DLN: 93493345003073 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Inspection Treasury For the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023 D Employer identification number B Check if applicable: 47 Palmer Inc ☐ Address change 04-3255365 ☐ Name change Doing business as ☐ Initial return Passim ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite ☐ Amended return 26 Church Street Suite 300 ☐ Application pending (617) 492-5300 City or town, state or province, country, and ZIP or foreign postal code Cambridge, MA 02138 G Gross receipts \$ 1,750,261 Name and address of principal officer: H(a) Is this a group return for Jim Wooster □Yes **☑**No subordinates? 26 Church Street Are all subordinates Cambridge, MA 02138 ☐ Yes ☐No included? Tax-exempt status: **☑** 501(c)(3) **☐** 501(c) () **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: ▶ www.passim.org L Year of formation: 1994 M State of legal domicile: K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ **Summary** 1 Briefly describe the organization's mission or most significant activities: The mission of Passim is to provide truly exceptional and interactive live musical experiences for both performers and audiences, to nurture artists at all stages of their career, and to build a vibrant music community. We do so through our legendary listening venue, music school, artist grants and outreach programs. As a nonprofit since 1994, Passim carries on the heritage of our predecessors-the historic Club 47 (1958-1968) and for-profit Passim (1969-1994). We cultivate a diverse mix of musical traditions, where the emphasis is on the relationship Activities & Governance between performers and audience and between teachers and students. Located in Harvard Square, Passim serves Cambridge and the broader region by featuring local, national and international artists. Our ultimate goal is to help the performance arts flourish and thereby enrich the lives of members of our community Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 51 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 819,038 607.491 8 Contributions and grants (Part VIII, line 1h) . 9 Program service revenue (Part VIII, line 2g) . 798,451 1,139,493 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 85 3,277 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 1,617,574 1.750.261 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 89.586 39,850 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 524,869 636,057 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶83,568 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 894,249 1,157,976 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,508,704 1,833,883 **19** Revenue less expenses. Subtract line 18 from line 12 108,870 -83.622 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 700.773 652,259 105,343 140,451 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 . 595,430 511,808 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here Jim Wooster Executive Director Type or print name and title Preparer's signature Check | if P00551279 2023-11-27 Paid Firm's name ► PAVENTO RATCLIFFE RENZI & CO LLC Firm's EIN ▶ 04-3530932 Preparer Use Only Firm's address > 391 East Central St Unit 8A Phone no. (508) 553-3091 Franklin, MA 02038 May the IRS discuss this return with the preparer shown above? (see instructions) . ☑ Yes ☐ No For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2022)

| Form | 990 (2022) | | | | | Page 2 |
|-------|------------------------|-------------------------|-------------------|---------------------------|---|---------------|
| Pa | rt III Statement | of Program Service | e Accomplis | hments | | |
| | Check if Sche | dule O contains a respo | onse or note to a | any line in this Part III | | 🗹 |
| 1 | Briefly describe the o | organization's mission: | | • | | |
| See l | Page 1, Part I | | | | | |
| | | | | | | |
| 2 | Did the organization | undertake any significa | ant program ser | vices during the year w | hich were not listed on | |
| | the prior Form 990 o | r 990-EZ? | | | | ☐ Yes ☑ No |
| | If "Yes," describe the | ese new services on Sch | nedule O. | | | |
| 3 | Did the organization | cease conducting, or m | nake significant | changes in how it cond | ucts, any program | |
| | services? | | | | | 🗌 Yes 🗹 No |
| | If "Yes," describe the | ese changes on Schedu | le O. | | | |
| 4 | Section 501(c)(3) an | | ons are required | to report the amount of | largest program services, as meas of grants and allocations to others, | |
| | (Code: |) (Expenses \$ | 1,297,509 | including grants of \$ |) (Revenue \$ | 1,038,020) |
| | See Additional Data | | | | | |
| 4b | (Code: |) (Expenses \$ | 105,810 | including grants of \$ | 39,850) (Revenue \$ | 88,550) |
| | See Additional Data | | | | | |
| 4c | (Code: |) (Expenses \$ | 21,995 | including grants of \$ |) (Revenue \$ | 12,923) |
| | See Additional Data | | | | | |
| 4d | Other program servi | ces (Describe in Sched | ule O.) | | | |
| | (Expenses \$ | incl | uding grants of | \$ |) (Revenue \$ |) |
| 4e | Total program serv | vice expenses ▶ | 1,425,3 | 14 | | |

