

			** PUBLIC DISCLOSURE COPY *	* Incomo Tox	OMB No. 1545-0047
Form 990			Return of Organization Exempt From		0000
For	m J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (• • •	ZUZZ
		of the Treasury	Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the lates		Open to Public Inspection
_		enue Service e 2022 calend		AUG 31, 2023	inspection
	Check if		organization	D Employer identificat	tion number
	pplicab	le:			
	Addre	ge WASH	INGTON PERFORMING ARTS SOCIETY		
	Name chang Initial	ge Doing b	USINESS AS WASHINGTON PERFORMING ARTS	52-6062439)
	returr Final	Number	and street (or P.O. box if mail is not delivered to street address)		
	returr termii		K STREET, NW 500	202-833-98	5,223,444.
	ated Amer	ded MA CU	own, state or province, country, and ZIP or foreign postal code INGTON , DC 20005	G Gross receipts \$ H(a) Is this a group retu	
F	_returr Appli tion		nd address of principal officer: JENNIFER BILFIELD-FRIEI	DM for subordinates?	
L	pendi		AS C ABOVE	H(b) Are all subordinates include	
1 1	Fax-ex	empt status:		527 If "No," attach a lis	
J١	Nebsi	te: WWW.	WASHINGTONPERFORMINGARTS.ORG	H(c) Group exemption r	number
			X Corporation Trust Association Other L Y	'ear of formation: 1965 M S	State of legal domicile: DC
Pa	art I	Summary			
e	1	Briefly describ	e the organization's mission or most significant activities: SEE PART	III, LINE 1.	
Activities & Governance					
ern	2	Check this bo			
Š	3		ing members of the governing body (Part VI, line 1a)		30
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		ependent voting members of the governing body (Part VI, line 1b)		30
ies	5		of individuals employed in calendar year 2022 (Part V, line 2a)		32
ivit	6		of volunteers (estimate if necessary)		30
Act	7a		d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	0 . Current Year
		O		6,000,449.	3,219,589.
ne	8		and grants (Part VIII, line 1h)	835,103.	1,196,556.
Revenue	9	•	ce revenue (Part VIII, line 2g)	789,216.	187,214.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)	195,170.	191,511.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,819,938.	4,794,870.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,408.	12,255.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	•	o or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)	2,576,984.	2,704,379.
ses	15		undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	10a		ng expenses (Part IX, column (D), line 25) 1,508,934.		
Ă	17			2,918,379.	4,075,394.
	18		s (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,512,771.	6,792,028.
	19		expenses. Subtract line 18 from line 12	2,307,167.	-1,997,158.
78		Nevenue less		Beginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X line 16)	12,631,705.	13,109,396.
Asse	20			1,037,096.	3,031,988.
Vet ,	22		(Part X, line 26) fund balances. Subtract line 21 from line 20	11,594,609.	10,077,408.
	art II	Signature		,0,1,00,1	_ , , , , , , , , , , , , , , , , , , ,
		-	declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my kn	owledge and belief, it is
	-		Declaration of preparer (other than officer) is based on all information of which prep.		
	,				

Sign	Signature of officer	Date			
Here	JENNIFER BILFIELD-FRIEDMA	N,, PRESIDENT & CEO			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	PAMELA GRAY			self-employed P01237506	
Preparer	Firm's name SB & COMPANY, LLC			Firm's EIN 20-2153727	
Use Only	Firm's address 10200 GRAND CENTR	AL AVE., SUITE 250			
	OWINGS MILLS, MD 21117 Phone no.410-584-0060				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions				
	000				

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2022) WASHINGTON PERFORMING ARTS SOCIETY	52-6062439	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🛛
1	Briefly describe the organization's mission:		
	WASHINGTON PERFORMING ARTS CHAMPIONS THE ARTS AS A UNIF		
	THROUGH COLLABORATIONS WITH ARTISTS, EDUCATORS, COMMUNI		ND
	INSTITUTIONAL PARTNERS, WE BRING WIDE-RANGING ARTISTIC		
	STAGES, SCHOOLS, AND NEIGHBORHOODS THROUGHOUT OUR NATIO	N S CAPITAL	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		21 NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		XNo
Ū	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	is measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$3,001,200. including grants of \$12,255. ) (Rev	venue \$ 1,046,	<b>951.</b> )
	PRODUCTION - FOUNDED IN 1965 BY ARTS IMPRESARIO PATRICK	HAYES,	
	WASHINGTON PERFORMING ARTS IS ONE OF THE NATION'S LEADIN		
	PRESENTERS OF PERFORMING ARTS, ARTS EDUCATION AND COMMUN		
	INITIATIVES. TRUE TO ITS FOUNDER'S ETHOS OF "EVERYBODY		r,"
	WASHINGTON PERFORMING ARTS NIMBLY PRESENTS PERFORMANCES		
	THROUGHOUT DC AND MARYLAND, RANGING FROM INTIMATE SPACE		
	PROMINENT VENUES OF 2,400, AS WELL AS AN ARRAY OF OUTDO		
	COMMITTED TO SUSTAINING ITS ROLE AS THE PREMIER PRESENT: MUSIC IN THE REGION, WASHINGTON PERFORMING ARTS IS ALSO		
	DISTINCTIVE AND ENDURING COMMITMENT TO GOSPEL MUSIC, JA		5
	CULTURALLY-SPECIFIC PROGRAMMING, AND DANCE, AS WELL AS		OF
	WORKS ACROSS ALL GENRES. SPECIAL PROJECTS, DEVELOPED BY		
4b	(Code:) (Expenses \$1,118,203. including grants of \$) (Rev		605.)
	EDUCATION - WASHINGTON PERFORMING ARTS IS A NATIONAL LE		, ,
	COLLABORATIVE ARTS EDUCATION PROGRAMS, ANNUALLY SERVING		0
	PARTICIPANTS IN GREATER D.C. OVER THE COURSE OF 800+ ED	UCATION AND	
	COMMUNITY ENGAGEMENT EVENTS. THE ORGANIZATION IS EMBEDDE	ED IN BOTH	
	PUBLIC SCHOOLS AND PUBLIC CHARTER SCHOOLS, AND CREATES (	OPPORTUNITIES	
	FOR ADVANCED MUSIC STUDENTS TO DEVELOP PROFESSIONAL SKI		
	COMPETITIONS, PERFORMANCE OPPORTUNITIES, AND CREATES LI		
	EDUCATION OPPORTUNITIES THAT ARE ROOTED IN A BELIEF THA		Ε
	UNIQUELY POSITIONED TO CULTIVATE COMMUNITY AND CROSS-CU	LTURAL	
	UNDERSTANDING LOCALLY AND NATIONALLY.		
4.0			
4c	(Code:) (Expenses \$ including grants of \$) (Rev	/enue\$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses     4,119,403.	)	
4e	Total program service expenses4,119,403.	Q	90 (2022)
222000	SEE SCHEDULE O FOR CONTINUATION (		(2022)
202002		- /	

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Form 990 (2			PERFORMING	ARTS	SOCIETY
Part IV	Checklist of R	equired Schedule	es		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D		11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
04	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			<u> </u>
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X 000	(0000)
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022)	WASHINGTON				
Statements	Regarding Other II	RS Filings and Ta	ax Comp	oliance	(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 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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	0		х
<b>L</b>	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	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	do		
' 2	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? <u>N/A</u>	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <u>N/A</u>	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a ⊾	Gross income from members or shareholders <u>N/A</u> <u>11a</u>			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{12b}$	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?N/AN/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an evene tex under section 4051, 4052 or 40522.	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
32004	If "Yes," complete Form 6069.	Form	990	(2022)
		1 0111		1-266)

Form 990 (2022)

Part V

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Form	990 (	(2022)
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# WASHINGTON PERFORMING ARTS SOCIETY

X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	30						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other						
	officer, director, trustee, or key employee?			2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X			
6	Did the organization have members or stockholders?			6		X			
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?			7a		<u> </u>			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-						
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					77			
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)						
40-				40-	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?			10a					
D	If "Yes," did the organization have written policies and procedures governing the activities of such change because the ensure their experiment with the experimentary of a constraint with the experimentary of the ensure	apters	s, amiliates,	104					
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body		ro filing the form?	10b 11a		x			
11a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Deloi				21			
12a									
-	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe								
-	on Schedule O how this was done								
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b		Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	rith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's						
	exempt status with respect to such arrangements?	<u></u>		16b					
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed <u>MD</u> , VA		<b>. . . . . . . . . .</b>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990	0-T (section 501(c)(3)s	s only) a	availat	ble			
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Upon request       Other (explain)	on C	chedule ()						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col			l financ	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records						
	JENNIFER BILFIELD-FRIEDMAN - 202-833-9800								
	1400 K STREET, NW, 500, WASHINGTON, DC 20005								
232006	3 12-13-22			Form	990	(2022)			
	-								

2022.05090 WASHINGTON PERFORMING ART WPAS____1

Dart VII	Compensation of Officers, Directors	Trustoos Kov Employees	Highest Componented
r art vii		s, musices, key Employees,	riighest compensated
	Employees, and Independent Contra	actors	

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 al of the organization of current key employees, if ally, see the instantion of definition of Key employees.

• 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.

