue from Part VIII, column (C), line 12		7a	0.					
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b	0.					
				Prior Year		Current Year					
<u>o</u>	8	Contribution	441. 270,67								
enc	9	Program s	ervice revenue (Part VIII, line 2g)	894,	401.	978,990.					
Revenue	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)	8,	158.	20,187.					
Œ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,141,	000.	1,269,856.					
	13	Grants and	I similar amounts paid (Part IX, column (A), lines 1-3)								
	14		aid to or for members (Part IX, column (A), line 4)								
Ø	15		her compensation, employee benefits (Part IX, column (A), lines 5-10)	482,	705.	538,858.					
Se.	16a		al fundraising fees (Part IX, column (A), line 11e)			254/0001					
Expenses	b		raising expenses (Part IX, column (D), line 25) 86, 517.								
Ж	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	513,	235.	609,675.					
	18	,	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	995,		1,148,533.					
	19		ess expenses. Subtract line 18 from line 12	145,		121, 323.					
58				Beginning of Curre							
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)	1,020,		1,143,312.					
& Ag	21		ties (Part X, line 26)	159,		124,414.					
ž,š	22		or fund balances. Subtract line 21 from line 20	861,		1,018,898.					
	art II		re Block	0017	3.0.	1,010,030.					
Un	der pena	Ities of perjury	, I declare that I have examined this return, including accompanying schedules and state. Declaration of preparer (other than officer) is based on all information of which prepare			my knowledge and belief, it is					
		1			105.16						
Sic	nr	Signature of	officer	<u>L_T_/</u> Date	/25/2	2024					
110	31 C		a Duke, Executive Director								
		1		Date		T ir PTIN					
Pa	id				Check self-em	!! ".]					
Pr	epare	r Dougla		1/25/2024 Firm's							
Us	54-1650356										
		Firm's add		22030 Phone	no. (7						
wa	y tne IH	io aiscuss t	his return with the preparer shown above? See instructions			. ⊠Yes □No					

	Statement of Program			ŧi	г
1	Briefly describe the organization		to any line in this Part I	<u> </u>	· · · · · <u>L</u>
1	Inspire young people		nativity emmathy	and	
	confidence they need				
	peers and have a post				
2	Did the organization undertake	e any significant program s	ervices during the year w	hich were not listed on the	
	prior Form 990 or 990-EZ? .				☐ Yes 🗵 No
	If "Yes," describe these new se				
3	Did the organization cease of				
	services?				∐Yes ⊠No
	If "Yes," describe these chang			!	
4	Describe the organization's prexpenses. Section 501(c)(3) are				
	the total expenses, and revenu			s amount of grants and and	cations to others,
	the total expenses, and revent	to, il arry, for odori program	on noo toponoa.		
4a	(Code:) (Expenses	\$ 327,829, including	g grants of \$	0 .) (Revenue \$	0.)
	Production - We are				
	a producing theatre			_	
	into the hands of you				
	realized productions				
	all-youth cast and c				
	properties master, 1				
	Our summer production				
	and adult community				
	there is no fee to p				
		= "		********************************	
4b	(Code:) (Expenses	\$ 538, 258. including	g grants of \$	0 .) (Revenue \$	0.)
	Education - For over				
	of young people the	opportunity to grow	w and discover th	emselves through	
	theatre: onstage, ba	ckstage, in the cla	assroom, and in t	he audience.	
	We offer a vibrant s				
	summer programs, inc.				
	youth with community	partners.		***************************************	

)/D	
	(Code:) (Expenses	\$ including	grants of \$) (Revenue \$)
4c	(Code:) (Expenses	\$ including	grants of \$) (Revenue \$.)
-4c	(Code:) (Expenses	\$including	grants of \$) (Revenue \$)
4c	(Code:) (Expenses	\$including	grants of \$) (Revenue \$.)
-4c	(Code:) (Expenses	\$ including	grants of \$) (Revenue \$	
-4c	(Code:) (Expenses	\$ including	grants of \$) (Revenue \$	
40	(Code:) (Expenses	\$ including	g grants of \$) (Revenue \$)
4 c	(Code:) (Expenses	\$including	g grants of \$) (Revenue \$	
4c	(Code:) (Expenses	\$ including	g grants of \$) (Revenue \$	
4c	(Code:) (Expenses	\$ including	g grants of \$) (Revenue \$	
40	(Code:) (Expenses	\$ including	g grants of \$) (Revenue \$	
4 c	(Code:) (Expenses	\$ including	g grants of \$) (Revenue \$	
4c			g grants of \$) (Revenue \$	
	Other program services (Descri		g grants of \$) (Revenue \$	