15

16

17

18

19

15

16

17

18

19

20a

20b

21

Νo

Nο

No

Nο

Nο

Nο

Nο

Form **990** (2022)

| -orm | 990 (2022) | | | Page 3 |
|------|---|-----|--------------|-------------|
| Par | TIV Checklist of Required Schedules | | - | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥞 | 2 | Yes | |
| 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 | | No |
| 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 | | No |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | 5 | | No |
| 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? <i>If "Yes," complete Schedule D,</i> Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | <u> </u> | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 🕏 | 8 | _ | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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, Part VI. | 11a | Yes | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Yes | |
| | 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 2 | 11c | | No |
| | 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 2 | 11d | <u> </u> | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 | 11e | ' | No |
| | 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 | | No |
| | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a | Yes | |
| | 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 | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | ĺ ' | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| | 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 | 14b | | No |

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

| 3 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, | | Yes | No | |
|---|--|----------|-----|-----|--|
| 3 | ** 1 | | Yes | No | |
| 3 | ** 1 | ! | | | |
| 4a [t t t t t t t t t t t t t t t t t t | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | | |
| b [c [t t t t t t t t t t t t t t t t t | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | | No | |
| c [t t d [f t t t t t t t t t t t t t t t t t t | 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 | | No | |
| t d [] d [] f s d d d d d d d d d d d d d d d d d d | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | | |
| 5a 5 t t 5 5 5 6 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | 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 | | | |
| b] t 6 [7 [6 2 8 \ | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | | |
| 6 [7 [3 | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No | |
| 7 [6 6 3 | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No | |
| 8 \ | 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 | | No | |
| | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III | | | | |
| i | 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): | | | | |
| | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No | |
| b A | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No | |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No | |
| 9 [| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No | |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No | |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No | |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No | |
| | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | No | |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No | |
| 5a [| Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No | |
| | 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 | | | |
| | 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 | | No | |
| 7 [| 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 | | No | |
| 8 [| 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 | Yes | | |
| Part | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | | |
| 4- ' | | - 1 | V ' | No | |
| la b | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 192 | \vdash | Yes | 140 | |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

| Form | 990 (2022) | | | Page 5 | | | |
|--------|--|------------|-----|---------------|--|--|--|
| Pai | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | |
| 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 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | 2b | Yes | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | | | | |
| | 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)? If "Yes," enter the name of the foreign country: | 4a | | No | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No | | | |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5с | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No | | | |
| g | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | |
| ŭ | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | |
| _ | Initiation fees and capital contributions included on Part VIII, line 12 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: Gross income from members or shareholders | | | | | | |
| a b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | | |
| | against amounts due or received from them.) | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | |
| 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 | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | | | | |
| | 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 | | No | | | |
| 16 | If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | No | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17 | | | | | |

| orm | 990 (2022) | | | Page 6 |
|------------|--|------------|---------|---------------|
| Par | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | o" resp | onse to | ✓ |
| Se | ction A. Governing Body and Management | | | |
| | Established with a second and of the second and the second of the terror of the second | | Yes | No |
| Ia | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing | - | | |
| | body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 12 | | | |
| 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 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? • | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 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 | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8 b | | No |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | • | |
| | | 40 | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | No |
| .1a | 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 before filing the | | | |
| h | form? | 11a | Yes | |
| | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | 12a | Yes | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to | 124 | 165 | |
| | conflicts? | 12b | Yes | |
| | Schedule O how this was done | 12c | Yes | |
| 3 | Did the organization have a written whistleblower policy? | 13 | Yes | NI- |
| .4 .5 | Did the organization have a written document retention and destruction policy? | 14 | | No |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| | Other officers or key employees of the organization | 15b | Yes | |
| _ | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| .6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt | | | |
| | status with respect to such arrangements? | 16b | | |
| Se | ction C. Disclosure | | | |
| .7 | List the states with which a copy of this Form 990 is required to be filed▶ MA | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website Upon request Other (explain in Schedule O) | | | |
| L 9 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: The Organization 26 Church Street Suite 300 Cambridge, MA 02138 (617) 492-5300 | | | |

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

- 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, or 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

| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. | | | | | | | | | | | | |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|--|--|--|
| (A) Name and title | (B) Average hours per week (list any hours | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the organization and | | |
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099- MISC/1099- NEC) | (W-2/1099- MISC/1099- NEC) | related organizations | | |
| (1) James Patrick Kelly Director & Treasurer | 5.00 | x | | х | | | | 0 | 0 | 0 | | |
| (2) Alice Bruce Director | 2.00 | х | | | | | | 0 | 0 | 0 | | |
| (3) Jaime D'Almeida Director & Clerk | 2.00 | Х | | х | | | | 0 | 0 | 0 | | |
| (4) Chuck Honnet Director & VP | 2.00 | Х | | | | | | 0 | 0 | 0 | | |
| (5) Kemp Harris Director | 2.00 | Х | | | | | | 0 | 0 | 0 | | |
| (6) Annie Bartlett Director & Chair | 5.00 | х | | х | | | | 0 | 0 | 0 | | |
| (7) Mark Gillard Director | 2.00 | х | | | | | | 0 | 0 | 0 | | |
| (8) Kristina Latino Director | 2.00 | x | | | | | | 0 | 0 | 0 | | |
| (9) Brian Berube Director | 2.00 | х | | | | | | 0 | 0 | 0 | | |
| (10) Rosi Amador Director | 2.00 | х | | | | | | 0 | 0 | 0 | | |
| (11) Melissa Ferrick Director | 2.00 | x | | | | | | 0 | 0 | 0 | | |
| (12) Patty Katsaros Director | 2.00 | Х | | | | | | 0 | 0 | 0 | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | Form 990 (2022) | | |