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

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

Name and title         Average hours per weak updates         Description matches         Description matches         Description model         Perotable compensation from updates         Reportable compensation from updates         Estimated compensation from updates         Estimated compensation from updates         Estimated compensation from updates         Estimated compensation from updates         Estimated compensation from updates         Estimated compensation from updates         Estimated compensation from updates         Estimated compensation from updates         Estimated compensation from updates           (1)         JENNIFER BILFIELD-FRIEDMAN         40.000         X         340,530.         0.         29,916.           (1)         JENNIFER BILFIELD-FRIEDMAN         40.000         X         188,048.         0.         16,416.           (2)         BILRABETH RACHEVA         40.000         X         113,425.         0.         4,591.           (3)         SAMANTHA FOLLACK         40.000         X         1101,030.         0.         898.           (1)         DIRECORG OF BOUGATION & COMMUNITY EN         40.000         X         101,401.         0.         11,432.           (6)         FRIC INFRANCIAL OFFICER         0.0.0.         X         0.         0.         0.           (2)         DIRECORG OF ENGLANDIAL         2.000 <th>(A)</th> <th>(B)</th> <th></th> <th colspan="2">(C)</th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B)		(C)		(D)	(E)	(F)			
hours per veek (list any nour and a discussion) below, use per veek is both an week (list any line)         conversation from maintain (week (list any line)         conversation from maintain (week (list any line)         conversation from maintain (week (list any line)         conversation from maintain (week (list any line)         conversation from maintain (week (list any line)         conversation from maintain (week (list any line)         anount of the compensation (week/loge-MISC/ 1009-NEC)         compensation from maintain (week/line)         anount of the compensation (week/loge-MISC/ 1009-NEC)           (1) JENNIFER ELLFIELD FRIEDMAN         40.00         x         188,048.         0.         16,416.           (3) SAMNITA FOLLACK         40.00         x         113,425.         0.         12,177.           (4) MCHELE HOFFMANN         40.00         x         101,030.         0.         898.           (5) ERC RICHARDON SUPERVISING FRODUCER         12.00         x         101,030.         0.         898.           (7) DOGLALAGER         2.000         x         x         0.         0.         0.	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
Very (ist ary) hours for ganizations below ine)         ist ary generations below ine)         ist ary generations generations generations below ine)         ist ary generations generations generations (W-2/1099-MISC/ 1099-MEC)         compensation organizations (W-2/1099-MISC/ 1099-MEC)         compensation from the organizations generations and related organizations           (1) JENNIFEE BILFIELD PRIEDMAN PRESIDENT 4 CRO         40.00         x         340,530.         0.         29,916.           (2) LIZABETH RACHEVA (13) SAMINTIA FOLLACK         40.00         x         188,048.         0.         16,416.           (3) SAMINTIA FOLLACK         40.00         x         1125,090.         0.         12,177.           (4) MICHELH ROFFMANN DIRECTOR OF EDUCATION 4 COMMUNITY EN (5) ERIC RICHARDSON         40.00         x         101,401.         0.         11,432.           (6) ERIC JAMES         40.00         x         101,030.         0.         898.           (7) DOUGLAS WHEELER         12.00         x         101,030.         0.         0.           (8) TOM CALLAGRER         2.000         x         101,030.         0.         0.         0.           (10) DUBLE         2.000         x         x         0.         0.         0.         0.           (11) LUANNE S. GUTERMUTH         2.000         X         x		hours per	box, unless		ss per	son i	s both	nan	compensation	compensation	amount of
(1)         JENNIFER BILFIELD FRIEDMAN         40.00         X         340,530.         0.         29,916.           CHIEF ADVANCEMENT OFFICER         40.00         X         188,048.         0.         16,416.           (3)         SAMANTAR FOLLACK         40.00         X         125,090.         0.         12,177.           (4)         MICHELLE HOFFMANN         40.00         X         113,425.         0.         4,591.           (5)         ERIC IGHARDSON         40.00         X         101,401.         0.         11,432.           (6)         ERIC JAMES         40.00         X         101,030.         0.         898.           (7)         DOUGLAS WHEELER         12.00         X         14,490.         0.         16,179.           (8)         TOM GALLACHER         2.00         X         X         0.         0.         0.           (10)         DEBELE MAN         2.00         X         X         0.         0.         0.           (11)         LOANER         2.00         X         X         0.         0.         0.           (10)         DEBELE MAN         2.00         X         X         0.         0.         0. </td <td></td> <td></td> <td></td> <td>cer an</td> <td>aad</td> <td>recto</td> <td>r/trus</td> <td>tee)</td> <td></td> <td></td> <td></td>				cer an	aad	recto	r/trus	tee)			
(1)         JENNIFER BILFIELD FRIEDMAN         40.00         X         340,530.         0.         29,916.           CHIEF ADVANCEMENT OFFICER         40.00         X         188,048.         0.         16,416.           (3)         SAMANTAR FOLLACK         40.00         X         125,090.         0.         12,177.           (4)         MICHELLE HOFFMANN         40.00         X         113,425.         0.         4,591.           (5)         ERIC IGHARDSON         40.00         X         101,401.         0.         11,432.           (6)         ERIC JAMES         40.00         X         101,030.         0.         898.           (7)         DOUGLAS WHEELER         12.00         X         14,490.         0.         16,179.           (8)         TOM GALLACHER         2.00         X         X         0.         0.         0.           (10)         DEBELE MAN         2.00         X         X         0.         0.         0.           (11)         LOANER         2.00         X         X         0.         0.         0.           (10)         DEBELE MAN         2.00         X         X         0.         0.         0. </td <td></td> <td></td> <td>recto</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>U U</td> <td>•</td>			recto							U U	•
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(1)         JENNIFER BILFIELD FRIEDMAN         40.00         X         340,530.         0.         29,916.           CHIEF ADVANCEMENT OFFICER         40.00         X         188,048.         0.         16,416.           (3)         SAMANTAR FOLLACK         40.00         X         125,090.         0.         12,177.           (4)         MICHELLE HOFFMANN         40.00         X         113,425.         0.         4,591.           (5)         ERIC IGHARDSON         40.00         X         101,401.         0.         11,432.           (6)         ERIC JAMES         40.00         X         101,030.         0.         898.           (7)         DOUGLAS WHEELER         12.00         X         14,490.         0.         16,179.           (8)         TOM GALLACHER         2.00         X         X         0.         0.         0.           (10)         DEBELE MAN         2.00         X         X         0.         0.         0.           (11)         LOANER         2.00         X         X         0.         0.         0.           (10)         DEBELE MAN         2.00         X         X         0.         0.         0. </td <td></td> <td></td> <td>rustee</td> <td>l trust</td> <td></td> <td>ee</td> <td>npens</td> <td></td> <td>· ·</td> <td>1099-NEC)</td> <td>•</td>			rustee	l trust		ee	npens		· ·	1099-NEC)	•
(1)         JENNIFER BILFIELD FRIEDMAN         40.00         X         340,530.         0.         29,916.           CHIEF ADVANCEMENT OFFICER         40.00         X         188,048.         0.         16,416.           (3)         SAMANTAR FOLLACK         40.00         X         125,090.         0.         12,177.           (4)         MICHELLE HOFFMANN         40.00         X         113,425.         0.         4,591.           (5)         ERIC IGHARDSON         40.00         X         101,401.         0.         11,432.           (6)         ERIC JAMES         40.00         X         101,030.         0.         898.           (7)         DOUGLAS WHEELER         12.00         X         14,490.         0.         16,179.           (8)         TOM GALLACHER         2.00         X         X         0.         0.         0.           (10)         DEBELE MAN         2.00         X         X         0.         0.         0.           (11)         LOANER         2.00         X         X         0.         0.         0.           (10)         DEBELE MAN         2.00         X         X         0.         0.         0. </td <td></td> <td>l °</td> <td>dual ti</td> <td>ıtiona</td> <td></td> <td>nploy</td> <td>st cor yee</td> <td>-</td> <td>1000 NEO</td> <td></td> <td></td>		l °	dual ti	ıtiona		nploy	st cor yee	-	1000 NEO		
(1) JUNNIFER BLIFIELD-FRIEDMAN       40.00       x       340,530.       0. 29,916.         (2) ELIZABETH RACHEVA       40.00       x       188,048.       0. 16,416.         (3) SAMANTHA FOLLACK       40.00       x       125,090.       0. 12,177.         (4) MICHELLE HOFFMANN       40.00       x       113,425.       0. 4,591.         (5) ERIC RICHARDSON       40.00       x       101,401.       0. 11,432.         (6) ERIC ANDES       40.00       x       101,030.       0. 898.         (7) DUGLAS WHEELER       12.00       x       14,490.       0. 16,179.         (8) TOM GALLAGKER       2.00       x       0. 0.       0.       0.         (9) KELLY DIBBLE       2.00       x       0. 0.       0.       0.         (10) DEBDIE DRIESMAN       2.00       x       0. 0.       0.       0.         (11) LUANNE S, GUTERMUTH       2.00       x       0. 0.       0.       0.       0.         (12) SHAIKHA AISHA DINT JABER ALKHAL       0.50       0.       0.       0.       0.       0.         (13) SUNNY ALSUP       0.50       X       0.       0.       0.       0.       0.         (14) JETPERY BAUMAN       0.50			Individ	In stit u	Office	Key er	Highe	Forme			o.gam_anono
(2)         LIZABETH RACHEVA         40.00         X         188,048.         0.         16,416.           CHIEF ADVANCEMENT OFFICER         40.00         X         125,090.         0.         12,177.           (4)         MICHELLE HOFFMANN         40.00         X         113,425.         0.         4,591.           (5)         ERIC RICHARDSON         40.00         X         101,401.         0.         11,432.           (6)         ERIC ANDES         40.00         X         101,030.         0.         898.           (7)         DOUGLAS WHELER         12.00         X         14,490.         0.         16,179.           (8)         TOM GALLAGHER         2.00         X         0.         0.         0.           (9)         KELLY DIBLE         2.00         X         X         0.         0.         0.           (10) DEBDIE DRIESMAN         2.00         X         X         0.         0.         0.           (11) LUANNE S, GUTERNUTH         2.00         X         X         0.         0.         0.           (12) SHALKHA AISHA DINT JABER ALKHAL         0.50         X         0.         0.         0.           SOLIC CHAIR         0.50	(1) JENNIFER BILFIELD-FRIEDMAN	40.00									
(2)         ELIZABETH RACHEVA         40.00         x         188,048.         0.         16,416.           CHIEF ADVANCEMENT OFFICER         40.00         x         125,090.         0.         12,177.           (4)         MICHELLE HOFFMANN         40.00         x         113,425.         0.         4,591.           (5)         ERIC RICHARDSON         40.00         x         101,401.         0.         11,432.           (6)         ERIC AMES         40.00         x         101,030.         0.         898.           (7)         DOUGER         x         101,030.         0.         898.           (7)         DOUGLAS WHEELER         12.00         x         14,490.         0.         16,179.           (8)         TOR GALLAGHER         2.00         x         x         0.         0.         0.           (9)         KELY DIBELE         2.00         x         x         0.         0.         0.           (10) DEBELT DRIESMAN         2.00         x         x         0.         0.         0.           (11) LUANNE S, GUTERMUTH         2.00         x         x         0.         0.         0.           SECRETARY         X	PRESIDENT & CEO				х				340,530.	Ο.	29,916.
(3)         SAMANTHA POLLACK         40.00         X         125,090.         0.         12,177.           DIRECTOR OF PROGRAMMING         40.00         X         113,425.         0.         4,591.           DIRECTOR OF EDUCATION & COMMUNITY EN         40.00         X         113,425.         0.         4,591.           (5)         ERIC TATCHARDSON         40.00         X         101,401.         0.         11,432.           (6)         ERIC JAMES         40.00         X         101,030.         0.         898.           (7)         DOUGLAS WHEELER         12.00         X         14,490.         0.         16,179.           (8)         TOM GALLAGHER         2.00         X         X         0.         0.         0.           (9)         KELLY DIBBLE         2.00         X         X         0.         0.         0.           (10)         DEBETE DRIESMAN         2.000         X         X         0.         0.         0.           (11)         LUANNE S. GUTERMUTH         2.000         X         X         0.         0.         0.           VICE CHAR         X         X         0.         0.         0.         0.         0.	(2) ELIZABETH RACHEVA	40.00									
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(5) ERIC RICHARDSON       40.00       X       101,401.       0.       11,432.         (6) ERIC JAMES       40.00       X       101,030.       0.       898.         (7) DOUGLAS WHEELER       12.00       X       101,030.       0.       898.         (7) DOUGLAS WHEELER       12.00       X       14,490.       0.       16,179.         (8) TOM GALLAGHER       2.00       X       0.       0.       0.         (9) KELLY DIBBLE       2.00       X       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.         SUBARD MEMBER       0.50       X       0.       0.       0.         BOARD MEMBER       0.50       X       0.       0.       0.         BOARD MEMBER       0.50       X       0.       0.       0.         BOARD MEMBER       0.50 <td>(4) MICHELLE HOFFMANN</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(4) MICHELLE HOFFMANN	40.00									
SUPERVISING PRODUCER         X         101,401.         0.         11,432.           (6) ERIC JAMES         40.00         X         101,030.         0.         898.           (7) DUGLAS WHEELER         12.00         X         101,030.         0.         898.           (7) DUGLAS WHEELER         12.00         X         14,490.         0.         16,179.           (8) TOM GALLAGHER         2.00         X         X         0.         0.         0.           (9) KELLY DIBBLE         2.00         X         X         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.           VICE CHAIR         0.50         X         X         0.         0.         0.           BOARD MEMBER         0.50         X         0.         0.         0.         0.           IOAN DEMBER         X	DIRECTOR OF EDUCATION & COMMUNITY EN						X		113,425.	0.	4,591.
(6)         ERIC JAMES         40.00         X         101,030.         0.         898.           (7)         DOUGLAS WHEELER         12.00         X         14,490.         0.         16,179.           (8)         TOM GALLAGHER         2.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           (9)         KELLY DIBBLE         2.00         X         X         0.         0.         0.           (10)         DEBIE DRIESMAN         2.00         X         X         0.         0.         0.           VICE CHAIR         2.00         X         X         0.         0.         0.         0.           (10)         DEBIE DRIESMAN         2.00         X         X         0.         0.         0.           VICE CHAIR         2.00         X         X         X         0.         0.         0.           SECRETAR         X         X         0.         0.         0.         0.         0.           (11)         LUANNE S. GUTERMUTH         2.00         X         X         0.         0.	(5) ERIC RICHARDSON	40.00									
CHIEF FINANCIAL OFFICERX101,030.0.898.(7) DOUGLAS WHEELER12.00X14,490.0.16,179.(8) TOM GALLAGHER2.00X14,490.0.16,179.(8) TOM GALLAGHERXX0.0.0.TREASURERXX0.0.0.(9) KELLY DIBBLE2.00XX0.0.VICE CHAIRXX0.0.0.(10) DEBBIE DATESMAN2.00XX0.0.VICE CHAIRXX0.0.0.(11) LUANNE S. GUTERMUTH2.00XX0.0.SECRETARYX0.0.0.0.(12) SHAIKHA AISHA BINT JABER ALKHAL0.500.0.0.BOARD MEMBERX0.0.0.0.(14) JEFFREY BAUMAN0.500.0.0.0.BOARD MEMBERX0.0.0.0.(15) JENNY BILFIELD0.500.0.0.0.BOARD MEMBERX0.0.0.0.(16) RUDY BURWELL0.500.0.0.0.BOARD MEMBERX0.0.0.0.(17) CHRISTINA CO MATHER0.500.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBER0.500.0.0.0.BOARD MEMBER0.500.0	SUPERVISING PRODUCER						X		101,401.	0.	11,432.
(7)DOUGLAS WHEELER PRESIDENT EMERITUS12.00X14,490.0.16,179.(8)TOM GALLAGHER2.00XX0.0.0.0.TREASURERXX0.0.0.0.0.(9)KELLY DIBBLE2.00XX0.0.0.VICE CHAIRXX0.0.0.0.0.(10)DEBBIE DRIESMAN2.00XX0.0.0.VICE CHAIRXX0.0.0.0.0.(11)LUANNE S. GUTERMUTH2.00XX0.0.0.SECRETARYXX0.0.0.0.0.(12)SHAIKHA AISHA BINT JABER ALKHAL0.500.0.0.0.BOARD MEMBERX0.0.0.0.0.0.(14)JEFFEY BAUMAN0.500.0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.(15)JENNY BILFIELD0.50X0.0.0.0.BOARD MEMBERX0.500.0.0.0.0.BOARD MEMBERX0.500.0.0.0.BOARD MEMBERX0.500.0.0.0.BOARD MEMBERX0.500.0.0.0.BOARD MEMBERX0.500.0.0. <t< td=""><td>(6) ERIC JAMES</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(6) ERIC JAMES	40.00									
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(8) TOM GALLAGHER       2.00       X       X       X       0.       0.       0.         TREASURER       X       X       X       0.       0.       0.       0.         (9) KELLY DIBBLE       2.00       X       X       X       0.       0.       0.         (10) DEBBLE DRIESMAN       2.00       X       X       0.       0.       0.       0.         (11) LUANNE S. GUTERMUTH       2.00       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.       0.         BOARD MEMBER       0.50       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.<	(7) DOUGLAS WHEELER	12.00									
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(9)KELLY DIBBLE2.00XXX0.0.0.VICE CHAIR2.00XXX0.0.0.0.(10)DEBBIE DRIESMAN2.00XXX0.0.0.0.(11)LUANNE S. GUTERMUTH2.00XXX0.0.0.0.(11)LUANNE S. GUTERMUTH2.00XX0.0.0.0.0.SECRETARYXXX0.0.0.0.0.0.(12)SHAIKHA AISHA BINT JABER ALKHAL0.50X0.0.0.0.0.BOARD MEMBER0.50X0.0.0.0.0.0.0.0.(14)JEFFREY BAUMAN0.50X0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(8) TOM GALLAGHER	2.00									
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(11) LUANNE S. GUTERMUTH2.00XXX0.0.0.SECRETARYXXX0.0.0.0.(12) SHAIKHA AISHA BINT JABER ALKHAL0.50X0.0.0.0.BOARD MEMBER0.50X0.0.0.0.0.(13) SUNNY ALSUP0.50X0.0.0.0.BOARD MEMBERX0.0.0.0.0.(14) JEFFREY BAUMAN0.50X0.0.0.0.BOARD MEMBERX0.500.0.0.0.(15) JENNY BILFIELD0.50X0.0.0.0.BOARD MEMBERX0.500.0.0.0.(16) RUDY BURWELL0.50X0.0.0.0.BOARD MEMBERX0.500.0.0.0.BOARD MEMBERX0.500.0.0.0.BOARD MEMBERX0.500.0.0.0.	(10) DEBBIE DRIESMAN	2.00									
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(13) SUNNY ALSUP0.50X0.00.0BOARD MEMBERX0.00.00.(14) JEFFREY BAUMAN0.50X0.00.0BOARD MEMBERX0.000.00.(15) JENNY BILFIELD0.500.000.00.BOARD MEMBERX0.000.00.(16) RUDY BURWELL0.500.500.00.0BOARD MEMBERX0.000.00.(17) CHRISTINA CO MATHER0.500.500.00.0BOARD MEMBERX0.000.00.		0.50									
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(14) JEFFREY BAUMAN0.50X0.0.0.BOARD MEMBERX0.500.0.0.(15) JENNY BILFIELD0.50X0.0.0.BOARD MEMBERX0.500.0.0.(16) RUDY BURWELL0.500.0.0.0.BOARD MEMBERX0.500.0.0.(17) CHRISTINA CO MATHER0.50X0.0.0.BOARD MEMBERX0.0.0.0.		0.50									_
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(15) JENNY BILFIELD0.50X0.0.0.BOARD MEMBERX0.500.0.0.0.(16) RUDY BURWELL0.50X0.0.0.0.BOARD MEMBERX0.500.0.0.0.(17) CHRISTINA CO MATHER0.50X0.0.0.BOARD MEMBERX0.500.0.0.		0.50									_
BOARD MEMBER         X         0.         0.         0.           (16) RUDY BURWELL         0.50 </td <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х						0.	0.	0.
(16) RUDY BURWELL0.500.600.60BOARD MEMBERX0.600.60(17) CHRISTINA CO MATHER0.500.50BOARD MEMBERX0.600.60		0.50									_
BOARD MEMBERX0.0.0.(17) CHRISTINA CO MATHER0.50X0.0.0.BOARD MEMBERX0.0.0.0.			Х						0.	0.	0.
(17) CHRISTINA CO MATHER0.50X0.0.0.BOARD MEMBERX0.0.0.0.		0.50									
BOARD MEMBER X 0. 0. 0.			Х						0.	0.	0.
		0.50								-	<u> </u>
	BOARD MEMBER		Х						0.	0.	

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232007 12-13-22

Form 990 (2022) WASHINGT(	ON PERFC	R₩	IIN	G	AR	RTS	S	SOCIETY	52-6062	439 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not ch		itior more		one	Reportable	Reportable	Estimated
	hours per	box	, unles	s per	rson i	is botł	n an	compensation	compensation	amount of
	week			uau	reciu		lee)	- from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-NEO)	and related
	below	dual t	Institutional trustee	_	nploy	st col	5	10001120)		organizations
	line)	In dividual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			5
(18) MICHELE G. COBER	0.50				_					
BOARD MEMBER		Х						0.	0.	0.
(19) TRISTA L. P. COLBERT	0.50									
BOARD MEMBER		Х						0.	0.	0.
(20) DR. ROBERT S. FEINBERG	0.50									
BOARD MEMBER		Х						0.	0.	0.
(21) BRAD FIGEL	0.50									
BOARD MEMBER		Х						0.	0.	0.
(22) BURTON J. FISHMAN, ESQ.	0.50									
BOARD MEMBER		Х						0.	0.	0.
(23) DR. VINETTA C. JONES	0.50									
BOARD MEMBER		Х						0.	0.	0.
(24) DINA LASSOW	0.50									
BOARD MEMBER		Х						0.	0.	0.
(25) LESLIE LUXEMBURG	0.50								_	
BOARD MEMBER		Х						0.	0.	0.
(26) COL. JOSEPH MAY, MD, MPH	0.50								_	
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								984,014.	0.	91,609.
c Total from continuation sheets to Part V	-							0.	0.	0.
d Total (add lines 1b and 1c)								984,014.	0.	91,609.
2 Total number of individuals (including but r	ot limited to th	ose	listeo	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	<i>c</i>
compensation from the organization										6
										Yes No
3 Did the organization list any <b>former</b> officer										
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su										V
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a					-			-		
rendered to the organization? If "Yes," con	nplete Schedule	e J fo	or su	ch r	oers	ion .				5 X
Section B. Independent Contractors							-		100.000 of company	
1 Complete this table for your five highest co	•	•							· ·	ation from
the organization. Report compensation for	the calendar ye	eare	nain	gw		JIWI			ear.	(0)
(A) Name and business	address							<b>(B)</b> Description of s	ervices	<b>(C)</b> Compensation
OPUS 3 ARTISTS, 348 W 571		т	SI	ידדי	TT			20001101010		
282, NEW YORK, NY 10019		- ,	5	-				CONTRACT SERV	VICES	118,250.
								CONTINUE DER	1020	110/2000
2 Total number of independent contractors (i	ncluding but n	ot lin	nited	to	thos	se lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organi	•				1	1		-		
SEE PART VII, SECTION	A CONT	IN	UA	rI(	ON	S	HE	ETS		Form 990 (2022)

232008 12-13-22

Form 990 WASHINGTO										2439
Part VII Section A. Officers, Directors, Tru	nplo	yee			lighe	est (		, ,		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	ľ		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				am plc		organization	(W-2/1099-MISC)	from the
	hours for	or dir	e.			ated e		(W-2/1099-MISC)		organization
	related	stee	truste		æ	pens				and related
	organizations	al tru	onal 1		plo ye	com				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) ALYSSA O'CONNOR	line)	Inc	lns	H0	Ke	ΞΪ	Foi			
	0.50	x						0.	0.	0
BOARD MEMBER		Δ			<u> </u>			0.	0.	0.
(28) LYNN PARSEGHIAN BOARD MEMBER	0.50	x						0.	0.	0.
(29) DR. W. STEPHEN PIPER	0.50									
BOARD MEMBER		х						0.	0.	0.
(30) GORDON RUSH	0.50			-	-	-		· · ·	0.	U•
	0.50								0	0
BOARD MEMBER		Х	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
(31) DR. MARC SCHLOSBERG	0.50								0	0
BOARD MEMBER		Х						0.	0.	0.
(32) KERRIEN SUAREZ	0.50								0	0
BOARD MEMBER	0 50	Х						0.	0.	0.
(33) WILLIAM J. SULLIVAN	0.50								0	0
BOARD MEMBER		х						0.	0.	0.
(34) NABOTH VAN DEN BROEK	0.50								•	
BOARD MEMBER		Х						0.	0.	0.
(35) PHILIP R. WEST	0.50								0	0
BOARD MEMBER		Х						0.	0.	0.
(36) DOUGLAS H. WHEELER	0.50								0	0
BOARD MEMBER		Х						0.	0.	0.
(37) GARY YACOUBIAN	0.50								0	0
BOARD MEMBER		Х						0.	0.	0.
		-								
		-								
		-			-					
Total to Part VII, Section A, line 1c										
,,										

232201 04-01-22

Pa	rt V	/111	Statement of Rev	venue						
			Check if Schedule O c	contains a respo	onse	or note to any lin		(5)	(2)	
							(A) Totol rovenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue	function revenue	business revenue	from tax under
										sections 512 - 514
ŝ	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts				1b						
ັບ ບັ			Fundraising events			557,398.				
fts,						557,550.				
ilan İlan			Related organizations							
ns, Sim			Government grants (contri							
er S		f	All other contributions, gifts,		~	c c o 1 o 1				
ibu			similar amounts not included			662,191.				
dut		g	Noncash contributions included in I	lines 1a-1f	\$	578,922.				
S an Co		h	Total. Add lines 1a-1f				3,219,589.			
						<b>Business Code</b>				
Ð	2	а	ADMISSIONS			900099	1,046,951.	1,046,951.		
Program Service Revenue	_		CONTRACTS			900099	149,605.	149,605.		
Ser		č						,		
wer Ser		d								
Be										
roč		е								
α.			All other program service i				1 100 550			
		g	Total. Add lines 2a-2f				1,196,556.			
	3		Investment income (includ	ling dividends, i	ntere	est, and				
			other similar amounts)				187,214.			187,214.
	4		Income from investment o	f tax-exempt bo	ond p	roceeds				
	5		Royalties							
				(i) Rea		(ii) Personal				
	6	а	Gross rents	6a						
	-		Less: rental expenses	6b						
			Rental income or (loss)	6c						
			. ,							
	_		Net rental income or (loss)			(ii) Other				
	7	а	Gross amount from sales of	(i) Securi	lies	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
en				7b						
Revenue		с	Gain or (loss)	7c						
Re		d	Net gain or (loss)		<u></u>					
			Gross income from fundraisir							
Other	-		including \$ 557	,398, of						
Ŭ			contributions reported on							
			•	,		517,218.				
			Part IV, line 18			428,574.				
			Less: direct expenses				00 611			88,644.
			Net income or (loss) from t	•			88,644.			00,044.
	9	а	Gross income from gaming	-						
			Part IV, line 19		<u>9a</u>					
		b	Less: direct expenses		9b					
		с	Net income or (loss) from g	gaming activitie	s					
	10	а	Gross sales of inventory, le	ess returns						
			and allowances		10a	a				
		b	Less: cost of goods sold		10					
			Net income or (loss) from s							
					·y	Business Code				
sn		-	MISCELLANEOUS			900099	102,867.	102,867.		
eo l	11					500055	102,00/.	102,00/.		
lan		b								
scellaneo Revenue		С								
Miscellaneous Revenue		d	All other revenue				100.015			
-		е	Total. Add lines 11a-11d				102,867.			
	12		Total revenue. See instructio	ons			4,794,870.	1,299,423.	0.	
23200	9 12-	-13-:	22							Form <b>990</b> (2022)