Part IV	Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	×	×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	***************************************	×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	×	×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	20b 21		×
	GEV OF MODEL TO THE CONTRACT OF THE CONTRACT O			

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
р	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
¢	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		×
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Fatantha number reported in how 9 of Form 1000 Fatan 0 15 and 100 Fatan 1000	00000000	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 67	1		
c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
		1c	i i	(

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	V. (22. m. 22. m.)	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1200		
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? ,	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
Ü	sponsoring organization have excess business holdings at any time during the year?	8	1 555 (655 v i	B116661165
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			92-38 S
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	against amounts due or received from them.)	1,,_		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 1000000000000000000000000000000000000		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		200000000000000000000000000000000000000
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1000		
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	10	P. S.	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
•	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

Part '	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See Check if Schedule O contains a response or note to any line in this Part VI	nstruc	tions.
Section	on A. Governing Body and Management		T
1 a	Enter the number of voting members of the governing body at the end of the tax year	Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent . 1b 13 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?		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X X X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		×
8 a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	×	
ь 9	Each committee with authority to act on behalf of the governing body?		
Secti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	Code.)	×
		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		×
11a b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	X X X	
13 14 15	Did the organization have a written whistleblower policy?	×	
a b 16a	The organization's CEO, Executive Director, or top management official	_	×
b	with a taxable entity during the year?		×
Sooti	organization's exempt status with respect to such arrangements?)	<u> </u>
17 18	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	ction (501(c)
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of integrand financial statements available to the public during the tax year.	erest p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record The Organization, 3701 Lorcom Lane, Arlington, VA 22207 (703)548-1154	3.	

Director

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

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

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

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

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

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

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				a than o is both or/trust	an tee)	(D) Reportable compensation from the		(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) Anne Gable Director	2.00	×						0.	0.	0.	
(2)Claire Wade Vice President	2.00	×		×				0.	0.	0.	
(3) Sara Duke Executive Director]			×			91,476.	0.	0.	
(4) Robyn Gearey Director	2.00	×						0.	0.	0.	
(5) Cassandra Hanley President	2.00	×		×				0.	0.	0.	
(6) Brittany Hodge Director	2,00	×						0.	0.	0.	
(7) Cathie Fagerstrom Treasurer	2.00	×		×				0.	0.	0.	
(8) Laura London Director	2.00	×					:	0.	0.	0.	
(9) Ken Woodrow Secretary	2.00	×		×				0.	0.	0.	
(10) Daniel Meloy Director	2.00	×						0.	0.	0,	
(11) Megan Lynch Director	2,00	×						0.	0.	0.	
(12) Paris Sorrell Director	2.00	×						0.	0.	0.	
(13)Lisa Sullivan Director	2.00	×						0.	0.	0.	
(14) Tan Warthin	2.00	l			Γ						

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title		(C) Position (do not check more than box, unless person is bot officer and a director/trus					an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W- 1099-MISC/ 1099-NEC)	
(15)											
(16)											
(17)											-
(18)											
(19)											
(20)											
(21)				-							
(22)					<u> </u>						
(23)							<u> </u>				
(24)								 	1		
(25)									О		
1b c	Subtotal	VII, Section		•	•	•	· ·	•	91,476.	0	
d 2	Total (add lines 1b and 1c)	t not limited	to tl	nose	e lis	ted	abov	e) w	/ho received mor		
3	Did the organization list any former employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the organization and related organizations	officer, dire Schedule J	<i>for</i> s porta	<i>uch</i> ble	ind cor	<i>livid</i> npe	<i>ual</i> nsatio	on a	and other compe	 nsation from tl	13 X
5	individual	or accrue c	ompe	nsa	tion	fro	m an	y ur	related organiza	tion or individu	al 4 ×
	on B. Independent Contractors										
1	Complete this table for your five hig compensation from the organization. Rep										
	(A) Name and business add	fress							(B) Description of ser	vices	(C) Compensation

											- Collector and
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed abov	re) who	