Part VII

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

Page 8

| | (A) Name and title | (B) Average hours per week (list any hours | Position (do not check more than one box, unless person comp is both an officer and a director/trustee) orga | | | | | | | (D) ortable ensation m the nization | (E) Reportable compensation from related organizations | , | Estima amount o compens from | ated of other sation the |
|-----|---|---|--|-----------------------|-----------|--------------|---|--------|----------|---|--|--------------|---------------------------------------|-----------------------------------|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | :/1099- 099-NEC) | (W-2/1099- MISC/1099-NE | | organizati relat organiza | ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| c · | Sub-Total | | Α. | | • | | * * * * | | | 0 | | 0 | | 0 |
| 2 | Total number of individuals (including of reportable compensation from the | | | e liste | ed a | bove | e) who | rec | eived mo | re than \$1 | 00,000 | | T | |
| 3 | Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> . | | | ee, k | ey e • | mplo • | oyee, d | or hi | ghest co | mpensated | employee on | 3 | Yes | No No |
| 4 | For any individual listed on line 1a, is organization and related organization individual | | | | | | | | | | n the | 4 | | No |
| 5 | Did any person listed on line 1a recei services rendered to the organization | n?If "Yes," compi | | | | | | | | tion or indi | vidual for | 5 | | No |
| | ection B. Independent Contract | | 1 | | | | | | | | +100.000 6 | | | |
| 1 | Complete this table for your five high from the organization. Report compe | | | | | | | | | | | npen | sation | |
| | (A) Name and business address (B) Description of services | | | | | | | | | | | (C Comper | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

| | | (2022) | | | | | | | | Page 9 |
|--|-----|---|---------------|-----------------|-------------|----------------------|--------------------------|--|--------------------------------|--|
| Par | VII | | | | resno | onse or note to any | / line in this Part VIII | | | |
| | | Check if Seller | aure | o contains a | гезре | inse of floce to any | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| | 1a | Federated campai | gns | 1 | .a | | 1 | 1 | | 1 |
| s, Grants Amounts | b | Membership dues | | . 1 | .b | 145,391 | | | | |
| S. E. | С | Fundraising events | | . 1 | .с | | | | | |
| iffs, | u | Related organizati | | | .d | | | | | |
| imi | | Government grants (All other contribution | | | .е | 88,400 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | and similar amounts above | not ir | achidad | Lf | 373,700 | | | | |
| ibu | g | Noncash contribution lines 1a - 1f:\$ | s incl | | | <u>-</u> | | | | |
| Contra | | | - 16 | _ | g | | | | | |
| <u>ت</u> ت | _ n | Total. Add lines 1 | a-11 | | • | Business Code | 607,491 | | | |
| | 2= | Admissions & club | | | | Business Code | 1,012,363 | 1,012,363 | | |
| e. | | - | | | | 711190 | | | | |
| Program Service Revenue | b | Tuitions | | | | 900099 | 88,550 | 88,550 | | |
| - 62 - 63 | ۱, | Member dues for values | ue | | | 711190 | 25,657 | 25,657 | | |
| rvic | | | | | | 711130 | 12,923 | 12,923 | | |
| S. | C | Program income club | | | | 900099 | 12,323 | 12,323 | | |
| gran | e | | | | | | | | | |
| ď | ` | | | | | | | | | |
| | f | All other program | serv | rice revenue. | | | | | | |
| | g | Total. Add lines 2 | 2a-2 | f | > | 1,139,493 | | | , | |
| | | Investment income similar amounts) | | | nds, i • | nterest, and other | 3,27 | 7 | | 3,277 |
| | 1 | Income from invest | | | npt bo | ond proceeds | • | | | |
| | 5 | Royalties | | | | | • | | | |
| | | | | (i) Real | | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | | | | | | | |
| | ь | Less: rental | | | | | | | | |
| | | expenses Rental income | 6b | | | | | | | |
| | C | or (loss) | 6с | | | | | | | |
| | ١ (| d Net rental income | or | (loss) | | | | | | |
| | | | | (i) Securit | ies | (ii) Other | _ | | | |
| | 7ā | Gross amount from sales of | 7a | | | | | | | |
| | | assets other than inventory | | | | | | | | |
| | ь | Less: cost or other basis and | 7b | | | | | | | |
| | | sales expenses | | | | | | | | |
| | c | Gain or (loss) | 7c | | | | | | | |
| | 1 | d Net gain or (loss) | | | | · · · • | | | | |
| <u>a</u> | 8a | Gross income from fu (not including \$ | | of | | | | | | |
| Ę. | | contributions reporte See Part IV, line 18 | d on | line 1c). | _ | | | | | |
| Rev | ١. | | | | 8a 8b | | | | | |
| Other Revenue | | b Less: direct expen c Net income or (los | | | | ents 🕨 | | | | |
| oth | | ` | • | | | | | | | |
| | 9a | Gross income from See Part IV, line 19 | gam • | ing activities. | 9a | | | | | |
| | , | b Less: direct expen | | | 9b | | | | | |
| | 1 | c Net income or (los | | | ctivit | ies | | | | |
| | | | | | | | | | | |
| | 10 | aGross sales of inve returns and allowa | ento ance: | ry, less s | 10a | | | | | |
| | 1 | b Less: cost of good | ls so | ld | 10b | | | | | |
| | L | Net income or (los | ss) fr | rom sales of i | nvent | ory ► | _ | | | |
| | | Miscellaneo | us R | evenue | | Business Code | | | | |
| | 11 | ıa | | | | | | | | |
| | ١. | _ | | | | | | | | |
| | ' | o O | | | | | | | | |
| | | | | | | | | | | |
| | ` | C | | | | | | | | |
| | | d All other revenue | | | | | | - | | |
| | | e Total. Add lines 1 | | | | > | 1 | | | |
| | | 2 Total revenue. S | | | | | | | | + |
| | | o.a. lovelidel 3 | JU 11 | .50, 400,0115 | • | • • • • | 1,750,26 | 1,139,493 | | 0 3,277 |