WASHINGTON PERFORMING ARTS SOCIETY

232009 12-13-22

Form 990 (2022)

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WASHINGTON PERFORMING ARTS SOCIETY Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(1)		(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	12,255.	12,255.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		400.000	100 200	100 100
	trustees, and key employees	707,505.	400,939.	107,396.	199,170
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 (20 172	004 042		
7	Other salaries and wages	1,632,173.	924,943.	247,756.	459,474
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	100 620	100 700		<u> </u>
9	Other employee benefits	199,630.	102,782.	35,617.	<u>61,231</u> 43,403
0	Payroll taxes	165,071.	96,098.	25,570.	43,403
1	Fees for services (nonemployees):				
а					
b	Legal	40 071	7 200	26 405	1 - 107
С	Accounting	49,271.	7,289.	26,485.	15,497
d	Lobbying				
	Professional fundraising services. See Part IV, line 17	CD 21C		CD 21C	
f	Investment management fees	62,316.		62,316.	
g	Other. (If line 11g amount exceeds 10% of line 25,		227 420		
	column (A), amount, list line 11g expenses on Sch 0.)	983,677.	337,428.	392,532.	253,717
2	Advertising and promotion	237,925.	237,925.		24 625
3	Office expenses	162,089.	60,849.	76,605.	24,635
4	Information technology	86,980.	16,301.	67,710.	2,969
5	Royalties	270 620	222.270	E7 20C	07 062
6		378,638.	223,379.	57,296. 17,386.	<u>97,963</u> 16,990
7	Travel	163,666.	129,290.	1/,300.	10,990
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	070 202	70 224	10 246	100 (12
9	Conferences, conventions, and meetings	272,323.	79,334.	10,346.	182,643
0					
1	Payments to affiliates	67,279.	41 007	0 421	16 0/1
2	Depreciation, depletion, and amortization	07,279.	41,007.	9,431.	16,841
3					
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	007 017	789,197.	0	00 650
а	VENUE HALL EXPENSES	887,847. 615,715.		0. 800.	98,650
b	ARTIST FEES/COMMISSIONS		590,180.		24,735
с	BANK/MERCHANT COMMISSIO	74,296.	59,217.	10,056.	5,023
d	DUES AND SUBSCRIPTIONS	30,381.	9,489.	16,389.	4,503
	All other expenses	2,991.	<u>1,501.</u> 4,119,403.	1 162 601	1,490
5	Total functional expenses. Add lines 1 through 24e	6,792,028.	4,119,403.	1,163,691.	1,508,934
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

12

232010 12-13-22

15570614 138138 WPAS

2022.05090 WASHINGTON PERFORMING ART WPAS___1

Form 990 (2022)

Part X Balance Sheet

# WASHINGTON PERFORMING ARTS SOCIETY

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		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			700.	1	500.
	2	Savings and temporary cash investments			1,461,131.	2	880,340.
	3	Pledges and grants receivable, net			2,181,987.	3	1,692,063.
	4	Accounts receivable, net			188,259.	4	140,864.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Äŝ	9				61,530.	9	341,372.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		849,012.			
	b	Less: accumulated depreciation	10b	660,089.	256,202.	10c	188,923.
	11	Investments - publicly traded securities			8,384,544.	11	8,337,766.
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			2,000.	14	
	15	Other assets. See Part IV, line 11			95,352.	15	1,527,568.
	16	Total assets. Add lines 1 through 15 (must equa			12,631,705.	16	13,109,396.
	17	Accounts payable and accrued expenses	206,458.	17	253,467.		
	18	Grants payable	224 645	18			
	19	Deferred revenue	224,645.	19	278,754.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				22	
Lial	23	controlled entity or family member of any of thes Secured mortgages and notes payable to unrela				22	
	23 24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		23 24	450,000.
	25	Other liabilities (including federal income tax, pa		Г		27	130,000
	20	parties, and other liabilities not included on lines					
		of Schedule D	,		605,993.	25	2,049,767.
	26	Total liabilities. Add lines 17 through 25			1,037,096.	26	3,031,988.
		Organizations that follow FASB ASC 958, che	ck here	X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27				2,227,242.	27	1,200,307.
Bal	28	Net assets with donor restrictions			9,367,367.	28	8,877,101.
pu		Organizations that do not follow FASB ASC 9	58, che	ck here			
ц,		and complete lines 29 through 33.					
so	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
tA₅	31	Retained earnings, endowment, accumulated inc			11 504 605	31	
Ne	32	Total net assets or fund balances			11,594,609.	32	10,077,408.
	33	Total liabilities and net assets/fund balances	<u></u>		12,631,705.	33	13,109,396.

	990 (2022) WASHINGTON PERFORMING ARTS SOCIETY	52-	6062	439	Pa	_{ge} 12	
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,79			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,79			
3	Revenue less expenses. Subtract line 2 from line 1	3		,99	-		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	,59			
5	Net unrealized gains (losses) on investments	5		47	<u>9,9</u>	57.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	10	,07	7,4	08.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				x	
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t			1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
				-	uan	(0000)	

|--|

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nan	ne of t	the organization							identification number
				FORMING ARTS					2-6062439
Pa	irt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative				)(b)(1)(A)(ii	ii).		
4	$\square$	A medical research organization					•	)(iii). Enter	the hospital's name,
		city, and state:	·						
5		An organization operated for	or the benefit of a co	lleae or university owned	or operat	ed bv a do	vernmental u	nit describe	ed in
-		section 170(b)(1)(A)(iv). (C		5 ,	•	, ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma						ne general r	oublic described in
•		section 170(b)(1)(A)(vi). (C			onna gova			io gonorar r	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II )				
9	H	An agricultural research org				ad in coniu	unction with a	land-grant	college
5		or university or a non-land-g				-		-	-
		university:	grant concyc or agric			name, eny	, and state of	the conege	0
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from o	ontributior	ne memberek	in fees and	aross receipts from
10		activities related to its exem							
		income and unrelated busir		•	. ,			•••	•
		See section 509(a)(2). (Cor				ses acqui		jai lization a	
11		An organization organized a	•	ively to test for public sat	aty Soo	section 5(	10(2)(4)		
12	H	An organization organized a	-	•	•			rny out the	purposes of one or
12		more publicly supported or	-	-				•	
			-						
_		lines 12a through 12d that	• •			-		-	niu in a
а		<b>Type I.</b> A supporting orga		-	• • • •	-			
		the supported organization			majority d	or the alrea	clors or truste	es or the st	ipporting
Ŀ		organization. You must o			:				
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	orted
_		organization(s). You mus							al
C		J Type III functionally inte						iy integrate	a with,
-		its supported organization		-				tad argani-	votion(a)
Ċ		J Type III non-functionally		• • •				-	
		that is not functionally int	с с	<b>o</b> ,			•	an attentiv	reness
	_	requirement (see instructi	-	-					
е		Check this box if the orga					турет, туре	II, Type III	
	<b>-</b> .	functionally integrated, or		nally integrated supportil	ng organiz	ation.			
		er the number of supported o	•						
g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi									(vi) Amount of other
	organization (described on lines 1-10 (described on lines 1-10) (descr							support (see instructions)	
				above (see instructions))	Yes	No			
Tet									
Tota		operwork Deduction A-+ N	lation and the lust	uctions for Form 000	000 57	000001.15	1	Cak-	dula A (Earm 000) 0000
LHA	FOLF	Paperwork Reduction Act N	iouce, see the instr	uctions for Form 990 of	990-EZ.	232021 12-	09-22	Sche	dule A (Form 990) 2022

# Schedule A (Form 990) 2022 Part II Support Sch

WASHINGTON PERFORMING ARTS SOCIETY

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

260	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	5345525.	3754274.	4103225.	6000449.	3868559.	23072032.				
2	Tax revenues levied for the organ-										
	ization'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			44.00.005							
	Total. Add lines 1 through 3	5345525.	3754274.	4103225.	6000449.	3868559.	23072032.				
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,						2445702				
•	column (f)						3445793.				
	6 Public support. Subtract line 5 from line 4. 19626239. Section B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(c) 2020	(d) 2021	(e) 2022	(f) Total				
	Amounts from line 4	(a) 2018 5345525.	(b) 2019 3754274.	4103225.	6000449.		23072032.				
	Gross income from interest,	5545525.	5751271	4105225.	0000110		230720321				
0	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	389.317.	174,640,	136,630.	301.854.	133,151.	1135592.				
q	Net income from unrelated business	50575170	1,1,0100	100,000	501,0510	100/1010	11000021				
5	activities, whether or not the										
	business is regularly carried on				188,556.		188,556.				
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	63,566.	14,422.	26,588.	6,614.	75,996.	187,186.				
11	<b>Total support.</b> Add lines 7 through 10			,	,		24583366.				
	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	,196,556.				
	First 5 years. If the Form 990 is for th	-				01(c)(3)					
	organization, check this box and <b>stop</b>	-									
Sec	ction C. Computation of Publi										
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	79.84 %				
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	79.60 %				
<b>1</b> 6a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies	as a publicly supp	orted organization				X				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organization	ation							
17a	10% -facts-and-circumstances test	-									
	and if the organization meets the fact				•	VI how the organiz	zation				
	meets the facts-and-circumstances te	-			-						
b	10% -facts-and-circumstances test	0				-	10% or				
	more, and if the organization meets th										
	organization meets the facts-and-circu				• •						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a						
						Schedule A	(Form 990) 2022				

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Schedule A (Form 990) 2022 W	ASHINGTON	PERFORMI	NG ARTS SO	OCIETY	52-606	2439 Page 3
Part III Support Schedule for C	Organizations	Described in S	Section 509(a)	(2)		
(Complete only if you checked	the box on line 10	) of Part I or if the o	organization failed	to qualify under Pa	art II. If the organiz	ation fails to
gualify under the tests listed b	elow, please comr	olete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ-						

	-
	ization's benefit and either paid to
	or expended on its behalf
5	The value of services or facilities

•		
	furnished by a governmental unit t	0
	the organization without charge	

6	Total. Add lines 1 through 5	
70	Amounts included on lines 1	2 and

<i>i</i> a Amounts included on lines 1, 2, and
3 received from disqualified persons

D 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	
<b>c</b> Add lines 7a and 7b	

Sec	ction B. Total	Support
8	Public support.	(Subtract line 7c from line 6.)

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<ul> <li>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> </ul>						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,
check this box and stop here						
Section C. Computation of Public	Support Per	centage				

15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%						
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	%						
Se	ction D. Computation of Investment Income Percentage								
17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%						
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	%						
19a	a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/3	%, and line 17 is not						
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization								
k	33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	re tha	an 33 1/3%, and						
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

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Schedule A (Form 990) 2022

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## WASHINGTON PERFORMING ARTS SOCIETY

1

2

3a

3b

3c

4a

4b

Yes No

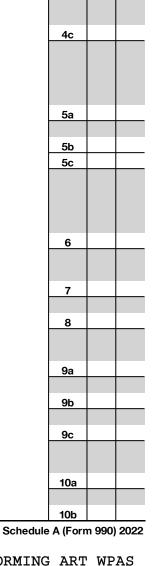
# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

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# Schedule A (Form 990) 2022 WASHINGTON PERFORMING ARTS SOCIETY Part IV Supporting Organizations (continued)

1

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No

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)

Section D	. All Type III	Supporting	Organizations

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

# Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the	method that the organization u	sed to satisfy the Integral Part	Test during the vear	/ (see instructions).
-----------------------------	--------------------------------	----------------------------------	----------------------	-----------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

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- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **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.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

**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.* 

2a ______ 2b _____ 3a _____ 3b _____ Schedule A (Form 990) 2022

Yes No

1

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_	dule A (Form 990) 2022 WASHINGTON PERFORMING			52-6062439 Page 6	
	rt V Type III Non-Functionally Integrated 509(a)(3) Support				
1	Check here if the organization satisfied the Integral Part Test as a qualify			in Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
_1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

e Excess from 2022

Schedule A (Form 990) 2022

# WASHINGTON PERFORMING ARTS SOCIETY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8					
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022		N PERFORMING			52-6062439 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	l, 2, 3b, 3c, 4b, 4c, 5 , lines 2 and 3; Part I\	a, 6, 9a, 9b, 9c, 11a, 11 /, Section E, lines 1c, 2a	b, and 11c; i, 2b, 3a, ar	Part IV, Section B, lind 3b; Part V, line 1;	7a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, dditional information.
	(See instructions.)	· · · · · · · · · · · · · · · · · · ·				
232028 10.00.0	9					Schedule A (Form 990) 2022
232028 12-09-2	2		22			Schedule A (FORM 990) 2022

### 223451 11-15-22

# Schedule B

# (Form 990)

Department of the Treasury Internal Revenue Service

## Name of the organization

** PUBLIC DISCLOSURE COPY **

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

	WASHINGTON PERFORMING ARTS SOCIETY	52-6062439
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

## **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**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).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

1

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WASHINGTON PERFORMING ARTS SOCIETY

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 373,857. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 360,000. Noncash X (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 341,224. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 200,160. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 102,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

52-6062439

Schedule B (Form 990) (2022)

1

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$95,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$80,426.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

WASHINGTON PERFORMING ARTS SOCIETY

Employer identification number

52-6062439

223452 11-15-22

15570614 138138 WPAS

(a)     (b)     (c)     (c)     (c)       Part1     STOCK DONATION     (c)     (c)     (d)       2     STOCK DONATION     (c)     (c)     (d)       (a)     (b)     (c)     FWV (or estimate)     (d)       No.     (c)     (c)     FWV (or estimate)     (d)       No.     (c)     (c)     (c)     (d)       No.     (c)     (c)     (c)     (d)       No.     (c)     (c)     (d)     (d)       No.     (c)     (c)     (d)     (d)       Part1     Description of noncash property given     (c)     (d)       No.     (c)     (c)     (d)       Part1     Description of noncash property given     (c)     (d)       No.     (b)     FWV (or estimate)     (d) <th>VASHI</th> <th>NGTON PERFORMING ARTS SOCIETY</th> <th colspan="2">2-6062439</th>	VASHI	NGTON PERFORMING ARTS SOCIETY	2-6062439		
No. from Part I     (b) Description of noncash property given     FMV (or estimate) (See instructions.)     (d) Date received       2     STOCK DONATION     s     350,591.     03/24/23.       (a) No. Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (c) (c) FMV (or estimate) (See instructions.)     (c) (c) FMV (or estimate) (See instructions.)     (c) Date received       (b) No. No. No. No. No. No. No. No. No. No.	Part II	Noncash Property (see instructions). Use duplicate copies of Pau	t II if additional space is needed.		
2       STOCK DONATION       (a)       (b)       (c)       (c)       (d)         No.       Description of noncash property given       (c)       (d)       Date received         (a)       No.       (b)       FMV (or estimate)       (d)         (a)       No.       (b)       (c)       (d)         (a)       Description of noncash property given       (c)       (d)         (b)       Description of noncash property given       (c)       (d)         (b)       Description of noncash property given       (c)       (d)         (b)       Description of noncash property given       (c)       (d)       Date received         (a)       Description of noncash property given       (c)       (d)       Date received         (b)       Description of noncash property given       (c)       (d)       Date received         (a)       Description of noncash property given       (c) </td <td></td> <td></td> <td>FMV (or estimate)</td> <td colspan="2"></td>			FMV (or estimate)		
(a)       s       350,591.       03/24/23.         (a)       Description of noncash property given       (c)       (d)         Part I       Description of noncash property given       s		STOCK DONATION			
Image: construction of noncesh property given     Image: construction	2				
No. from Part1     (c) PFW (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (c) (See instructions.)     (d) Date received       (a) No. from Part1     (c) (See instructions.)     (d) Date received       (a) No. from Part1     (c) (See instructions.)     (d) Date received       (b) No. from Part1     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) Part1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) Part1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received			\$350,591.	03/24/23	
(a)     (b)     (c)     (d)       Mo.     (b)     FMV (or estimate)     (d)       Part 1     Description of noncash property given     \$			FMV (or estimate)		
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part I     (c) (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			\$		
(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			FMV (or estimate)		
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)       (b)       (c)       (d)         FMV (or estimate)       (See instructions.)       (d)         Part I			FMV (or estimate)		
(a)       (b)       (c)       (d)         FMV (or estimate)       (See instructions.)       (d)         Part I					
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received			\$		
(a)       (b)       (c)       (d)         from       Description of noncash property given       (see instructions.)       (d)         Part I			FMV (or estimate)		
(a)       (b)       (c)       (d)         from       Description of noncash property given       (see instructions.)       (d)         Part I					
No.     (b)     (c)     (d)       from     Description of noncash property given     (See instructions.)     Date received			\$	-	
			FMV (or estimate)		
\$			—		
			\$		

Schedule B (Form 990) (2022)

Employer identification number

Schedule B (Form 990) (2022)

# 15570614 138138 WPAS

2022.05090 WASHINGTON PERFORMING ART WPAS___1

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Schedule I	B (Form 990) (2022)		Page <b>4</b>			
Name of o	organization		Employer identification number			
WASHT	NGTON PERFORMING ARTS SO	OCTETY	52-6062439			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in sec through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(_) Transfer of citi	[			
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
·	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
223454 11-15	5-22		Schedule B (Form 990) (2022)			