Part VIII	Sta	atemer	it of	R	ev	en	ue

		Check if Schedule O contains a respon	nse or note to ar	ny line in this Pa	rt VIII <u>.</u>		<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रें रे	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
حَ ق	C	Fundraising events 1c					
fts,	d	Related organizations 1d					
(S)	е	Government grants (contributions) 1e	62,810.				
Sin	f	All other contributions, gifts, grants,					
it je		and similar amounts not included above 1f	207,869.				
₽ ₹	g	Noncash contributions included in					
Contributions, Gifts, Grants, and Other Similar Amounts		lines 1a–1f 1g	\$				
<u>5</u> 5	<u>h</u>	Total. Add lines 1a-1f		270,679.			
			Business Code			_	_
<u>ğ</u>	2a	Tuition and fees	711110	840,093.	840,093.	0.	0.
Program Service Revenue	b	Ticket sales	711110	125,298.	125,298.	0.	0.
gram Ser Revenue	С	Other income from productions	711110	13,599.	13,599.	0.	0.
e Y	d						
60 T	е						
<u>,</u>	f	All other program service revenue		070 000			
	g	Total. Add lines 2a–2f		978,990.			<u> </u>
	3	Investment income (including dividend		20 107			20 107
	_	other similar amounts)		20,187.	0.	0.	20,187.
	4	Income from investment of tax-exempt b	ona proceeas				
	5	Royalties	(ii) Personal				
	Δ-		(ii) Personal				
	6a	Gross rents 6a Less: rental expenses 6b					
	b	Less: rental expenses 6b Rental income or (loss) 6c					
	c d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
	14	sales of assets					
		other than inventory 7a					
d)	b	Less: cost or other basis					10 miles (10 mil
evenue		and sales expenses . 7b					
ķ	C	Gain or (loss) 7c		1			
	d	Net gain or (loss)					
Other R	8a	Gross income from fundraising					
გ		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	C	Net income or (loss) from fundraising ev	ents				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a	1				
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activity	ies				
	10a	Gross sales of inventory, less				5 (S. 18)	
		returns and allowances 10a		1			
	b	Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inven					
šū	مير		Business Code	La tarta german tarra 1992/98			
Je a	11a	***************************************	-				-
<u>a</u>	b		-				
scellaneo Revenue	C C	All other revenue	-				
Miscellaneous Revenue	d	All other revenue		<u> </u>			
	12	Total. Add lines 11a-11d		1,269,856.	978,990.	0.	20,187.

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 .		🖂
	Check if Schedule O contains a response at include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				80.000.000.000.000
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	91,476.	65,863.	12,514.	13,099.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	372,952.	268,343.	51,023.	53,586.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,045.	6,509.	1,237.	1,299.
9	Other employee benefits	31,738.	22,838.	4,343.	4,557.
10	Payroll taxes	33,647.	13,207.	17,330.	3,110.
11	Fees for services (nonemployees):				
а	Management				
b	Legal			3.E. 0.D.0	
C	Accounting	15,070.	0.	15,070.	0.
d	Lobbying				
e •	Professional fundraising services. See Part IV, line 17 Investment management fees				
f g	Other, (If line 11g amount exceeds 10% of line 25, column				
J	(A), amount, list line 11g expenses on Schedule O.) .	301,514.	301,514.	0.	0.
12	Advertising and promotion	12,931.	12,931.	0.	0.
13	Office expenses				
14	Information technology	4,143.	0.	4,143.	0.
15	Royalties	6,370.	6,370.	0.	0.
16	Occupancy	44,850.	0.	44,850.	0.
17 18	Travel	985.	772.	60.	153.
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates	5 000	5 000		
22	Depreciation, depletion, and amortization .	5,039.	5,039.	0.	0.
23 24	Insurance	12,067.	0.	12,067.	0.
44	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.)				
а	Supplies	57,382.	51,456.	3,843.	2,083.
b	Credit card fees	37,482.	37,482.	0.	0.
C	Surcharge	34,246.	34,246.	0.	0.
d	Storage	12,087.	12,087.	0.	0.
e 05	All other expenses	65,509.	27,430.	29,449.	8,630.
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,148,533.	866,087.	195,929.	86,517.
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	(A)	, , 	(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	579,139.	1	579,464.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	- View miles
	4	Accounts receivable, net		4	715.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ϋ́	9	Prepaid expenses and deferred charges	20,197.	9	15,135.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 22,297.			
	b	Less: accumulated depreciation 10b 16,733.	10,078.	10c	5,564.
	11	Investments—publicly traded securities	410,289.	11	541,434.
	12	Investments—other securities. See Part IV, line 11	110/2001	12	0.12/.011
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,000.	15	1,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,020,703.	16	1,143,312.
	17	Accounts payable and accrued expenses	60,407.	17	44,205.
	18	Grants payable	00/10/1	18	11/200.
	19	Deferred revenue	98,918.	19	80,209.
	20	Tax-exempt bond liabilities	30,010	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
en.	22	Loans and other payables to any current or former officer, director,			
Ę		trustee, key employee, creator or founder, substantial contributor, or 35%			
賣		controlled entity or family member of any of these persons		22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	Marin Consider Consider	23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	159,325.	26	124,414.
seo		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	753,826.	27	907,348.
B	28	Net assets with donor restrictions	107,552.	28	111,550.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	4 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
ō	29	Capital stock or trust principal, or current funds	, and the second	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
ťΑ	32	Total net assets or fund balances	861,378.	32	1,018,898.
Š	33	Total liabilities and net assets/fund balances	1,020,703.	33	1,143,312.
	, , ,	PEV 05/00/24 PRO			Form 990 (2023