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SCHEDULE C	Po	litical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)	For Ore		- Toy Under costion	-	7	2022
	-	anizations Exempt From Incom if the organization is described		.,		LULL
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for in			- L Z .	Open to Public Inspection
		Form 990, Part IV, line 3, or Fo			aian Activ	•
-		plete Parts I-A and B. Do not cor			iigii Activ	
	-	1(c)(3)) organizations: Complete	•	Do not complete Part	I-B.	
<ul> <li>Section 527 organiz</li> </ul>				•		
If the organization ans	wered "Yes," on	Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, li	ne 47 (Lobbying Activ	vities), the	en
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations that h	nave filed Form 5768 (election un	der section 501(h)): Co	omplete Part II-A. Do no	ot comple	te Part II-B.
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations that h	nave NOT filed Form 5768 (election	on under section 501(h	n)): Complete Part II-B.	Do not co	omplete Part II-A.
-		Form 990, Part IV, line 5 (Proxy	y Tax) (See separate	instructions) or Form	990-EZ, F	Part V, line 35c (Proxy
Tax) (See separate inst		iono: Complete Dart III				
Name of organization	), or (6) organizat	ions: Complete Part III.			Employe	r identification number
Nume of organization	WASHING	TON PERFORMING AF	ALS SOCIETY			62-6062439
Part I-A Compl		anization is exempt under		or is a section 52		
			()			
1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaign activities i	n Part IV.		
2 Political campaign					\$	
3 Volunteer hours for	political campai					
				- 1		
		anization is exempt unde		•		
		incurred by the organization unde				
		incurred by organization manage				
		n 4955 tax, did it file Form 4720 f				
<b>b</b> If "Yes," describe in						Yes No
		anization is exempt unde	er section 501(c),	except section 5	01(c)(3)	
		by the filing organization for sec	• •	-		
		ization's funds contributed to oth			···· ·	
exempt function ac					\$	
3 Total exempt funct	ion expenditures	. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL	,		
line 17b						
•••						Yes No
		ployer identification number (EIN				
	-	ion listed, enter the amount paid omptly and directly delivered to a				-
		additional space is needed, provi	· · · ·	,	Jarato So	grogated fand of a
(a) Name	e.	(b) Address	(c) EIN	(d) Amount paid fr	rom (	(e) Amount of political
	-			filing organization	n's coi	ntributions received and
				funds. If none, ente		promptly and directly delivered to a separate
						political organization.
				_		If none, enter -0
				1		
For Daperwork Reduct	ion Act Notice	see the Instructions for Form 9	90 or 990-F7		Scho	dule C (Form 990) 2022

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

Schedule C (Form 990) 2022

232041 11-08-22

			PERFORMING			062439 Page 2
Part II-A Complete if the org section 501(h)).	anization is	s exer	npt under section	1 501(C)(3) and file	a Form 5768 (ele	ction under
	tion belonas to	o an affi	liated group (and list in	Part IV each affiliated	aroup member's name	address. EIN.
expenses, and shar	-				<b>3</b>	,,,,,
B Check if the filing organiza	tion checked b	ox A ar	nd "limited control" pro	visions apply.		
	ts on Lobbyin ditures" mean	• •	nditures Ints paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public o	pinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	uence a legisla	tive boo	ly (direct lobbying)		4,091.	
c Total lobbying expenditures (add li	nes 1a and 1b)				4,091.	
d Other exempt purpose expenditure	es				7,216,511.	
e Total exempt purpose expenditure	s (add lines 1c	and 1d	)		7,220,602.	
f Lobbying nontaxable amount. Ente	er the amount t	rom the	e following table in both	n columns.	511,030.	
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of line	1f)			127,758.	
h Subtract line 1g from line 1a. If zero	o or less, enter	·-0			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter	-0			0.	
j If there is an amount other than zer	ro on either line	e 1h or	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?					Yes No
(Some organizations the	nat made a se	ction 5	• •	nave to complete all o	of the five columns be	low.
		•	ate instructions for lir			
	Lobbyin	g Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	9	<b>(b)</b> 2020	(c) 2021	<b>(d)</b> 2022	<b>(e)</b> Total
2a Lobbying nontaxable amount	414,	238.	364,259.	444,918.	511,030.	1,734,445.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						2,601,668.
<b>c</b> Total lobbying expenditures	3,	215.	6,455.	2,000.	4,091.	15,761.
d Grassroots nontaxable amount	103,	560.	91,065.	111,230.	127,758.	433,613.
e Grassroots ceiling amount	/			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(150% of line 2d, column (e))						650,420.
						, .

Schedule C (Form 990) 2022

# Schedule C (Form 990) 2022 WASHINGTON PERFORMING ARTS SOCIETY 52-60624 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(1	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a h	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Paid start or management (include compensation in expenses reported on lines 1c through 1)?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR (b	) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Nam	e of the organization WASHINGTON PERFORM	ING ARTS SOCIETY	Employer identification number 52-6062439
Pa			
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	()	
2	Aggregate value of contributions to (during year)		
-			
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		la e el 6 verele
5	Did the organization inform all donors and donor advisors in v	-	
-	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		ř – –
Do	rt II Conservation Easements. Complete if the orc		Yes No
			I, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreat	tion or education)	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forr	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organization during the tax
	year		
4	Number of states where property subject to conservation eas	ement is located	_
5	Does the organization have a written policy regarding the peri		f
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	vation easements during the year
		5	5 ;
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?	5	
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement and
•	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
19	If the organization elected, as permitted under FASB ASC 956		and balance sheet works
iu	of art, historical treasures, or other similar assets held for pub	· · · ·	
	service, provide in Part XIII the text of the footnote to its finan	· · ·	•
h			
b	If the organization elected, as permitted under FASB ASC 956		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in ful	anerance of public service,
	provide the following amounts relating to these items:		¢
	(i) Revenue included on Form 990, Part VIII, line 1		•
~			
2	If the organization received or held works of art, historical trea		ial gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а			\$
- I-	Assats in aludad in Fauna 000 Part V		r.

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

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		TON PERFORM				2-606		
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	ner Similar A	ssets	(continu	ied)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	following that make	e significant use	of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's ex	kempt purpose	in Part XI		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other sim	lar assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?			Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes"	on Form 990, P	art IV, lin	e 9, or	
	reported an amount on Form 990, Pa		-					
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contribution	s or other assets n	ot included			
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII							
		·	0			ļ	Amount	
с	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
	Ending balance							
	Did the organization include an amount on Fe						Yes	No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •			
Par		f the organization and	swered "Yes" on Fo	orm 990, Part IV, lir	ie 10.			
	·	(a) Current year	(b) Prior year	(c) Two years bac		rs back	(e) Four y	/ears back
1a	Beginning of year balance	7,396,041.	7,959,210.	686,641		,293.		042,105.
	Contributions	65,618.	747,773.					13,170.
	Net investment earnings, gains, and losses	514,561.	-956,616.	-		,502.		, L16,873.
	Grants or scholarships	,	,	, ,		<u> </u>		
	Other expenditures for facilities							
Ũ		297,914.	354,326.	338,201	. 339	,800.	3	355,463.
f	Administrative expenses	, -	/ -	,		<u> </u>		
g	End of year balance	7 678 306.	7,396,041.	7,959,210	6,686	641.	6 5	582,939.
2	Provide the estimated percentage of the curr					,		
a	Board designated or quasi-endowment		%					
b	Permanent endowment 72.9860	%	_/0					
	Term endowment 27.0130							
U	The percentages on lines 2a, 2b, and 2c sho							
30	Are there endowment funds not in the posse	-	ion that are held ar	ad administered for	the			
Ja	organization by:	ssion of the organizat			uie			Yes No
	0						3a(i)	X
	(i) Unrelated organizations						3a(ii)	X
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schodulo P2				3b	
1	Describe in Part XIII the intended uses of the						30	
Par	t VI Land, Buildings, and Equipm		inent funds.					
	Complete if the organization answere		Part IV, line 11a, S	ee Form 990. Part	X, line 10.			
	Description of property	(a) Cost or ot			Accumulated		d) Book	
	Description of property	basis (investm	• •		depreciation		uj book	value
10	Land	· · ·		(				
	Land							
	Buildings		55	8,932.	375,402	,	1 2 2	,530.
	Leasehold improvements			1,152.	220,629		100	<u>, 530.</u> 523.
	Equipment			8,928.	64,058		Λ	<u>,870.</u>
	Other							<u>,870.</u> ,923.
iota	. Add lines 1a through 1e. (Column (d) must e	qual ⊢orm 990, Part λ	<u>, column (B), line 1</u>	UC.)				
					Sc	nequie L	י (⊢orm נ	990) 2022

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	<u> </u>		
	an Farma 000 Dart IV line	11d Cas Faure 000 Dart V line 15	
Complete if the organization answered "Yes"		The See Form 990, Part A, line 15.	
	Description		(b) Book value
(1) RIGHT OF USE ASSET - OPERA	ATING		1,527,568.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		1,527,568.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1.         (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY- OPERATING	}		2,049,767.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		2,049,767.
2. Liability for uncertain tax positions. In Part XIII, provide		o the organization's financial statements th	at reports the
organization's liability for uncertain tax positions under			

WASHINGTON PERFORMING ARTS SOCIETY

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Sche	dule D (Form 990) 2022 WASHINGTON PERFORMING ARTS				6062439 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,691,085.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	479,957.		
b	Donated services and use of facilities	2b	50,000.		
с	Recoveries of prior year grants				
d					
е	Add lines <b>2a</b> through <b>2d</b>			2e	529,957.
3	Subtract line 2e from line 1			3	5,161,128.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	62,316.		
b			-428,574.		
				4c	-366,258.
С					
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)			5	4,794,870.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nents With	Expenses per F		4,794,870. n.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)	nents With	Expenses per F		<u>4,794,870.</u> n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With ^{2a.}	I Expenses per F		<u>4,794,870.</u> n. 7,208,286.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nents With ^{2a.}	I Expenses per F	Retur	n.
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With	I Expenses per F	Retur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With 2a. 2a	I Expenses per F	Retur	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	nents With           2a.            2a            2a            2b	50,000	Retur	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a.         2a            2a            2b            2c	I Expenses per F	Retur	n.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a.         2a            2a            2b            2c            2d	50,000. 428,574.	Retur	n. 7,208,286. 478,574.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d	2a.         2a            2a            2b            2c            2d	50,000. 428,574.	1	n. 7,208,286.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a.         2a            2a            2b            2c            2d	50,000. 428,574.	1 2e	n. 7,208,286. 478,574.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a.           2a           2b           2c           2d	50,000. 428,574.	1 2e	n. 7,208,286. 478,574.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a.           2a           2b           2c           2d           2d	50,000. 428,574.	1 2e	n. 7,208,286. 478,574.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other statements         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       Investment expenses not included on Form 990, Part VIII, line 7b	2a           2a           2b           2c           2d           2d           4a           4b	50,000. 428,574. 62,316.	1 2e	n. 7,208,286. 478,574.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d         Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b       Other (Describe in Part XIII.)	2a         2a           2b         2b           2c         2d           2d         2d	50,000. 50,000. 428,574. 62,316.	1 1 2e 3	n. 7,208,286. 478,574. 6,729,712.

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

PART V, LINE 4:

EARNINGS FROM THE WILLIAM N. & ANITA CAFRITZ ENDOWMENT FUND ARE TO BE USED

FOR THE PAYMENT OF AN HONORARIUM TO A YOUNG ARTIST IN CONNECTION WITH AN

ANNUAL CONCERT PRESENTATION.

EARNINGS FROM THE NEA CHALLENGE ENDOWMENT ARE TO BE USED FOR OPERATIONS,

PROGRAMS OR REINVESTMENT. EARNINGS FROM THE NICCOLI SCHOLARSHIP FUND ARE

TO BE USED TO PROVIDE SCHOLARSHIPS FOR PRIVATE STUDY AND/OR ATTENDANCE AT

PRESTIGIOUS SUMMER INSTITUTES. THESE AWARDS ARE GRANTED TO PROMISING YOUNG

STRING MUSICIANS. THESE FUNDS ARE ALSO USED TO SUPPORT THE WASHINGTON

PERFORMING ARTS CAPITAL STRINGS EDUCATION PROGRAM.

EARNINGS FROM THE PATRICK HAYES AND EVELYN SWARTHOUT ENDOWMENT ARE TO BE

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USED TO SUPPORT

232054 09-01-22

THE PIANO SERIES. EARNINGS FROM THE POLA NIRENSKA ENDOWMENT FUND ARE TO BE USED TO PROVIDE

AN ANNUAL AWARD OF \$5,000 TO A LIVING MODERN DANCER, CHOREOGRAPHER OR TEACHER. EARNINGS FROM THE CLARK ENDOWMENT ARE TO PAY ONE TOURING ARTIST EACH YEAR TO EXTEND THEIR STAY IN THE DC AREA TO WORK WITH STUDENTS IN A MASTER CLASS, LECTURE, ETC. EARNINGS FROM THE HAYES GENERAL ENDOWMENT ARE TO BE USED FOR OPERATIONS, PROGRAMS OR REINVESTMENT AND ARE CONSIDERED UNRESTRICTED FOR FINANCIAL STATEMENT PRESENTATION PURPOSES. EARNINGS FROM THE DORIS DUKE CHARITABLE FUND ARE TO PROVIDE ARTISTIC PROGRAMMING SUPPORT FOR COMMISSIONING, RESIDENCIES AND PERFORMANCES. AT LEAST ONE-THIRD WILL BE COMMITTED TO COMMISSIONING FEES AND PRODUCING AUDIENCE EDUCATIONAL MATERIALS. DDCF RECOMMENDS 5% OF THE AVERAGE THREE YEAR MARKET VALUE (NOT TO EXCEED 6%). EARNINGS FROM THE E. TORAIN SCHOLARSHIP FUND WILL PROVIDE SUPPORT TO THE GOSPEL CHOIR AND/OR ITS MEMBERS (I.E. SCHOLARSHIP FOR SUMMER WORKSHOP, VOCAL INSTRUCTION, RECORDINGS, ETC.). EARNINGS FROM "THE REGGIE" WILL SUPPORT AN ANNUAL AWARD GIVEN TO A SENIOR MEMBER OF THE CHILDREN OF THE GOSPEL CHOIR WHO DEMONSTRATES VALUES THAT HONOR THE CONTRIBUTIONS AND LASTING IMPACT MADE BY OUTGOING BOARD CHAIR REGINALD VAN LEE. THIS FUND WILL ALLOW REGGIE'S VALUES TO CONTINUE TO SHAPE THE LIVES OF THE YOUNG ARTISTS AND PASSIONATE AUDIENCES THAT GREW MARKEDLY UNDER HIS LEADERSHIP. EARNINGS FROM THE DHW ARTIST SCHOLARSHIP FUND ARE TO PROVIDE SUPPORT IN PRESENTING YOUNG ARTISTS IN ANY ART FORM TO INCLUDE MUSIC INSTRUCTION AND SCHOLARSHIPS. RBG FUND: THE RUTH BADER GINSBURG MEMORIAL AWARD AND RECITAL WILL BE AN ONGOING CELEBRATION OF THE LATE SUPREME COURT JUSTICE'S LIFE, LEGACY, AND PASSION FOR MUSIC. FUNDS WILL BE SPENT ON AWARDS FOR ARTISTS WHO EXEMPLIFY THE MUSICAL EXCELLENCE JUSTICE GINSBURG CHERISHED AND AN INAUGURAL RECITAL IN HER HONOR.

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Schedule D (Form 990) 2022

232055 09-01-22

PART X, LINE 2:

WPA IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON INCOME OTHER THAN NET UNRELATED BUSINESS INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. WPA PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AS OF AUGUST 31, 2023 AND 2022, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF AUGUST 31, 2023, THE STATUTE OF LIMITATIONS FOR FISCAL YEARS 2020 THROUGH 2023 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION OR THE STATE AND LOCAL JURISDICTION IN WHICH WPA FILES TAX RETURNS. IT IS THE WPS'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS INCOME TAX EXPENSE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EVENT EXPENSE

-428,574.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EVENT EXPENSE

428,574.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	J Func	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury	C	Attach to Form 990 or Form 990-EZ. Open to Public							
Internal Revenue Service									
Name of the organization		TON PERFORMING ART	ום פו		2 m V	Employer	identification number		
Part I Fundrais		Complete if the organization answ							
	complete this part								
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicit: g Specia or oral agreement with any individua art VII) or entity in connection with viduals or entities (fundraisers) purse	ation of ation of Il fundra Il (incluc professi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes No		
(i) Name and addres or entity (fund		(ii) Activity	fùndi have c or cor	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (	by) to (or retained by)		
			Yes	No					
Total									
3 List all states in who or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt fror	n registration		

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

Schedule G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

				(a) - ···-	() 0	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				MUSIC IN THE		(add col. (a) through
			GALA	COUNTRY	1	col. <b>(c)</b> )
le			(event type)	(event type)	(total number)	
	1	Gross receipts	722,420.	131,800.	220,396.	1,074,616
2	2	Less: Contributions	483,573.	73,825.		557,398
4	3	Gross income (line 1 minus line 2)	238,847.	57,975.	220,396.	517,218
	4	Cash prizes				
	5	Noncash prizes				
Ulrect Expenses	6	Rent/facility costs				
	7	Food and beverages	133,701.	24,321.		158,022
	8	Entertainment	8,200.	9,000.		17,200
4		Other direct expenses	8,200. 247,554.	5,798.		<u>17,200</u> 253,352
1		Direct expense summary. Add lines 4 through				428,574
1	1	Net income summary. Subtract line 10 from li	ine 3, column (d)			88,644
ar	t II	<b>Gaming.</b> Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Ð			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Levelue				bingo/progressive bingo		col. <b>(a)</b> through col. <b>(c</b>
Δ 2	1	Gross revenue				
	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
4	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
-	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
8	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization condu				
		ne organization licensed to conduct gaming a No," explain:				Yes No
		,				
		re any of the organization's gaming licenses re			ear?	Yes No
ווס	T "Y	/es," explain:				
_						