_	-4	n
Page	- 1	_
1 494	•	-

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)	1,2	69,8	<u>56.</u>
2	Total expenses (must equal Part IX, column (A), line 25)		48,5	
3	Revenue less expenses. Subtract line 2 from line 1	1	21,3	<u>23.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	8	61,3	<u> 78.</u>
5	Net unrealized gains (losses) on investments		36,1	<u>97.</u>
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	1,0	18,8	98.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
		Luminos	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain	on		
	Schedule O.			
2a		. 2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or		
	reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or	na 📗		
	separate basis, consolidated basis, or both.			
	⊠ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
C		t of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		×	2000000
	If the organization changed either its oversight process or selection process during the tax year, explain	on		
	Schedule O.			
За	· · · · · · · · · · · · · · · · · · ·			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			×
b		the		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			
	REV 05/09/24 PRO	For	m 990	(2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name	of the organization						Employer identification	number
	ore Stage and Stu						23-7311352	
Par				organizations mus				ons.
The c	organization is not a priv							
1	A church, conventio						0(b)(1)(A)(i).	
	A school described						\/ A\ /!!!\	
3	☐ A hospital or a coop ☐ A medical research							III) Enter the
4	hospital's name, city	-	•	mjunction with a nosp	mai desc	IDEC III S	ection (70(b)(1)(A)(my. Linter the
5	An organization oper section 170(b)(1)(A)	erated for th	ne benefit of a	college or university	owned o	r operate	d by a government	al unit described in
6	☐ A federal, state, or k			mental unit described	in section	on 170(b)	(1)(A)(v).	
	An organization that							the general public
	described in section	170(b)(1)(<i>i</i>	A)(vi). (Complet	e Part II.)				
8	☐ A community trust d	lescribed in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	☐ An agricultural resea	rch organiz	ation described	in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a la	and-grant college
		n-land-gran	t college of agr	iculture (see instructio	ns). Ente	r the nam	ne, city, and state of	the college or
	university:			gay ayo nag day nay ayo no no nay naji yan ayo da gay ayo no giyo day da nih nih nigi da gay dib da da da bib da da da				
10	An organization that receipts from activit support from gross	normally re ies related t	ceives (1) more	than 33½% of its sunctions, subject to ce	pport fro. rtain exci	m contrib entions: a	utions, membership and (2) no more than	tees, and gross
	support from gross	investment	income and un	related business taxal	ole incom	ie (less se	ection 511 tax) from	businesses
	acquired by the orga	anization att	er June 30, 19.	75. See section 509(8	ı)(2). (Cor	npiete Pa	art III.)	
11	☐ An organization orga		,					out the numbers of
12	☐ An organization orga			vely for the benefit of, lescribed in section 5 0				
			•	the type of supporting				
		-		I, supervised, or contr			•	=
а				regularly appoint or e				
				ete Part IV, Sections			no ambotoro or tract	000 0
b			•	sed or controlled in co			upported organizati	on(s), by having
				rganization vested in				
	organization(s). `	You must c	omplete Part I	V, Sections A and C.	i			
C				ting organization oper				ally integrated with,
	, ,	•	, •	ns). You must comp l				
d				pporting organization				
				nization generally mus				d an attentiveness
	· · · · · · · · · · · · · · · · · · ·		•	omplete Part IV, Sec				
е	Check this box i	f the organiz	zation received	a written determinationally integrated sup	on from t	he IRS tha	at it is a Type I, Type	e II, Type III
	Enter the number of s		•			Jigariizati	on.	
g								•
	(i) Name of supported organia		(ii) EIN	(iii) Type of organization	(iv) is the c	rganization	(v) Amount of monetary	(vi) Amount of
	(4)		.,	(described on lines 1–10 above (see instructions))		ur governing ment?	support (see	other support (see
				above (see instructions))	4000	incint:	instructions)	instructions)
					Yes	No		
(A)								
(B)			,,					
(C)								
(D)							**************************************	
(E)								
Total	1							