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	WASHINGTON	PERFORMING ARTS	SOCIETY 52-6	5062439	Page 3
11	Does the organization conduct ga	aming activities with no	nmembers?		Yes	No
	Is the organization a grantor, ben					
	to administer charitable gaming?				Yes	No
13	Indicate the percentage of gaming					
	The organization's facility				13a	%
	An outside facility				13b	%
	Enter the name and address of th					/0
14		e person who prepare.	the organization s gaming/specia			
	Name					
	Address					
	Address					
15a	Does the organization have a con	tract with a third party	rom whom the organization receiv	ves gaming revenue?	🗌 Yes	No No
b	If "Yes," enter the amount of gam	ina revenue received b	the organization \$	and the amount		
	of gaming revenue retained by the					
c	If "Yes," enter name and address					
		- are an a party.				
	Name					
	Address					
	Address					
16	Coming manager information:					
10	Gaming manager information:					
	News					
	Name					
		•				
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee	Independent contracto	or		
17	Mandatory distributions:					
а	Is the organization required under	r state law to make cha	itable distributions from the gami	ng proceeds to		
	retain the state gaming license?				Yes	No No
b	Enter the amount of distributions	required under state la	v to be distributed to other exemp	ot organizations or spent in the		
	organization's own exempt activit		\$			
Pa	rt IV Supplemental Infor	mation. Provide the	explanations required by Part I, lir	ne 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provi	le any additional information. See	instructions.		
_						
				<u> </u>		000\ 0000
2320	33 10-27-22		30	Sched	ule G (Form	990) 2022

Schedule G	(Form 990) Supplemental Inform	WASHINGTON	PERFORMING	ARTS	SOCIETY	52-6062439	Page 4
Part IV	Supplemental Inform	mation (continued)					
						Schedule G (Fo	orm 990)
232084 04-01-2	22					-	-

15570614 138138 WPAS

SCHEDULE I	l	G	irants and Oth	er Assistan	ce to Organ	izations.			OMB No. 1	545-0047
(Form 990)		Go	vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States			20	22
Department of the Treasury		Comple	ete in the organization	Attach to Forn		rt IV, line 21 or 22.			Open to	Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.			Inspe	
Name of the organizat	ion			•				Employer ide	ntificatio	on number
	WASHINGTO	N PERFORM	ING ARTS SO	CIETY						62439
Part I General I	nformation on Grants a	nd Assistance								
1 Does the organiz	zation maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti		-	
	award the grants or assis							<u>X</u>	Yes	No
	IV the organization's pro							N/ line Of fer		
	nd Other Assistance to I that received more than \$					anization answered "Y	es" on Form 990, Part	TV, line 21, for	any	
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		rpose of g assistanc	
						othory				
		I	L	1				1		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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

Schedule I (Form 990) 2022

232102 10-31-22

# WASHINGTON PERFORMING ARTS SOCIETY Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HONORARIA AWARDS SCHOLARSHIP	19	12,255.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Page 2

#### Schedule I (Form 990) 2022

Part III

SCI	<b>HEDULE J</b>	Compensation Information	1	OMB No. 1	545-004	47			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	99				
		Compensated Employees		20	22	-			
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection				
Nam	e of the organization		Employer ic			nber			
		WASHINGTON PERFORMING ARTS SOCIETY	52-6	06243	9				
Pa	rt I   Question	s Regarding Compensation							
					Yes	No			
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c								
	Travel for com								
	_	ation and gross-up payments							
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chet)						
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		4					
•	•	rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>					
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2					
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		🖊					
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's							
Ū		ector. Check all that apply. Do not check any boxes for methods used by a related organization of							
		ation of the CEO/Executive Director, but explain in Part III.	51110						
	Compensation								
	Independent compensation consultant Compensation survey or study								
	·	ther organizations Approval by the board or compensation of	ommittee						
			ommittee						
4	During the year. did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
•	organization or a re								
а	•	e payment or change-of-control payment?		4a		x			
		eive payment from a supplemental nonqualified retirement plan?				X			
с	Participate in or rec	eive payment from an equity-based compensation arrangement?				X			
	-	hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n						
	contingent on the r	evenues of:							
а	The organization?			. 5a		X			
		ation?				X			
	If "Yes" on line 5a o	or 5b, describe in Part III.							
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
	contingent on the r								
						X			
b		ation?		. 6b		X			
		or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				37			
		nes 5 and 6? If "Yes," describe in Part III		7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1e			37			
_				8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
		1 53.4958-6(c)?		9		<u> </u>			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n <b>990</b> )	2022			

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

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

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

<b>(A)</b> Name and Title		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JENNIFER BILFIELD-FRIEDMAN	(i)	325,530.	15,000.	0.	0.	29,916.	370,446.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH RACHEVA	(i)	178,048.	10,000.	0.	0.	16,416.	204,464.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							

#### Schedule J (Form 990) 2022 WASHINGTON PERFORMING ARTS SOCIETY

### Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Part I

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

Z

Complete if the organizations answered "Yes" on Form 990, Part IV, lines	29 or 3	30
Attach to Form 990.		

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

Name of the organization

Employer identification number 52-6062439

(d)

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/

WASHINGTON H	SERFORMT	NG ARTS	SOCIETY	
Types of Property				
	(a)	(b)	(c)	

		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	6
1	Art Works of art		litems contributed	Form 990, Part VIII, line 1g				
2	Art - Works of art							
2	Art - Historical treasures Art - Fractional interests							
4								
4 5	Books and publications							
5 6	Clothing and household goods							
7	Cars and other vehicles							
7 8	Boats and planes							
о 9	Intellectual property							
	Securities - Publicly traded	x	22	578 922	FAIR MARKET	7721	चार	
10	Securities - Closely held stock	X		570,522.	FAIN MANNEI	VAI	1012	
11	Securities - Partnership, LLC, or							
10	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
14	Historic structures Qualified conservation contribution - Other							
14 15								
	Real estate - Residential							
16 17	Real estate - Commercial							
17 10	Real estate - Other							
18 10	Collectibles							
19 20	Food inventory							
20 21	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23 24	Scientific specimens							
24 25	Archeological artifacts							
25 26	Other ()							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	l zation during	I the tax year for co	ontributions				
23	for which the organization completed Form 828							
		50, i uit i, b	onee / tertre meag				Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part L lines 1 throug	h 28. that it		100	110
000	must hold for at least 3 years from the date of t		• • • • •					
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.					oou		
31	Does the organization have a gift acceptance p	olicy that re	auires the review a	of any nonstandard contribut	ions?	31		х
	Does the organization hire or use third parties of							
510	contributions?		•	· • ·		32a		х
b	If "Yes," describe in Part II.							

33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	
	describe in Part II.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

Schedule M	(Form 990) 2022	WASHINGTON	PERFORMING	ARTS	SOCIETY	52-6062439	Page <b>2</b>
Part II	Supplemental is reporting in Part	<b>Information.</b> Pro I, column (b), the nun dditional information.	vide the information render of contributions,	equired by the numbe	Part I, lines 30b, 3 er of items received	2b, and 33, and whether the organizat d, or a combination of both. Also comp	ion lete
						0-k-++- 14 /F	000\ 0000
232142 09-09-2	2					Schedule M (Form	990) 2022

47 2022.05090 WASHINGTON PERFORMING ART WPAS___1 SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



52-6062439

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

WASHINGTON PERFORMING ARTS SOCIETY

AND, WITH OUR VIRTUAL PLATFORM, SHARE OUR WORK THROUGHOUT THE WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WASHINGTON PERFORMING ARTS IS DISTINGUISHED BY A MIX OF COLLABORATIONS

AND PARTNERSHIPS, AND A TANDEM FOCUS ON AMERICAN NARRATIVES

SPOTLIGHTING ARTISTS AND ART FORMS THAT MARK IMPORTANT MOMENTS IN

AMERICAN HISTORY AND CULTURE. A PIONEER IN ARTS DEVELOPMENT AND ARTS

EDUCATION IN THE DC AREA, IT ANNUALLY SERVES MORE THAN 57,000 RESIDENTS

OF ALL AGES ACROSS THE DISTRICT AND METRO VIRGINIA AND MARYLAND WITH

LIVE ARTS EXPERIENCES OF THE HIGHEST CALIBER, AS WELL AS INSTRUMENTAL

AND VOCAL INSTRUCTION AND PERFORMANCE OPPORTUNITIES. WASHINGTON

PERFORMING ARTS CONSISTENTLY DEMONSTRATES EXCELLENCE IN THE PERFORMING

ARTS THROUGH

MULTI-DISCIPLINARY EFFORTS THAT BUILD COMMUNITY THROUGHOUT THE DISTRICT

AND BEYOND WITH A FOCUS ON PERFORMANCES, ARTS EDUCATION PROGRAMS, AND

COMMUNITY ENGAGEMENT INITIATIVES.

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

THE 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS. IT WAS REVIEWED BY THE CONTROLLER, CHIEF FINANCIAL OFFICER AND SIGNED BY THE PRESIDENT AND CEO. A COPY OF THE PUBLIC DISCLOSURE VERSION OF THE 990 (WHICH IS IDENTICAL TO THE FULL COPY OF THE 990 SAVE FOR REMOVING THE NAMES AND ADDRESSES OF THE DONORS LISTED ON SCHEDULE B) WAS PRESENTED TO THE ENTIRE BOARD BEFORE FILING WITH THE IRS.

Name of the organization WASHINGTON PERFORMING ARTS SOCIETY	Employer identification number 52-6062439
FORM 990, PART VI, SECTION B, LINE 12C:	
A CONFLICT OF INTEREST STATEMENT IS SIGNED BY ALL BOARI	O AND STAFF MEMBERS
ANNUALLY. IF MANAGEMENT IS MADE AWARE OF A SPECIFIC CON	IFLICT, THE PERSON
WOULD BE REMOVED FROM THE DECISION MAKING PROCESS IMMEI	DIATELY. IF A
CONFLICT OF INTEREST IS DISCOVERED BY MANAGEMENT, DISCI	IPLINARY ACTION
FOLLOWS BASED ON THE SEVERITY OF THE ACT.	

COMPENSATION IS REVIEWED BY THE BOARD CHAIR AND SELECT EXECUTIVE COMMITTEE MEMBERS AND NEGOTIATED AS PART OF THE PRESIDENT'S CONTRACT REVIEW. ONCE COMPLETED, THE CONTRACT, INCLUDING THE PRESIDENT'S COMPENSATION PACKAGE, IS APPROVED BY THE EXECUTIVE COMMITTEE. COMPENSATION IS BASED UPON PERFORMANCE, COMPENSATION PAID BY OTHER SIMILAR COMPANIES AND SALARY STUDY SURVEY INFORMATION. THE DECISION WAS RECORDED IN THE EXECUTIVE COMMITTEE MINUTES. THE LAST SALARY REVIEW FOR THE PRESIDENT WAS IN FEBRUARY 2022.

FOR THE OTHER EMPLOYEES, COMPENSATION IS DETERMINED BY THE CHIEF FINANCIAL OFFICER AND APPROVED BY THE PRESIDENT.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

49

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING AND PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

232212 10-28-22

337,428.

392,532.

Schedule O (Form 990) 2022	Page 2
Name of the organization WASHINGTON PERFORMING ARTS SOCIETY	Employer identification number 52-6062439
TOTAL EXPENSES	983,677.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	983,677.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
232212 10-28-22 50	Schedule O (Form 990) 2022

2022.05090 WASHINGTON PERFORMING ART WPAS___1

			** PUBLIC DISCLOSURE COPY *	* Incomo Tox	OMB No. 1545-0047			
_	0	90	Return of Organization Exempt From		0000			
For	m 🌙	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (	• • •	ZUZZ			
		of the Treasury	Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the lates		Open to Public Inspection			
_		enue Service e 2022 calend		AUG 31, 2023	inspection			
	Check if		organization	D Employer identificat	tion number			
	pplicab	le:						
	Addre	ge WASH	INGTON PERFORMING ARTS SOCIETY					
	Name chang Initial	ge Doing b	USINESS AS WASHINGTON PERFORMING ARTS	52-6062439	)			
	returr Final	Number	and street (or P.O. box if mail is not delivered to street address)					
	returr termii		K STREET, NW 500	202-833-98	5,223,444.			
	ated Amer	ded MA CU	own, state or province, country, and ZIP or foreign postal code <b>INGTON , DC 20005</b>	G Gross receipts \$ H(a) Is this a group retu				
F	_returr Appli tion		nd address of principal officer: JENNIFER BILFIELD-FRIEI	DM for subordinates?				
L	pendi		AS C ABOVE	H(b) Are all subordinates include				
1 1	Fax-ex	empt status:		527 If "No," attach a lis				
J١	Nebsi	te: WWW.	WASHINGTONPERFORMINGARTS.ORG	H(c) Group exemption r	number			
			X Corporation Trust Association Other L Y	'ear of formation: 1965 M S	State of legal domicile: DC			
Pa	art I	Summary						
e	1	Briefly describ	e the organization's mission or most significant activities: SEE PART	III, LINE 1.				
Activities & Governance								
ern	2	Check this bo						
Š	3		ing members of the governing body (Part VI, line 1a)		30			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		ependent voting members of the governing body (Part VI, line 1b)		30			
ies	5		of individuals employed in calendar year 2022 (Part V, line 2a)		32			
ivit	6		of volunteers (estimate if necessary)		30			
Act	7a		d business revenue from Part VIII, column (C), line 12		0.			
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	0 . Current Year			
		O		6,000,449.	3,219,589.			
ne	8		and grants (Part VIII, line 1h)	835,103.	1,196,556.			
Revenue	9	•	ce revenue (Part VIII, line 2g)	789,216.	187,214.			
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)	195,170.	191,511.			
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,819,938.	4,794,870.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,408.	12,255.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
	14	•	o or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)	2,576,984.	2,704,379.			
ses	15		undraising fees (Part IX, column (A), line 11e)	0.	0.			
Expenses	10a		ng expenses (Part IX, column (D), line 25) 1,508,934.					
Ă	17			2,918,379.	4,075,394.			
	18		s (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,512,771.	6,792,028.			
	19		expenses. Subtract line 18 from line 12	2,307,167.	-1,997,158.			
78		Nevenue less		Beginning of Current Year	End of Year			
Net Assets or	20	Total assets (F	Part X line 16)	12,631,705.	13,109,396.			
Asse	20			1,037,096.	3,031,988.			
Vet ,	22		(Part X, line 26) fund balances. Subtract line 21 from line 20	11,594,609.	10,077,408.			
	art II	Signature		,0,1,00,1	_ , , , , , , , , , , , , , , , , , , ,			
		-	declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my kn	owledge and belief, it is			
	-		Declaration of preparer (other than officer) is based on all information of which prep.					
	,							

Sign	Signature of officer			Date		
Here	JENNIFER BILFIELD-FRIEDMA	N,, PRESIDENT & CEO				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	PAMELA GRAY			self-employed P01237506		
Preparer	Firm's name SB & COMPANY, LLC			Firm's EIN 20-2153727		
Use Only	Firm's address 10200 GRAND CENTR	AL AVE., SUITE 250				
	OWINGS MILLS, MD	21117		Phone no. 410 - 584 - 0060		
May the IF	lay the IRS discuss this return with the preparer shown above? See instructions					
	000					

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

	990 (2022) WASHINGTON PERFORMING ARTS SOCIETY	52-6062439	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: WASHINGTON PERFORMING ARTS CHAMPIONS THE ARTS AS A UNIFY	ING FORCE.	
	THROUGH COLLABORATIONS WITH ARTISTS, EDUCATORS, COMMUNIT		<u>1D</u>
	INSTITUTIONAL PARTNERS, WE BRING WIDE-RANGING ARTISTIC F		
	STAGES, SCHOOLS, AND NEIGHBORHOODS THROUGHOUT OUR NATION	I'S CAPITAL	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
-	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.		d
4a	(Code:) (Expenses \$3,001,200. including grants of \$12,255.) (Reve	enue \$ 1,046,9	951.)
	PRODUCTION - FOUNDED IN 1965 BY ARTS IMPRESARIO PATRICK		
	WASHINGTON PERFORMING ARTS IS ONE OF THE NATION'S LEADIN		
	PRESENTERS OF PERFORMING ARTS, ARTS EDUCATION AND COMMUN		
	INITIATIVES. TRUE TO ITS FOUNDER'S ETHOS OF "EVERYBODY I		r,"
	WASHINGTON PERFORMING ARTS NIMBLY PRESENTS PERFORMANCES		
	THROUGHOUT DC AND MARYLAND, RANGING FROM INTIMATE SPACES PROMINENT VENUES OF 2,400, AS WELL AS AN ARRAY OF OUTDOO		
	COMMITTED TO SUSTAINING ITS ROLE AS THE PREMIER PRESENTE		אַד.
	MUSIC IN THE REGION, WASHINGTON PERFORMING ARTS IS ALSO		
	DISTINCTIVE AND ENDURING COMMITMENT TO GOSPEL MUSIC, JAZ		
	CULTURALLY-SPECIFIC PROGRAMMING, AND DANCE, AS WELL AS O		OF
	WORKS ACROSS ALL GENRES. SPECIAL PROJECTS, DEVELOPED BY		
4b	(Code:) (Expenses \$ 1,118,203. including grants of \$) (Reve		605.)
	EDUCATION - WASHINGTON PERFORMING ARTS IS A NATIONAL LEA	ADER IN	
	COLLABORATIVE ARTS EDUCATION PROGRAMS, ANNUALLY SERVING)
	PARTICIPANTS IN GREATER D.C. OVER THE COURSE OF 800+ EDU		
	COMMUNITY ENGAGEMENT EVENTS. THE ORGANIZATION IS EMBEDDE		
	PUBLIC SCHOOLS AND PUBLIC CHARTER SCHOOLS, AND CREATES O		
	FOR ADVANCED MUSIC STUDENTS TO DEVELOP PROFESSIONAL SKII COMPETITIONS, PERFORMANCE OPPORTUNITIES, AND CREATES LIF		
	EDUCATION OPPORTUNITIES THAT ARE ROOTED IN A BELIEF THAT		
	UNIQUELY POSITIONED TO CULTIVATE COMMUNITY AND CROSS-CUI		<u> </u>
	UNDERSTANDING LOCALLY AND NATIONALLY.		
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 4,119,403.		
232002	SEE SCHEDULE O FOR CONTINUATION (90 (2022)

Form 990 (2	••= /	NGTON PERFO	RMING ARTS	SOCIETY
Part IV	Checklist of Required S	chedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	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?	9		х
10	If "Yes," complete Schedule D, Part IV	9		<u></u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,		- 23	
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
^D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
232003	3 12-13-22	Form	AAO ((2022)

232003 12-13-22

Form	990	(2022)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
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			37
-	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D.	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 140			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	L
232004	¥ 12-13-22	Form	990	(2022)