18

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organization	n failed to qua	
Section	on A. Public Support	quality unde	i the tests ha	ited below, pi	ease comple	te rait iii.)	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	(6) 2020	(0) 2021	(0) 2022	(0) 2020	() (00)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4					***************************************	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	-	•			12	
13	First 5 years. If the Form 990 is for the				•		, , , ,
Casti	organization, check this box and stop he on C. Computation of Public Suppor						Ц
14	Public support percentage for 2023 (line			11 column (fl)		14	%
15 16a	Public support percentage for 2023 (into 331/3% support test—2023. If the organ box and stop here. The organization qua	hedule A, Part ization did not	II, line 14 . check the box	c on line 13, ar	, . nd line 14 is 33	15 31/3% or more,	% check this
b	331/3% support test – 2022. If the organithis box and stop here. The organization				•		ore, check
17a	10%-facts-and-circumstances test—2010% or more, and if the organization metal Part VI how the organization meets the organization	eets the facts facts-and-circ	-and-circumsta umstances tes	ances test, che st. The organiz	eck this box a ation qualifies	nd stop here . as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the	on meets the fa	acts-and-circui	mstances test,	check this bo	x and <mark>stop he</mark> r	e. Explain

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.)

Calendar year (or fiscal year beginning in) Cale Cal	Section	on A. Public Support						
151,624 227,102 482,228 238,441 270,679 1,370,074 27	Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's size-exempt purposes. 3 Gross receipts from activities that are not an unrelated trace of business with the services of the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from other hand disqualified persons. b Amounts included on lines 1, 2, and 3 received from other hand disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year or Add lines 7a and 7b. 9 Public support. (Bubtract line 7c from line 6). 9 Amounts from line 6 9 Amounts from line 6 9 Amounts from line 6 10 Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10 Gross income from interest, dividends, payments received on securities loans, rents, reysities, and income from similar sources 10 Line (a) 1. 11 Not line (b) 1. 12 Other income. Do not included on line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI). 13 Total support. (Add lines 9, 100, 11, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50 (16)(8) organization, check this box and stop here Section D. Computation of Public Support Percentage 15 Public support percentage form 2022 Schedule A, Part III, line 17. 16 Public support percentage form 2022 Schedule A, Part III, line 17. 17 Investment income percentage form 2022 Schedule A, Part III, line 17. 18 Jay 18 Jay 19	1							
2 Gross receipts from admissions, merchandles solid or servises performed, or facilities turnished in any activity that its related to the transfer of the provision of the prov			151,624.	227,102.	482,228.	238,441.	270,679.	1,370,074.
Section B. Total Support Section B. Total Support	2	sold or services performed, or facilities				•	,	
unrelated trade or business under section 513 4 Tax revenues levited for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge	_	organization's tax-exempt purpose	528,607.	515,827.	650,299.	894,401.	978,990.	3,568,124.
creamization's benefit and either paid to or expended on its behalf	3							
turnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5	4	organization's benefit and either paid						
Amounts included on lines 1, 2, and 3 received from disqualified persons b. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c. Add lines 7a and 7b	5	furnished by a governmental unit to the			:			
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b. Public support. (Subtract line 7c from line 6.). Public support (Subtract line 7c from line 6.). Amounts from line 6.). Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6 Gross income from line 6 Amounts from line 6 Gross income from line 6 Amounts from line 6 B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6 Gross income from line 6 Amounts from line 6 Amount	-	Amounts included on lines 1, 2, and 3	680,231.	742,929.	1,132,527.	1,132,842.	1,249,669.	4,938,198.
Record Section B. Total Support Subtract line 7c from line 6	b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 Amounts from line 6 680, 231 742, 929 1, 132, 527 1, 132, 842 1, 249, 669 4, 938, 198 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1, 292 42 2, 521 8, 158 20, 187 32, 200		Public support. (Subtract line 7c from						4,938,198.
9 Amounts from line 6	Secti		·					
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
payments received on securities loans, rents, royalties, and income from similar sources b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c. Add lines 10a and 10b	9	Amounts from line 6	680,231.	742,929.	1,132,527.	1,132,842.	1,249,669.	4,938,198.
section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b	10a	payments received on securities loans, rents,	1,292.	42.	2,521.	8,158.	20,187.	32,200.
Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	b	section 511 taxes) from businesses						
Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	С	Add lines 10a and 10b	1,292.	42.	2.521.	8,158.	20.187.	32,200.
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		Net income from unrelated business activities not included on line 10b, whether	2, 202.		270221	0,190.	20/1011	32,2001
loss from the sale of capital assets (Explain in Part VI.)	19	~ ,						
Total support. (Add lines 9, 10c, 11, and 12.)		loss from the sale of capital assets	00 400				10.500	0.5 0.5 0
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	13	Total support. (Add lines 9, 10c, 11,	20,423.	1,63/.			13,599.	35,659.
organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	14	·						
Section C. Computation of Public Support Percentage 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))			_			•		, ,, ,
Public support percentage from 2022 Schedule A, Part III, line 15	Secti	on C. Computation of Public Suppor						
Public support percentage from 2022 Schedule A, Part III, line 15	15	Public support percentage for 2023 (line 8	3, column (f), d	ivided by line 1	3, column (f))		15	98.64 %
Section D. Computation of Investment Income Percentage	16						16	
Investment income percentage from 2022 Schedule A, Part III, line 17	Secti	on D. Computation of Investment In	come Perce	ntage				
33½% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization. b 33½% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization.	17	Investment income percentage for 2023 (line 10c, colum	n (f), divided b	y line 13, colu	mn (f))	17	0.64 %
33½% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization. b 33½% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization.	18						18	***************************************
b 33½% support tests – 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization	19a	331/3% support tests-2023. If the organi	ization did not	check the box	on line 14, ar	nd line 15 is m		%, and line
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization			•	-			-	•
	b							—
	20			=		•		

Supporting Organizations Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A. D. and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A.	All Supporting	Organizations

No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. За b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Зс 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)	•		<u> </u>
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	Ye 11a	S	No
b c	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11b		
Secti	on B. Type I Supporting Organizations			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Ye 1	S	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	124		<u></u>
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Ye 1	ıS	No
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?	Ye	ıs	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.			
2	Activities Test. Answer lines 2a and 2b below.	Ye	s	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		,
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b 	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ns A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(0) 0
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function (see instructions).	ally	integrated Type III support	ing organization

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izations (continue	d)	
Secti	on D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	orted		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
C	From 2020				
d	From 2021		and the second second		
е	From 2022		5 Page 150 St. 15		
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
-	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if			*********	
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020 , , .				
C	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

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.)
Pt III Ln 12: Other Income Part III, Line 12 Description: Other related income
2019: 1293. 2020: 1637. 2023: 13599. Description: Fundraising (net) 2019: 19130.
2020: 0.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

23-7311352 Encore Stage and Studio, Inc. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

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

Name of organization
Encore Stage and Studio, Inc.

Employer identification number

23-7311352

Part Cont	r ibutors (see instructions)	. Use duplicate copies	of Part I if additional space is neede
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>1</u>	Washington Forrest Foundation 2407 Columbia Pike, #200 Arlington VA 22204	\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	WB Abell Foundation 2 Wisconsin Circle, #890 Chevy Chase MD 20815	\$25,000.	Person 🔀 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	Clark Winchole Foundation 7501 Wisconsin Avenue, Suite 701 East Bethesda MD 20814	\$ 7,500.	Person 🔀 Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	The Arlington Commission for the Arts 1100 North Glebe Road, #1500 Arlington VA 22201	\$19,270.	Person 🗵 Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	Virginia Commission for the Arts 600 East Main Street, Suite 330 Richmond VA 23219	\$42,940.	Person 🗵 Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Encore Stage and Studio, Inc.