022)		PERFORMING			
Statement	s Regarding Other II	RS Filings and Ta	ax Comp	oliance	(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 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
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	6 -		х
h	any contributions that were not tax deductible as charitable contributions?	6a		
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
' 2	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
Ŭ	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? ${ m N/A}$	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		
	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.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.	Form	990	(2022)
<u>232005</u>	5 12-13-22	rulli	0.00	(2022)

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Form 990 (2022)

Part V

Form	990 (2022) WASHINGTON PERFORMING ARTS SOCIETY		52-6062		Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for a	"No" r	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ii	nstructions.			
						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	30	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	30	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:			
а	The governing body?			<u>8a</u>	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			v	
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	l by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
a	The organization's CEO, Executive Director, or top management official			15a	X	v
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			10		v
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			401		
800	exempt status with respect to such arrangements?			16b	I	<u> </u>

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed _____MD , VA

18	Section 6104 requires	an organization to make its Fe	orms 1023 (1024 or 1024-/	A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. I	ndicate how you made these a	available. Check all that ap	oply.
	X Own website	X Another's website	X Upon request	Other (explain on Schedule O)
10	Describe on Schedule	O whathar (and if so, how) the	organization made its go	vorning documents, conflict of interest policy, and financial

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

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	JENNIFER BILFIELD-FRIEDMAN - 202-833-9800

	1400	Κ	STREET,	NW,	500,	WASHINGTON,	DC	20005
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232006 12-13-22

Form **990** (2022)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average			Position check more than one			ne	Reportable	Reportable	Estimated
	hours per	box	box, unless		d a director/trustee)			compensation	compensation	amount of
	week		Jer an	aau	recio	r/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	dual t	nstitutional trustee	-	Key employee	st col	Ŀ			organizations
	line)	Indivi	In stit	Officer	Key e	Highest compensated employee	Former			U
(1) JENNIFER BILFIELD-FRIEDMAN	40.00									
PRESIDENT & CEO				Х				340,530.	0.	29,916.
(2) ELIZABETH RACHEVA	40.00									
CHIEF ADVANCEMENT OFFICER				Х				188,048.	0.	16,416.
(3) SAMANTHA POLLACK	40.00									
DIRECTOR OF PROGRAMMING						X		125,090.	0.	12,177.
(4) MICHELLE HOFFMANN	40.00									
DIRECTOR OF EDUCATION & COMMUNITY EN						X		113,425.	0.	4,591.
(5) ERIC RICHARDSON	40.00									
SUPERVISING PRODUCER						X		101,401.	0.	11,432.
(6) ERIC JAMES	40.00									
CHIEF FINANCIAL OFFICER				Х				101,030.	0.	898.
(7) DOUGLAS WHEELER	12.00									
PRESIDENT EMERITUS				Х				14,490.	0.	16,179.
(8) TOM GALLAGHER	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) KELLY DIBBLE	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(10) DEBBIE DRIESMAN	2.00									
VICE CHAIR		Х		х				0.	0.	0.
(11) LUANNE S. GUTERMUTH	2.00									
SECRETARY		Х		Х				0.	0.	0.
(12) SHAIKHA AISHA BINT JABER ALKHAL	0.50									
BOARD MEMBER		Х						0.	0.	0.
(13) SUNNY ALSUP	0.50									
BOARD MEMBER		Х						0.	0.	0.
(14) JEFFREY BAUMAN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(15) JENNY BILFIELD	0.50									
BOARD MEMBER		Х						0.	0.	0.
(16) RUDY BURWELL	0.50	l						_	_	-
BOARD MEMBER		Х						0.	0.	0.
(17) CHRISTINA CO MATHER	0.50	l							-	
BOARD MEMBER		Х						0.	0.	0.

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Form 990 (2022)

										439 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A) (B) (C) (D) (E)									(E)	(F)
Name and title	Average	(do		Pos heck i) than c	one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)					n an	compensation	compensation	amount of
								from related	other	
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-1420)	and related
	below	dual t	Institutional trustee	L	nploy	st coi	5	,		organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			3
(18) MICHELE G. COBER	0.50				_					
BOARD MEMBER		Х						0.	0.	0.
(19) TRISTA L. P. COLBERT	0.50									
BOARD MEMBER		Х						0.	0.	0.
(20) DR. ROBERT S. FEINBERG	0.50									
BOARD MEMBER		Х						0.	0.	0.
(21) BRAD FIGEL	0.50									
BOARD MEMBER		Х						0.	0.	0.
(22) BURTON J. FISHMAN, ESQ.	0.50									
BOARD MEMBER	0.50	Х						0.	0.	0.
(23) DR. VINETTA C. JONES BOARD MEMBER	0.50	x						0.	0.	0.
(24) DINA LASSOW	0.50	~						0.	0.	0.
BOARD MEMBER	0.30	х						0.	0.	0.
(25) LESLIE LUXEMBURG	0.50									
BOARD MEMBER		х						0.	0.	0.
(26) COL. JOSEPH MAY, MD, MPH	0.50							-		
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								984,014.	0.	91,609.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								984,014.	0.	91,609.
2 Total number of individuals (including but n								eceived more than \$100,	,000 of reportable	
compensation from the organization										6
										Yes No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	phest compensated emp	loyee on	
line 1a? If "Yes," complete Schedule J for s	uch individual									3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a	•							0		
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich r	oers	on .				5 X
Section B. Independent Contractors								h - t	100.000 - (
1 Complete this table for your five highest con the organization. Report compensation for t		•							· ·	tion from
(A)	ine calendar ye	ear e	nuin	ig w				(B)		(C)
(ح) Name and business	address							Description of s	services C	Compensation
OPUS 3 ARTISTS, 348 W 571	H STREE	т,	S	ידט	ΤE					
282, NEW YORK, NY 10019 CONTRACT SERVICES						118,250.				
2 Total number of independent contractors (in	0	ot lin	nited	l to f			ted	above) who received me	ore than	
\$100,000 of compensation from the organiz	zation				1	L				

SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2022) 232008 12-13-22

Form 990 WASHINGTON PERFORMING ARTS SOCIETY 52-6062439 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
		nplo	yee			lighe	est (, ,			
(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Name and title Average			Pos				Reportable	Reportable	Estimated		
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week					yee		the	organizations	compensation		
	(list any	ector				bla		organization	(W-2/1099-MISC)	from the		
	hours for	or dir	e			ted e		(W-2/1099-MISC)		organization		
	related	stee	ruste			pensa				and related		
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest com pensated em ployee				organizations		
	below	ividu	tituti	Officer	/ em l	hest	Former					
	line)	lnd	Ins	Off	Key	Hig	For					
(27) ALYSSA O'CONNOR BOARD MEMBER	0.50	x						0.	0.	0.		
		^						0.	0.	0.		
(28) LYNN PARSEGHIAN BOARD MEMBER	0.50	x						0.	0.	0.		
(29) DR. W. STEPHEN PIPER	0.50									.		
BOARD MEMBER	0.50	х						0.	0.	0.		
(30) GORDON RUSH	0.50							0.	0.	0.		
BOARD MEMBER	L 0.50	х						0.	0.	0.		
		^				-		0.	0.	0.		
(31) DR. MARC SCHLOSBERG BOARD MEMBER	0.50	v						0	0	0		
		Х				-		0.	0.	0.		
(32) KERRIEN SUAREZ	0.50	v						0	0.	0		
BOARD MEMBER (33) WILLIAM J. SULLIVAN	0.50	Х						0.	0.	0.		
BOARD MEMBER	0.50	x						0.	0.	0.		
(34) NABOTH VAN DEN BROEK	0.50	<u> </u>						0.	0.	0.		
BOARD MEMBER	0.50	х						0.	0.	0.		
(35) PHILIP R. WEST	0.50	Δ						0.	0.	0.		
BOARD MEMBER	0.50	х						0.	0.	0.		
(36) DOUGLAS H. WHEELER	0.50							0.	0.	0.		
BOARD MEMBER	0.50	х						0.	0.	0.		
(37) GARY YACOUBIAN	0.50									U		
BOARD MEMBER	0.50	х						0.	0.	0.		
										.		
		1										
						-						
		•										
Total to Part VII, Section A, line 1c												
· ···· ··· ··· ··· ··· ··· ··· ··· ···												

232201 04-01-22

		(2022) WASHINGTON	[PEI	RFORMING	ARTS SOCI	ETY	52-6062	439 Page 9
Pa	rt VII	Statement of Revenue						
		Check if Schedule O contains a resp	oonse o	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f g	Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f	2,	557,398. 662,191. 578,922.				
Col	h	Total. Add lines 1a-1f			3,219,589.	•		
Program Service Revenue				Business Code 900099 900099	1,046,951, 149,605,	1,046,951. 149,605.		
ogr B	е							
ŗ	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,196,556.	•		
evenue	3 4 5	Investment income (including dividends other similar amounts) Income from investment of tax-exempt to Royalties	oond pr	roceeds	187,214			187,214.
	6a b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss)		(ii) Personal				
	b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses		(ii) Other				
Other R	8 a	Gross income from fundraising events (not including \$ 557,398. of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	. 8a	517,218. 428,574.				
	с	Net income or (loss) from fundraising ev	ents		88,644.	•		88,644.
		Gross income from gaming activities. Se Part IV, line 19	. 9a					
		Less: direct expenses						
		Net income or (loss) from gaming activit Gross sales of inventory, less returns						
		and allowances						
	с	Net income or (loss) from sales of invent	tory					
Miscellaneous Revenue		MISCELLANEOUS		Business Code 900099	102,867.	. 102,867.		
ella	c							
lisc	d	All other revenue						
2	e	Total. Add lines 11a-11d			102,867.			
	12	Total revenue. See instructions			4,794,870	1,299,423.	0.	275,858.
23200	9 12-13				-	-		Form 990 (2022)

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WASHINGTON PERFORMING ARTS SOCIETY Part IX Statement of Functional Expenses

D .	Check if Schedule O contains a respons	e or note to any line in t	(B)	(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	12,255.	12,255.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		400 020	107 206	100 170
	trustees, and key employees	707,505.	400,939.	107,396.	199,170
3	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 620 172	924,943.	247 756	459,474
7	Other salaries and wages	1,632,173.	924,943.	247,756.	459,4/4
B	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	199,630.	102,782.	35,617.	61 001
9	Other employee benefits	165,071.	96,098.	25,570.	61,231 43,403
)	Payroll taxes	105,071.	90,090.	25,570.	43,403
1	Fees for services (nonemployees):				
a	Management				
		49,271.	7,289.	26,485.	15,497
	Accounting	=,2/1.	7,205.	20,403.	13,437
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees	62,316.		62,316.	
ı g	Other. (If line 11g amount exceeds 10% of line 25,	02,510.		02,510.	
Э	column (A), amount, list line 11g expenses on Sch 0.)	983,677.	337,428.	392,532.	253,717
2	Advertising and promotion	237,925.	237,925.	002,0021	2007/27
3	Office expenses	162,089.	60,849.	76,605.	24,635
4	Information technology	86,980.	16,301.	67,710.	2,969
5	Royalties				_,
6	Occupancy	378,638.	223,379.	57,296.	97,963
7	Travel	163,666.	129,290.	17,386.	16,990
3	Payments of travel or entertainment expenses	,	•	,	•
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	272,323.	79,334.	10,346.	182,643
C	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	67,279.	41,007.	9,431.	16,841
3	Insurance				
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	VENUE HALL EXPENSES	887,847.	789,197.	0.	98,650
b	ARTIST FEES/COMMISSIONS	615,715.	590,180.	800.	24,735
с	BANK/MERCHANT COMMISSIO	74,296.	59,217.	10,056.	5,023
d	DUES AND SUBSCRIPTIONS	30,381.	9,489.	16,389.	4,503
е	All other expenses	2,991.	1,501.		1,490
5	Total functional expenses. Add lines 1 through 24e	6,792,028.	4,119,403.	1,163,691.	1,508,934
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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WASHINGTON PERFORMING ARTS SOCIETY

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		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A)		(B)
	-				Beginning of year		End of year
	1	Cash - non-interest-bearing			700.	1	500.
	2	Savings and temporary cash investments			1,461,131.	2	880,340.
	3	Pledges and grants receivable, net			2,181,987.	3	1,692,063.
	4	Accounts receivable, net			188,259.	4	140,864.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial c	ontributor, 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		6			
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			<u> </u>	8	
◄	9	Prepaid expenses and deferred charges			61,530.	9	341,372.
	10a	Land, buildings, and equipment: cost or other		040 010			
		basis. Complete Part VI of Schedule D	10a	849,012.	256 202		100 000
		Less: accumulated depreciation	10b	660,089.	256,202.	10c	188,923. 8,337,766.
	11	Investments - publicly traded securities			8,384,544.	11	0,33/,/00.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			2,000.	13	
	14	Intangible assets	95,352.	14	1,527,568.		
	15	Other assets. See Part IV, line 11			12,631,705.	15 16	13,109,396.
	16 17	Total assets. Add lines 1 through 15 (must equa			206,458.	10	253,467.
	18	Accounts payable and accrued expenses	200,450.	17	255,407.		
	19	Grants payable Deferred revenue	224,645.	19	278,754.		
	20	Tax-exempt bond liabilities				20	2/07/010
	21	Escrow or custodial account liability. Complete I				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ilida		controlled entity or family member of any of thes				22	
Lis	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	450,000.
	25	Other liabilities (including federal income tax, pa	yables t				
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			605,993.	25	2,049,767.
	26	Total liabilities. Add lines 17 through 25			1,037,096.	26	3,031,988.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27				2,227,242.	27	1,200,307. 8,877,101.
l Ba	28	Net assets with donor restrictions			9,367,367.	28	8,877,101.
pun		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
μŔ	31	Retained earnings, endowment, accumulated in			11 504 600	31	
Š	32	Total net assets or fund balances			11,594,609.	32	10,077,408.
	33	Total liabilities and net assets/fund balances			12,631,705.	33	13,109,396.

Form **990** (2022)

Form 990 (2022) WASHINGT

	990 (2022) WASHINGTON PERFORMING ARTS SOCIETY	52-	60624	39	Paç	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>794</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>792</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,		· ·	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,			
5	Net unrealized gains (losses) on investments	5		<u>479</u>	, 95	57.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	10,	<u>077</u>	,40	08.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_	`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		l
				· · ·	\mathbf{n}	

Form **990** (2022)

|--|

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nan	ne of t	the organization							identification number
				FORMING ARTS					2-6062439
Pa	irt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative)(b)(1)(A)(ii	ii).		
4	\square	A medical research organization					•)(iii). Enter	the hospital's name,
		city, and state:	·						
5		An organization operated for	or the benefit of a co	lleae or university owned	or operat	ed bv a do	vernmental u	nit describe	ed in
-		section 170(b)(1)(A)(iv). (C		5 ,	•	, ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma						ne general r	oublic described in
•		section 170(b)(1)(A)(vi). (C			onna gova			io gonorar r	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II)				
9	H	An agricultural research org				ad in coniu	unction with a	land-grant	college
5		or university or a non-land-g				-		-	-
		university:	grant concyc or agric			name, eny	, and state of	the conege	0
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from o	ontributior	ne memberek	in fees and	aross receipts from
10		activities related to its exem							
		income and unrelated busir		•	. ,			•••	•
		See section 509(a)(2). (Cor				ses acqui		jai lization a	
11		An organization organized a	•	ively to test for public sat	aty Soo	section 5(10(2)(4)		
12	H	An organization organized a	-	•	•			rny out the	purposes of one or
12		more publicly supported or	-	-				•	
			-						
_		lines 12a through 12d that	• •			-		-	niu in a
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization			majority d	or the alrea	clors or truste	es or the st	ipporting
Ŀ		organization. You must o			:				
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	orted
_		organization(s). You mus							al
C		J Type III functionally inte						iy integrate	a with,
-		its supported organization		-				tad argani-	votion(a)
Ċ		J Type III non-functionally		• • •				-	
		that is not functionally int	с с	o ,			•	an attentiv	reness
	_	requirement (see instructi	-	-					
е		Check this box if the orga					турет, туре	II, Type III	
	- .	functionally integrated, or		nally integrated supportil	ng organiz	ation.			
		er the number of supported o	•						
<u></u> g		vide the following information i) Name of supported	(ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi Yes	ing document?	support (see in	2	support (see instructions)
				above (see instructions))	165				
Tet									
Tota		operwork Deduction A-+ N	lation and the lust	uctions for Form 000	000 57	000001.15	1	Cak-	dula A (Earm 000) 0000
LHA	FOLF	Paperwork Reduction Act N	iouce, see the instr	uctions for Form 990 of	990-EZ.	232021 12-	09-22	Sche	dule A (Form 990) 2022

Schedule A (Form 990) 2022 Part II Support Sch

WASHINGTON PERFORMING ARTS SOCIETY

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> 260</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5345525.	3754274.	4103225.	6000449.	3868559.	23072032.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	5345525.	3754274.	4103225.	6000449.	3868559.	23072032.
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)						3445793.
	Public support. Subtract line 5 from line 4.						19626239.
Sec	ction B. Total Support				[
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	5345525.	3754274.	4103225.	6000449.	3868559.	23072032.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	200 217	1 - 4 - 4 - 4 - 4	100 000	201 054	100 151	1105500
	and income from similar sources \dots	389,317.	174,640.	136,630.	301,854.	133,151.	1135592.
9	Net income from unrelated business						
	activities, whether or not the				100 556		100 556
	business is regularly carried on				188,556.		188,556.
10	Other income. Do not include gain						
	or loss from the sale of capital		14 400		C C14		107 100
	assets (Explain in Part VI.)	63,566.	14,422.	26,588.	6,614.		187,186.
	Total support. Add lines 7 through 10						24583366.
	Gross receipts from related activities,		,			· · · · ·	,196,556.
13	First 5 years. If the Form 990 is for th	-		-			
Sec	organization, check this box and stor ction C. Computation of Publi						·····
	Public support percentage for 2022 (I		-	olumn (f))		14	79.84 %
	Public support percentage for 2022 (i Public support percentage from 2021			.,,		15	79.60 %
	33 1/3% support test - 2022. If the c						
100	stop here. The organization qualifies						V
b	33 1/3% support test - 2021. If the o		-				
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	•	•	,	•	7a, and line 15 is	10% or
	more, and if the organization meets th	•					
	organization meets the facts-and-circu						
18	Private foundation. If the organization				••••		s
			·				(Form 990) 2022

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Part III Support Schedule for O	rganizations	Described in S	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 Pa	art II. If the organiza	ation fails to
qualify under the tests listed be	elow, please comp	olete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Tota
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 						
2 Gross receipts from admissions, merchandise sold or services per- formed or facilities furnished in						

any activity that is related to the
organization's tax-exempt purpose
Gross receipts from activities that
are not an unrelated trade or bus-
iness under section 513

4	Tax revenues levied for the organ-
	ization's benefit and either paid to
	or expended on its behalf

5	The value of services or facilities	
	furnished by a governmental unit	to
	the organization without charge	

6	Total.	Add	lines	1	through 5	
---	--------	-----	-------	---	-----------	--

7a Amounts included on lines 1, 2, and
3 received from disqualified persons

b Amounts included on lines 2 and 3 received	
from other than disqualified persons that	
exceed the greater of \$5,000 or 1% of the	
amount on line 13 for the year	
c Add lines 7a and 7b	

Sec	ction B.	Total	Suppo	rt	
8	Public su	upport.	(Subtract line	7c from	line 6.)

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) 						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiza	tion,
check this box and stop here				-		
Section C. Computation of Pub						
15 Public support percentage for 2022	(line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve					•	

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2021 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022

(f) Total

	(Form 990)	
Part III	Support	Schedu

WASHINGTON PERFORMING ARTS SOCIETY

232023 12-09-22

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WASHINGTON PERFORMING ARTS SOCIETY

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 WASHINGTON PERFORMING ARTS SOCIETY Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> Part VI <i>how providing such benefit carried out the purposes of the supported organization(s) that operated,</i>	1		
0	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			

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

Section E. Type III Functionally Integrated Supporting Organizations

a Oracainatia

1 Check the box next to the method that the organization used to satisfy the Integra	ral Part Test during the year	 (see instructions).
--	-------------------------------	---

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entity (see instruction <u>s).</u>
---	--	---	-------------------------	---

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s)

- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **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.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

15570614 138138 WPAS

2022.05090 WASHINGTON PERFORMING ART WPAS_____

_	Number Machine Machine Washington Perform 990) 2022 Washington V Type III Non-Functionally Integrated 509(a)(3) Supportionally			52-6062439 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			n_{in} Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting a	organization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

WASHINGTON PERFORMING ARTS SOCIETY 52-6062439 Page 7

		RFORMING ARTS		5	2-6062439	Page 7
Par		a)(3) Supporting Orga	inizations (continu	ued)	1	
Secti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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 which the	ne organization is responsive	1			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	r	1	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributab Amount for 2	
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, <i>explain in</i>					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	WASHI	NGTON	PERFO	RMING	ARTS	SOCIETY	52-6062439 _{Page}
Part VI	Supplemental Info Part IV, Section A, lines	s 1, 2, 3b, 3c, 4 D, lines 2 and 3	1b, 4c, 5a, 3; Part IV, \$	6, 9a, 9b, 90 Section E, li	c, 11a, 11b nes 1c, 2a,	, and 11c; 2b, 3a, an	Part IV, Section B nd 3b; Part V, line ⁻	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, additional information.

Schedule A (Form 990) 2022

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

	WASHINGTON PERFORMING ARTS SOCIETY	52-6062439
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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).

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

Schedule B (Form 990) (2022)

100,000.

102,500.

(c)

Total contributions

			noncash contributions.)
ı) 5.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$341,224.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
)	(b)	(c)	(d)
4	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
ı) 5.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Name of organization	
----------------------	--

WASHINGTON PERFORMING ARTS SOCIETY

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

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

52-6062439

(c)

Total contributions

(c)

Total contributions

\$

\$

\$

\$

373,857.

360,000.

(a) No.

5

(a)

No.

6

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Schedule B (Form 990) (2022)

Part I

(a)

No.

(a)

No.

2

(a)

No.

(a)

No.

1

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

X

X

X

X

X Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

1

(d)

Type of contribution

Employer identification number

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

WASHINGTON PERFORMING ARTS SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$95,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$80,426.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>65,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Page 2 Employer identification number

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	STOCK DONATION	_				
2		_				
		\$350,591.	03/24/23			
(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			
		-				
		_				
		\$				
223453 11-15	5-22		Schedule B (Form 990) (2022)			

Name of organization

WASHINGTON PERFORMING ARTS SOCIETY

Employer identification number

52-6062439

Schedule B (Form 990) (2022)

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	B (Form 990) (2022)		Page 4			
Name of o	rganization		Employer identification number			
	NGTON PERFORMING ARTS S		52-6062439			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entr charitable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif				
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
·	(e) Transfer of gift					
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	i			
·	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
223454 11-15	5-22	1	Schedule B (Form 990) (2022)			

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^{2022.05090} WASHINGTON PERFORMING ART WPAS___1

SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047			
(Form 990)	Form 990)					2022			
	For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.					ZUZZ			
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					z .	Open to Public Inspection			
-	f the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.								
 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. 									
 Section 50 (Guide that section of (G(G)) organizations. Complete Farts FA and of below. Do not complete Fart FB. Section 527 organizations: Complete Part I-A only. 									
0		Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Activitie	es), ther	ı			
-		nave filed Form 5768 (election und			-				
 Section 501(c)(3) org 	ganizations that h	nave NOT filed Form 5768 (election	n under section 501(h)): Complete Part II-B. Do	not con	nplete Part II-A.			
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate ir	nstructions) or Form 99	0-EZ, Pa	art V, line 35c (Proxy			
Tax) (See separate inst									
), or (6) organizat	ions: Complete Part III.							
Name of organization	WACUTNO	TON DEDEODMING AD		En		identification number 2 - 6 0 6 2 4 3 9			
Part I-A Compl		TON PERFORMING AR' anization is exempt under		r is a section 527 (
					gam				
1 Provide a descripti	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV					
2 Political campaign					\$				
3 Volunteer hours for	, ,				Ψ				
		······							
Part I-B Compl	ete if the org	anization is exempt under	r section 501(c)(3).					
		incurred by the organization under							
		incurred by organization managers							
		n 4955 tax, did it file Form 4720 fo				Yes No			
						Yes No			
b If "Yes," describe in Part I-C Compl		anization is exempt under	section $501(c)$	excent section 501	(c)(3)				
		by the filing organization for secti		-					
		ization's funds contributed to othe			Φ				
			-		\$				
		. Add lines 1 and 2. Enter here and			·				
	-				\$				
		1120-POL for this year?				Yes No			
5 Enter the names, a	ddresses and em	ployer identification number (EIN)	of all section 527 poli	tical organizations to wh	ich the f	iling organization			
	-	tion listed, enter the amount paid f							
		omptly and directly delivered to a s additional space is needed, provid			rate segr	regated fund or a			
			T						
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's		e) Amount of political tributions received and			
				funds. If none, enter -0) p	romptly and directly			
						elivered to a separate			
						If none, enter -0			
				1					

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

Schedule C (Form 990) 2022

232041 11-08-22

Part II-A Complete if the org			PERFORMING 2		z 52-6 d Form 5768 (ele	062439 Page 2 ction under			
	section 501(h)).								
	-	-	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,			
	expenses, and share of excess lobbying expenditures).								
B Check if the filing organiza	tion checke	ed box A ar	nd "limited control" pro	visions apply.	(a) Filing	(b) Affiliated group			
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)								
1a Total lobbying expenditures to influ	uence publi	ic opinion (<u>c</u>	grassroots lobbying)						
b Total lobbying expenditures to influ	uence a leg	islative bod	y (direct lobbying)		4,091.				
c Total lobbying expenditures (add li	nes 1a and	1 1 b)			4,091.				
d Other exempt purpose expenditure					7,216,511.				
e Total exempt purpose expenditure					7,220,602.				
f Lobbying nontaxable amount. Ente					511,030.				
If the amount on line 1e, column (a) o			bying nontaxable amo						
Not over \$500,000	. (2) !!		the amount on line 1e.						
Over \$500,000 but not over \$1,000	000		0 plus 15% of the exce	ess over \$500 000					
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exce	· · · · · · · · · · · · · · · · · · ·					
Over \$1,500,000 but not over \$17,	<i>,</i>		0 plus 5% of the exces						
Over \$17,000,000	<u>ss over \$1,500,000.</u>								
Over \$17,000,000		\$1,000,0							
g Grassroots nontaxable amount (en	tor 25% of	line 1f)			127,758.				
h Subtract line 1g from line 1a. If zero	0.								
•					0.				
i Subtract line 1f from line 1c. If zero					0.				
j If there is an amount other than zer reporting section 4911 tax for this					Г	Yes No			
			eraging Period Under		L				
(Some organizations th	nat made a	a section 50		nave to complete all o	of the five columns be	low.			
	Lobb	ying Exper	nditures During 4-Yea	r Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total			
2a Lobbying nontaxable amount	414	4,238.	364,259.	444,918.	511,030.	1,734,445.			
b Lobbying ceiling amount (150% of line 2a, column(e))						2,601,668.			
c Total lobbying expenditures		3,215.	6,455.	2,000.	4,091.	15,761.			
d Grassroots nontaxable amount	103	3,560.	91,065.	111,230.	127,758.	433,613.			
e Grassroots ceiling amount		,		-,	,				
(150% of line 2d, column (e))						650,420.			
f Grassroots lobbying expenditures									

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 WASHINGTON PERFORMING ARTS SOCIETY 52-60624 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	or soc	tion	
ı aı	501(c)(6).	1 30 1(0)(3)	, 01 360	,	
				Yes	No
4	Ware substantially all (2004 or more) dues received pendeductible by members?		1		
1 2	Were substantially all (90% or more) dues received nondeductible by members?				
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		or sec	tion	I
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
_5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A line 1: Part I-B line 4: Part I-C, line 5: Part II-A (affiliated group	list) [.] Part II-A	lines 1 a	nd 2 (See	

ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

WASHINGTON PERFORMING ARTS SOCIETY

Employer identification number 52-6062/39

Par	WASHINGTON PERFORM.		52-6062439
I UI	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		1 funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea		historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)	<u>2</u> c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemen	its that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Oth	or Similar Assots
I UI	Complete if the organization answered "Yes" on Form		er enniar Addete.
10	If the organization elected, as permitted under FASB ASC 95		d balanco shoot works
Ia	of art, historical treasures, or other similar assets held for pub	, I	
	service, provide in Part XIII the text of the footnote to its finar		
Ь	If the organization elected, as permitted under FASB ASC 95		
U	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		rance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		¢
	··· · · · · · · · · · · · · · · · · ·		
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial o	
2	the following amounts required to be reported under FASB A		
-	Revenue included on Form 990, Part VIII, line 1	-	\$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022
	09-01-22		

		TON PERFORM				52	-6062	<u>2439</u>	Page 2
Pa	rt III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or	Other \$	Similar As	sets (<u>'continu</u>	ied)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make sigr	nificant use o	of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change progra	m				
b	Scholarly research	е	Other						
с									
4	Provide a description of the organization's co	llections and explain	how they further	the organization	n's exemp	ot purpose in	Part XIII	l.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						۲ 🗌	/es	No
Pa	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, Par		U			,		,	
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contributio	ns or other asse	ets not ind	cluded			
	on Form 990, Part X?						Y	/es	No
b	If "Yes," explain the arrangement in Part XIII								
			lowing table.				A	mount	
~	Beginning balance					1c			
	Additions during the year					1d			
	S , , , , , , , , , , , , , , , , , , ,					1e			
f						1f			
	Ending balance Did the organization include an amount on Fe					· · · ·		/es	No
	If "Yes," explain the arrangement in Part XIII.					•	🖵 🛛	63	
Pa							<u></u>	<u></u>	
		(a) Current year	(b) Prior year	(c) Two years		1) Three years	hack (e) Four v	/ears back
10	Beginning of year balance	7,396,041.	7,959,210		,641.	658,			042,105.
		65,618.	747,773	_	,600.	,			13,170.
b	Contributions Net investment earnings, gains, and losses	514,561.	-956,616			443,	502		L16,873.
		511,501.	,010	• • • • • • • • •	, 1 , 5 .				,
	Grants or scholarships								
е	Other expenditures for facilities	207 01/	351 326	330	201	330	800		255 163
	and programs	297,914.	354,326	. 550	,201.	339,	<u> </u>	355,463.	
	Administrative expenses	7 679 206	7,396,041	7 050	21.0	6 6 9 6	641		582,939.
g	End of year balance				,210.	6,686,	041.	,-	
2	Provide the estimated percentage of the curr	ent year end balance		a)) held as:					
	Board designated or quasi-endowment		_%						
b	Permanent endowment 72.9860 Term endowment 27.0130	%							
С	· · · · · · · · · · · · · · · · · · ·								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	and administere	ed for the			Б	
	organization by:						Г		Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza			·····			L	3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pa	t VI Land, Buildings, and Equipm			0 5 000		4.0			
	Complete if the organization answered			, 					
	Description of property	(a) Cost or o	. ,	st or other		cumulated	(d	l) Book	value
		basis (investm	ient) basis	s (other)	depr	eciation	+		
	Land								
	Buildings						_		
С	Leasehold improvements			58,932.		75,402		183	<u>,530.</u>
d	Equipment			21,152.		20,629			523.
	Other			68,928.		64,058	•		,870.
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part 2	X. column (B), line	10c.)				188	,923.
						Sch	edule D	(Form	990) 2022

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
			1,527,568.
	IIING		1,527,500.
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		1,527,568.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY- OPERATING			2,049,767.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		2,049,767.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements t	
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been pro	ovided in Part XIII X

WASHINGTON PERFORMING ARTS SOCIETY

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

	dule D (Form 990) 2022 WASHINGTON PERFORMING ARTS				6062439 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,691,085.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	479,957.		
b	Donated services and use of facilities	2b	50,000.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	529,957.
3	Subtract line 2e from line 1			3	5,161,128.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	62,316.		
b	Other (Describe in Part XIII.)		-428,574.		
•				4c	-366,258.
C,	Add lines 4a and 4b				
5 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			5	4,794,870.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem				<u>4,794,870.</u> n.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)	nents With			າ.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	nents With a.	Expenses per F		<u>4,794,870.</u> n. <u>7,208,286.</u>
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	nents With a.	Expenses per F	Returi	າ.
Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements	a.	Expenses per F	Returi	າ.
Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With a. 2a	Expenses per F	Returi	າ.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents With a. 2a 2b	Expenses per F	Returi	າ.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With a. 2a 2b 2c	Expenses per F	Returi	າ.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F 50,000. 428,574.	Returi	n. 7,208,286. 478,574.
Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F 50,000. 428,574.	1	n. 7,208,286.
Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F 50,000. 428,574.	1 2e	n. 7,208,286. 478,574.
Part 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F 50,000. 428,574.	1 2e	n. 7,208,286. 478,574.
Part 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other losses Dutt XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1	2a 2b 2c 2d	Expenses per F 50,000. 428,574.	1 2e	n. 7,208,286. 478,574. 6,729,712.
Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other losses Other statement and through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	Expenses per F 50,000. 428,574. 62,316.	1 2e	n. 7,208,286. 478,574. 6,729,712. 62,316.
Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses per F 50,000. 428,574. 62,316.	1 2e 3	n. 7,208,286. 478,574. 6,729,712.

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

PART V, LINE 4:

EARNINGS FROM THE WILLIAM N. & ANITA CAFRITZ ENDOWMENT FUND ARE TO BE USED

FOR THE PAYMENT OF AN HONORARIUM TO A YOUNG ARTIST IN CONNECTION WITH AN

ANNUAL CONCERT PRESENTATION.

EARNINGS FROM THE NEA CHALLENGE ENDOWMENT ARE TO BE USED FOR OPERATIONS,

PROGRAMS OR REINVESTMENT. EARNINGS FROM THE NICCOLI SCHOLARSHIP FUND ARE

TO BE USED TO PROVIDE SCHOLARSHIPS FOR PRIVATE STUDY AND/OR ATTENDANCE AT

PRESTIGIOUS SUMMER INSTITUTES. THESE AWARDS ARE GRANTED TO PROMISING YOUNG

STRING MUSICIANS. THESE FUNDS ARE ALSO USED TO SUPPORT THE WASHINGTON

PERFORMING ARTS CAPITAL STRINGS EDUCATION PROGRAM.

EARNINGS FROM THE PATRICK HAYES AND EVELYN SWARTHOUT ENDOWMENT ARE TO BE

USED TO SUPPORT

232054 09-01-22

Schedule D (Form 990) 2022

THE PIANO SERIES. EARNINGS FROM THE POLA NIRENSKA ENDOWMENT FUND ARE TO BE USED TO PROVIDE

AN ANNUAL AWARD OF \$5,000 TO A LIVING MODERN DANCER, CHOREOGRAPHER OR TEACHER. EARNINGS FROM THE CLARK ENDOWMENT ARE TO PAY ONE TOURING ARTIST EACH YEAR TO EXTEND THEIR STAY IN THE DC AREA TO WORK WITH STUDENTS IN A MASTER CLASS, LECTURE, ETC. EARNINGS FROM THE HAYES GENERAL ENDOWMENT ARE TO BE USED FOR OPERATIONS, PROGRAMS OR REINVESTMENT AND ARE CONSIDERED UNRESTRICTED FOR FINANCIAL STATEMENT PRESENTATION PURPOSES. EARNINGS FROM THE DORIS DUKE CHARITABLE FUND ARE TO PROVIDE ARTISTIC PROGRAMMING SUPPORT FOR COMMISSIONING, RESIDENCIES AND PERFORMANCES. AT LEAST ONE-THIRD WILL BE COMMITTED TO COMMISSIONING FEES AND PRODUCING AUDIENCE EDUCATIONAL MATERIALS. DDCF RECOMMENDS 5% OF THE AVERAGE THREE YEAR MARKET VALUE (NOT TO EXCEED 6%). EARNINGS FROM THE E. TORAIN SCHOLARSHIP FUND WILL PROVIDE SUPPORT TO THE GOSPEL CHOIR AND/OR ITS MEMBERS (I.E. SCHOLARSHIP FOR SUMMER WORKSHOP, VOCAL INSTRUCTION, RECORDINGS, ETC.). EARNINGS FROM "THE REGGIE" WILL SUPPORT AN ANNUAL AWARD GIVEN TO A SENIOR MEMBER OF THE CHILDREN OF THE GOSPEL CHOIR WHO DEMONSTRATES VALUES THAT HONOR THE CONTRIBUTIONS AND LASTING IMPACT MADE BY OUTGOING BOARD CHAIR REGINALD VAN LEE. THIS FUND WILL ALLOW REGGIE'S VALUES TO CONTINUE TO SHAPE THE LIVES OF THE YOUNG ARTISTS AND PASSIONATE AUDIENCES THAT GREW MARKEDLY UNDER HIS LEADERSHIP. EARNINGS FROM THE DHW ARTIST SCHOLARSHIP FUND ARE TO PROVIDE SUPPORT IN PRESENTING YOUNG ARTISTS IN ANY ART FORM TO INCLUDE MUSIC INSTRUCTION AND SCHOLARSHIPS. RBG FUND: THE RUTH BADER GINSBURG MEMORIAL AWARD AND RECITAL WILL BE AN ONGOING CELEBRATION OF THE LATE SUPREME COURT JUSTICE'S LIFE, LEGACY, AND PASSION FOR MUSIC. FUNDS WILL BE SPENT ON AWARDS FOR ARTISTS WHO EXEMPLIFY THE MUSICAL EXCELLENCE JUSTICE GINSBURG CHERISHED AND AN INAUGURAL RECITAL IN HER HONOR.