Employer identification number

23-7311352

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

Employer identification number Name of organization 23-7311352 Encore Stage and Studio, Inc. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public	:
Inspection	

Name o	f the organization		Employer identification number			
Ence	ore Stage and Studio, Inc.		23-7311352			
Par			ls or Accounts			
	Complete if the organization answered "	¥				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year) .		and the state of t			
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor		_			
•	funds are the organization's property, subject to the					
6	Did the organization inform all grantees, donors, are only for charitable purposes and not for the benefit					
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?					
Par						
E GI	Complete if the organization answered "	Yes" on Form 990 Part IV line 7				
1	Purpose(s) of conservation easements held by the c					
•	Preservation of land for public use (for example, recre		f a historically important land area			
	Protection of natural habitat	•	f a certified historic structure			
	☐ Preservation of open space		, , , , , , , , , , , , , , , , , , , ,			
2	Complete lines 2a through 2d if the organization he	d a qualified conservation contribution	n in the form of a conservation			
	easement on the last day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		. 2a			
b	Total acreage restricted by conservation easements	<u> </u>	. 2b			
C	Number of conservation easements on a certified h					
d	Number of conservation easements included on lin		I 1			
	on a historic structure listed in the National Register		· [2d]			
3	Number of conservation easements modified, trans	sterred, released, extinguished, or tern	ninated by the organization during the			
4	tax year Number of states where property subject to conser	vation assement is located				
4 5	Does the organization have a written policy reg	arding the periodic monitoring insp	pection, handling of			
•	violations, and enforcement of the conservation eas					
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year			
-	3,,	g,	,			
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year			
8	Does each conservation easement reported on line					
_	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports c sheet, and include, if applicable, the text of the foot		,			
	organization's accounting for conservation easeme		terreries that describes the			
Davi	Organizations Maintaining Collections		Other Similar Assats			
IGIE	Complete if the organization answered "		Other Ollmar Assets			
1a	If the organization elected, as permitted under FAS		e statement and balance sheet works			
,,,	of art, historical treasures, or other similar assets	•				
	service, provide in Part XIII the text of the footnote t					
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	tatement and balance sheet works of			
	art, historical treasures, or other similar assets held		earch in furtherance of public service,			
	provide the following amounts relating to these item					
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
_	(ii) Assets included in Form 990, Part X		\$			
2	If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the			
	following amounts required to be reported under FA	-	•			
a	Revenue included on Form 990, Part VIII, line 1 .					
b	Assets included in Form 990, Part X		3			

Part	III Organizations Maintaining	Collecti	ons of	Art, Hist	orical T	reasures	, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply).								
а	☐ Public exhibition			d	Loan	or exchang	e progr	am am	
	Scholarly research								
	☐ Scholarly research ☐ Preservation for future generations e ☐ Other ☐ 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?								
Part	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									ot
	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				, , ,		10		_
d	Additions during the year						10		
ė	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?								
b	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII								
Part V Endowment Funds									
	Complete if the organization	answere	ed "Yes	" on For	m 990, f				
		(a) Curre	nt year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance		····		w.w				
b	Contributions								
C	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:								
а									
b									
C	Term endowment%								
	The percentages on lines 2a, 2b, and								
3a									
	organization by:								Yes No
	•								3a(i)
	(ii) Related organizations?								3a(ii)
b	If "Yes" on line 3a(ii), are the related o	-		•					3b
	4 Describe in Part XIII the intended uses of the organization's endowment funds.								
Part	VI Land, Buildings, and Equip Complete if the organization		ad "Van	J on Eor	∞ 000 l	Dort 11/ lin	0110	Son Form 000	Dort V line 10
								1	
	Description of property	(a)	Cost or o			or other basis ther)		Accumulated epreciation	(d) Book value
	Lond				,,,				
1a	Land			0.					0,
b	Buildings	• •							
C	Leasehold improvements					22,297.		16 733	E ECA
d	Equipment					22,291.		16,733.	5,564.
Total	Other		l Form 9	190 Part	 	c column /	L (2))		5,564.
	riga migo ra ambaga ro. (Dolamii (a) m	uyua		vo, rant	9 11110 101	o, ooiuiiiii (i	-//		2,204,