Schedule D (Form 990) 2022

232055 09-01-22

15570614 138138 WPAS

PART X, LINE 2:

WPA IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON INCOME OTHER THAN NET UNRELATED BUSINESS INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. WPA PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AS OF AUGUST 31, 2023 AND 2022, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF AUGUST 31, 2023, THE STATUTE OF LIMITATIONS FOR FISCAL YEARS 2020 THROUGH 2023 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION OR THE STATE AND LOCAL JURISDICTION IN WHICH WPA FILES TAX RETURNS. IT IS THE WPS'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS INCOME TAX EXPENSE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EVENT EXPENSE

-428,574.

428,574.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EVENT EXPENSE

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regardin	g Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" o organization entered more than \$				r 19,	or if the	2022
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instr	uctions	and th	ne latest information	n.	Employer	identification number
······		TON PERFORMING AR	TS S	OCIE	TTY		52-60	
Part I Fundrais		Complete if the organization answ				ine 1	7. Form 990	-EZ filers are not
required to	complete this part	i.						
	0	ed funds through any of the follow	0		,			
a Mail solicitat	email solicitations			•	overnment grants nment grants			
c Phone solici			ial fundra	•	U U			
d 🗌 In-person so	licitations							
•		r oral agreement with any individu	•	Ũ		tees,		
		art VII) or entity in connection with riduals or entities (fundraisers) pure	•		e e	no fur		Yes No
compensated at le			Suarr to	agreer) De
			()	D : 1		60	Amount pai	id
(i) Name and addres		(ii) Activity	fund have c	Did raiser ustody	(iv) Gross receipts	tò (d	or retained b	
or entity (fund	Iraiser)		or cor	ntrol of utions?	from activity		fundraiser ted in col. (i	organization
			Yes	No				
			_					
			_					
		L		I				
Total								
	ch the organizatio	n is registered or licensed to solici	t contrib	utions	or has been notified	it is e	exempt from	ו registration
or licensing.								

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

Schedule G (Form 990) 2022

232081 10-27-22

WASHINGTON PERFORMING ARTS SOCIETY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

2 Lex 3 Gr 4 Ca 5 No 6 Re 7 Fo 8 En 9 Ott 10 Dir 11 Ne art III 1 Gr 2 Ca 3 No	oss receipts	GALA (event type) 722,420. 483,573. 238,847. 133,701. 8,200. 247,554.	MUSIC IN THE COUNTRY (event type) 131,800. 73,825. 57,975. 57,975. 24,321. 9,000. 5,798.	1 (total number) 220,396. 220,396.	557,398 517,218 158,022
2 Lex 3 Gr 4 Ca 5 No 6 Re 7 Fo 8 En 9 Ott 10 Dir 11 Ne art III 1 Gr 2 Ca 3 No	ss: Contributions	(event type) 722,420. 483,573. 238,847. 133,701. 8,200. 247,554.	(event type) 131,800. 73,825. 57,975. 24,321. 9,000.	(total number)	col. (c)) 1,074,616 557,398 517,218 158,022
2 Lex 3 Gr 4 Ca 5 No 6 Re 7 Fo 8 En 9 Ott 10 Dir 11 Ne art III 1 Gr 2 Ca 3 No	ss: Contributions	722,420. 483,573. 238,847. 133,701. 8,200. 247,554.	131,800. 73,825. 57,975. 24,321. 9,000.	220,396.	1,074,616 557,398 517,218 158,022
2 Lex 3 Gr 4 Ca 5 No 6 Re 7 Fo 8 En 9 Ott 10 Dir 11 Ne art III 1 Gr 2 Ca 3 No	ss: Contributions	<u>483,573.</u> <u>238,847.</u> <u>133,701.</u> <u>8,200.</u> <u>247,554.</u>	73,825. 57,975. 24,321. 9,000.		557,398 517,218 158,022
3 Gr 4 Ca 5 No 6 Re 7 Fo 8 En 9 Ott 10 Dir 11 Ne art III 1 Gr 2 Ca 3 No	oss income (line 1 minus line 2) ash prizes oncash prizes ent/facility costs od and beverages atertainment her direct expenses rect expense summary. Add lines 4 throu at income summary. Subtract line 10 from Gaming. Complete if the organization	238,847. 133,701. 8,200. 247,554.	57,975. 24,321. 9,000.	220,396.	517,218
4 Ca 5 No 6 Re 7 Fo 8 En 9 Ott 10 Dir 11 Ne art III 1 Gr 2 Ca 3 No	ash prizes oncash prizes ent/facility costs od and beverages tertainment her direct expenses rect expense summary. Add lines 4 throu <u>et income summary. Subtract line 10 from</u> Gaming. Complete if the organization	133,701. 8,200. 247,554.	24,321. 9,000.	220,396.	158,022
5 No 6 Re 7 Fo 8 En 9 Ott 10 Dir 11 Ne art III 1 Gru 2 Ca 3 No	oncash prizes ent/facility costs od and beverages tertainment her direct expenses rect expense summary. Add lines 4 throu et income summary. Subtract line 10 from Gaming. Complete if the organization	133,701. 8,200. 247,554.	9,000.		
6 Re 7 Fo 8 En 9 Ott 10 Dir 11 Ne art III 2 Ca 3 No	ent/facility costs od and beverages tertainment her direct expenses rect expense summary. Add lines 4 throu <u>et income summary. Subtract line 10 from</u> Gaming. Complete if the organization	133,701. 8,200. 247,554.	9,000.		
8 En 9 Ott 10 Dir 11 Ne art III 1 Grd 2 Ca 3 No	od and beverages tertainment her direct expenses rect expense summary. Add lines 4 throu <u>et income summary. Subtract line 10 from</u> Gaming. Complete if the organization	133,701. 8,200. 247,554.	9,000.		
8 En 9 Ott 10 Dir 11 Ne art III 1 Grd 2 Ca 3 No	tertainment her direct expenses rect expense summary. Add lines 4 throu et income summary. Subtract line 10 from Gaming. Complete if the organization	<u> </u>	9,000.		
8 En 9 Ott 10 Dir 11 Ne art III 1 Grd 2 Ca 3 No	her direct expenses rect expense summary. Add lines 4 throu <u>et income summary. Subtract line 10 from</u> Gaming. Complete if the organization	247,554.			
9 Otl 10 Dir 11 Ne art III 1 Grd 2 Ca 3 No	her direct expenses rect expense summary. Add lines 4 throu <u>et income summary. Subtract line 10 from</u> Gaming. Complete if the organization	247,554.			17 200
10 Dir 11 Ne art III 1 Gr 2 Ca 3 No	rect expense summary. Add lines 4 throu et income summary. Subtract line 10 from Gaming. Complete if the organization		• / • • • •		<u>17,200</u> 253,352
11 Ne art III 1 Gr 2 Ca 3 No	t income summary. Subtract line 10 from Gaming. Complete if the organization	gir e in eelanni (a)			428,574
1 Gr 2 Ca 3 No	Gaming. Complete if the organization	n line 3. column (d)			88,644
1 Gr 2 Ca 3 No		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
3 No	oss revenue				
	ish prizes	-			
4 Re	oncash prizes	-			
	ent/facility costs	-			
5 Ot	her direct expenses				
6 Vo	lunteer labor	Yes %	└── Yes % └── No	Yes % No	
7 Dir	rect expense summary. Add lines 2 throu	gh 5 in column (d)			
	• • • • • • • • • • • • • • • • • • •	7 fuere line d have (h			
8 Ne	et gaming income summary. Subtract line	e / from line 1, column (d)			<u> </u>
Enter t	he state(s) in which the organization cond	ducts gaming activities:			
Is the c	organization licensed to conduct gaming " explain:	activities in each of these s	states?		Yes N
Were a			rminated during the tax ve	ear?	Yes N

232082 10-27-22

Schedule G (Form 990) 2022

Schedule G (F	Form 990) 2022	WASHINGTON	PERFORMING ARTS SOCIETY	52-60	62439	Page 3
11 Does the	organization conduct ga		nmembers?	[Yes	No
			rust, or a member of a partnership or other entity formed			
				[Yes	No
	the percentage of gamin					
				1	13a	%
					13b	%
			the organization's gaming/special events books and record			/0
		ie person who prepares		15.		
Name						
Address						
15a Does the	organization have a con	tract with a third party	from whom the organization receives gaming revenue?	[Yes	🗌 No
b If "Yes,"	enter the amount of gam	ing revenue received b	y the organization \$ and the arr	nount		
	g revenue retained by the					
	enter name and address					
Name						
Address						
/ (001000						
16 Gaming	manager information:					
Name						
Comina	manager companyation	¢				
Gaming	manager compensation	\$				
Docorinti	on of services provided					
Descripti						
D	irector/officer	Employee	Independent contractor			
			·			
17 Mandato	ry distributions:					
		r state law to make cha	ritable distributions from the gaming proceeds to			
-	e state gaming license?			[Yes	No No
			w to be distributed to other exempt organizations or spent	in the		
	tion's own exempt activit	•	\$			
			explanations required by Part I, line 2b, columns (iii) and (v)	; and Part I	II, lines 9, 9	9b, 10b,
			de any additional information. See instructions.			

232083 10-27-22

Schedule G	i (Form 990) Supplemental Ir	WASHINGTON formation (continued)	PERFORMING	ARTS	SOCIETY	52-6062439	Page 4
I altiv	Supplemental II	(continued)					
232084 04-01-	22					Schedule G (F	orm 990)

SCHEDULE I			irants and Oth					ОМ	B No. 15	45-0047
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury								Op	en to	Public
Internal Revenue Service			Go to www.irs		the latest inform	ation.			nspec	
Name of the organizat	ion			-				Employer identif	icatio	n number
	WASHINGTO	N PERFORM	ING ARTS SO	CIETY						2439
Part I General I	nformation on Grants a	nd Assistance								
•	zation maintain records t		•		• • • •	v				
criteria used to a	award the grants or assis	stance?						Y	'es	No No
	IV the organization's pro									
	nd Other Assistance to I hat received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any	/	
		(b) EIN	(c) IRC section			(f) Method of	(a) Description of		o of a	
.,	ddress of organization vernment	(D) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpos or assi		
				1				1		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

WASHINGTON PERFORMING ARTS SOCIETY

52-6062439

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HONORARIA AWARDS SCHOLARSHIP	19	12,255.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	99	
		Compensated Employees		20	22	-
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			identificatio		nber
		WASHINGTON PERFORMING ARTS SOCIETY	52-6	506243	9	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ir, cnet)			
L	If any of the haves	on line to ave checked, did the exception follow a written policy recording powerst or				
D		on line 1a are checked, did the organization follow a written policy regarding payment or		46		
2		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
U		ector. Check all that apply. Do not check any boxes for methods used by a related organization of				
		ation of the CEO/Executive Director, but explain in Part III.	01110			
	Compensation					
	·	ompensation consultant				
	·	ther organizations Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
						X
b		ation?		5b		X
		r 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
						X
b		ation?		<u>6b</u>	_	X
_		or 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				37
-		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			77
-				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2022

232111 10-18-22

52-6062439

Page **2**

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JENNIFER BILFIELD-FRIEDMAN	(i)	325,530.	15,000.	0.	0.	29,916.	370,446.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ELIZABETH RACHEVA	(i)	178,048.	10,000.	0.	0.	16,416.	204,464.	0.	
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 WASHINGTON PERFORMING ARTS SOCIETY

52-6062**4**39

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Inspection

22

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Name of the organization

WASHINGTON PERFORMING ARTS SOCIETY

Employer identification number 52 - 6062439

ſ ΖU **Open to Public**

Pa				JOCITI	52	0002	135	
Pa	t I Types of Property	()	(1)	()		<u> </u>		
		(a) Check if	(b) Number of	(c) Noncash contribution	(d Method of d		ina	
		applicable	contributions or	amounts reported on	noncash contrib			9
		applicable	items contributed	Form 990, Part VIII, line	lg		nound	<u> </u>
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8								
9	Securities - Publicly traded							
	-	Х	22	578 922	.FAIR MARKET	י געצ י	TIE	
10	Securities - Closely held stock	Λ		570,522	• FAIR MARKE	. VA		
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts					,		
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
<u>20</u> 29	Number of Forms 8283 received by the organiz	ration during	l 1 tho tax yoar for or	patributions				
29	for which the organization completed Form 828	-	-					
	for which the organization completed Form 820	DO, Fart V, D	onee Acknowledge	29 Z			Vee	Na
<u> </u>				entre d'an David I. Barra et davi			Yes	INO
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t							v
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p					31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	t, process, or sell noncas	sh			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is c	necked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organizat is reporting in Part I column (b), the number of contributions, the number of items received, or a combination of both. Also comp this part for any additional information.	Page 2 tion blete
232142 09-09-22 Schedule M (Form	

SCHEDULE O (Form 990)

Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

EX 2022 Open to Public Inspection Employer identification number

OMB No. 1545-0047

52-6062439

WASHINGTON PERFORMING ARTS SOCIETY | 52-6 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND, WITH OUR VIRTUAL PLATFORM, SHARE OUR WORK THROUGHOUT THE WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WASHINGTON PERFORMING ARTS IS DISTINGUISHED BY A MIX OF COLLABORATIONS

AND PARTNERSHIPS, AND A TANDEM FOCUS ON AMERICAN NARRATIVES

SPOTLIGHTING ARTISTS AND ART FORMS THAT MARK IMPORTANT MOMENTS IN

AMERICAN HISTORY AND CULTURE. A PIONEER IN ARTS DEVELOPMENT AND ARTS

EDUCATION IN THE DC AREA, IT ANNUALLY SERVES MORE THAN 57,000 RESIDENTS

OF ALL AGES ACROSS THE DISTRICT AND METRO VIRGINIA AND MARYLAND WITH

LIVE ARTS EXPERIENCES OF THE HIGHEST CALIBER, AS WELL AS INSTRUMENTAL

AND VOCAL INSTRUCTION AND PERFORMANCE OPPORTUNITIES. WASHINGTON

PERFORMING ARTS CONSISTENTLY DEMONSTRATES EXCELLENCE IN THE PERFORMING

ARTS THROUGH

MULTI-DISCIPLINARY EFFORTS THAT BUILD COMMUNITY THROUGHOUT THE DISTRICT

AND BEYOND WITH A FOCUS ON PERFORMANCES, ARTS EDUCATION PROGRAMS, AND

COMMUNITY ENGAGEMENT INITIATIVES.

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

THE 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS. IT WAS REVIEWED BY THE CONTROLLER, CHIEF FINANCIAL OFFICER AND SIGNED BY THE PRESIDENT AND CEO. A COPY OF THE PUBLIC DISCLOSURE VERSION OF THE 990 (WHICH IS IDENTICAL TO THE FULL COPY OF THE 990 SAVE FOR REMOVING THE NAMES AND ADDRESSES OF THE DONORS LISTED ON SCHEDULE B) WAS PRESENTED TO THE ENTIRE BOARD BEFORE FILING WITH THE IRS.

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

Schedule O (Form 990) 2022

Name of the organization WASHINGTON PERFORMING ARTS SOCIETY	Employer identification number 52-6062439
FORM 990, PART VI, SECTION B, LINE 12C:	
A CONFLICT OF INTEREST STATEMENT IS SIGNED BY ALL BOARD AN	ID STAFF MEMBERS
ANNUALLY. IF MANAGEMENT IS MADE AWARE OF A SPECIFIC CONFLI	CT, THE PERSON
WOULD BE REMOVED FROM THE DECISION MAKING PROCESS IMMEDIAT	ELY. IF A
CONFLICT OF INTEREST IS DISCOVERED BY MANAGEMENT, DISCIPLI	NARY ACTION
FOLLOWS BASED ON THE SEVERITY OF THE ACT.	

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

COMPENSATION IS REVIEWED BY THE BOARD CHAIR AND SELECT EXECUTIVE COMMITTEE MEMBERS AND NEGOTIATED AS PART OF THE PRESIDENT'S CONTRACT REVIEW. ONCE COMPLETED, THE CONTRACT, INCLUDING THE PRESIDENT'S COMPENSATION PACKAGE, IS APPROVED BY THE EXECUTIVE COMMITTEE. COMPENSATION IS BASED UPON PERFORMANCE, COMPENSATION PAID BY OTHER SIMILAR COMPANIES AND SALARY STUDY SURVEY INFORMATION. THE DECISION WAS RECORDED IN THE EXECUTIVE COMMITTEE MINUTES. THE LAST SALARY REVIEW FOR THE PRESIDENT WAS IN FEBRUARY 2022.

FOR THE OTHER EMPLOYEES, COMPENSATION IS DETERMINED BY THE CHIEF FINANCIAL OFFICER AND APPROVED BY THE PRESIDENT.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING AND PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

232212 10-28-22

Schedule O (Form 990) 2022

337,428.

392,532.

253,717.

Schedule O (Form 990) 2022	Page 2
Name of the organization WASHINGTON PERFORMING ARTS SOCIETY	Employer identification number 52-6062439
TOTAL EXPENSES	983,677.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	983,677.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
	0.1

Schedule O (Form 990) 2022

232212 10-28-22