Part VII	Investments - Other Securities	000 5 : 11/ 1:	441 0 Fama 000 Bat V llag 40
	Complete if the organization answered "Yes" on For	1	
,	(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			and the second of the second o
	eld equity interests		
(3) Other			
(A)		<u>-</u>	
		-	
(E)		-	
<u>(F)</u>		-	
(G) (H)		-	
	mn (b) must equal Form 990, Part X, line 12, col. (B))	_	
Part VIII	Investments—Program Related		
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 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)			
<u>(6)</u> .			
(7)			
(8)			
(9)	mn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets	<u> </u>	
Tareix	Complete if the organization answered "Yes" on Fo	rm 990. Part IV. lin	e 11d. See Form 990. Part X. line 15.
	(a) Description	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	01 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Part X	Other Liabilities		o 11a or 11f See Form 000 Dort V
	Complete if the organization answered "Yes" on Fo line 25.	mm 990, Fait IV, III	ie He Or Hi. Oee Poliii 990, Fait A,
1,	(a) Description of liability	***************************************	(b) Book value
(1) Federal in	ncome taxes		
(2)			0.
(3)			
(4)			
(5)			
(6)			
(7)		····	
(8)			
(9)	4) 15 000 5 4) 2 07 1 (7)		
	mn (b) must equal Form 990, Part X, line 25, col. (B))		
	r uncertain tax positions. In Part XIII, provide the text of the footn s liability for uncertain tax positions under FASB ASC 740. Chec		

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments				
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 1, 269, 850 Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements C Other losses d Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 DO Other (Describe in Part XIII.) c Add lines 2a through 2d 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1, 148, 53: 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 X, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Pt X, Line 2: Income taxes are not provided for in the financial				
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 1, 269, 854 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 5 1, 148, 53: 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 XIII. Intes 2 income taxes are not provided for in the financial				
C Recoveries of prior year grants				
Other (Describe in Part XIII.)				
e Add lines 2a through 2d				
3 Subtract line 2e from line 1				
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3 Subtract line 2e from line 1				
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a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)				
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2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Pt X, Line 2; Income taxes are not provided for in the financial				
Pt X, Line 2: Income taxes are not provided for in the financial				
The state of the s				
Pt X, Line 2: statements since Encore Stage & Studio, Inc. is exempt from				
Dt V. Line 2: federal and state income taxes under the TPC 501(C)/3) and				
Pt X, Line 2: federal and state income taxes under the IRC 501(C)(3) and				
Pt X, Line 2: similar state provisions. Encore follows guidance of				
TO A DING 21 OTHER OCCUPATIONS AND ADDRESS OF THE PROPERTY OF				
Pt X, Line 2: ASC 740, Accounting for Income Taxes related to				
Pt X, Line 2: uncertainties in income taxes, which prescribes a				

Pt X, Line 2: threshold of more likely than not for recognition and				
Pt X, Line 2: derecognition of tax positions take or expected to be				
Pt X, Line 2: derecognition of tax positions take or expected to be Pt X, Line 2: taken in a tax return. There are no such uncertain tax				
Pt X, Line 2: derecognition of tax positions take or expected to be				
Pt X, Line 2: derecognition of tax positions take or expected to be Pt X, Line 2: taken in a tax return. There are no such uncertain tax				

Part XIII	Supplemental Information (continued)
Pt X,	Line 2: by taxing authorities. For federal income tax purposes,
Pt X,	Line 2: the tax returns essentially remain open for possible
Pt X,	Line 2: examination for a period of three years after the
Pt X,	Line 2: respective filing deadlines for those returns.
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and and side any any and talk his side and the date and	

### SCHEDULE O (Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Encore	Stage and Studio, Inc.	23-7311352
	Line 11b: The executive director will review the 990 and pro	
Pt VI,	Line 11b: copy to officers of the board for review and quest	ions.
Pt VI,	Line 19: The Organization will provide information upon requ	est.
Pt VI,	Line 15a: The Board of Directors determined the Executive	~~~~~~
Pt VI,	Line 15a: Director's salary based on comparative data.	
Pt VI,	Line 12c: Board members and staff are asked annually about	
Pt VI,	Line 12c: conflicts of interest.	
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