| Form 990 (2022) | | | | P |
|--|-------------------------|------------------------------------|---|-------------------------------------|
| Part IX Statement of Functional Expenses | | | | |
| Section 501(c)(3) and 501(c)(4) organizations must | complete all columns | . All other organization | ons must complete c | olumn (A). |
| Check if Schedule O contains a response or note to a | ny line in this Part IX | | | |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisi expense |
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 4,000 | 4,000 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 35,850 | 35,850 | | |
| | | | | |

1,833,883 1,425,314 325,001 83,568 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Form 990 (2022) Form 990 (2022)

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Beginning of year

470,301

29.000

4.030

11.987

18,322

59,784

95.174

12,175

700,773

47,216

58.127

105.343

467,768

127,662

595,430

700,773

1

2

3

4

5

6 7

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

Page **11**

462,766

7,552

12,532

16,823

42,985

98.451

11,150

652,259

50,263

90.188

140.451

400,111

111,697

511,808

652,259

Form 990 (2022)

| Check if Schedule O contains a response or note to any line in this Part IX . | | | | |
|---|---|---|-----|---|
| | | E | 3eg | i |
| | L | | | |

Cash-non-interest-bearing Savings and temporary cash investments .

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here <a> \square and

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Pledges and grants receivable, net . . . Accounts receivable, net

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 10a Land, buildings, and equipment: cost or other 10a 10b

422,414

379,429

☐ Both consolidated and separate basis

2c

3a

3h

Nο

No

Form 990 (2022)

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Consolidated basis

consolidated basis, or both:

Separate basis

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: EIN: 04-3255365

Name: 47 Palmer Inc

Form 990 (2022)

Form 990, Part III, Line 4a:

Club Passim - See Schedule OClub Passim put on 348 concerts during fiscal year 2023, conducted in the club and via livestream. In a typical year, in addition to our regular concerts, we hold a variety of special concerts, including our annual Celtic Music Festival. We help develop emerging artists by offering them the opportunity to

our regular concerts, we hold a variety of special concerts, including our annual Celtic Music Festival. We help develop emerging artists by offering them the opportunity to perform to smaller audiences and opening for better-known musicians. A major vehicle for this is through our weekly open-mic, which we reinstituted in June 2014. At open mic, any musician is welcome to play several songs on our stage. We also typically hold 2 weekend-music festivals ("Campfire Festivals") on the Memorial Day and Labor Day weekends that provide an opportunity for lesser-known artists to play. Our audience typically ranges in age from 25-65 and comes mainly from metropolitan Boston.

Education - See Schedule OEducationEducation - Passim School of MusicFrom July 1, 2022 through June 30, 2023, the Passim School of Music served 637 students through 127 classes, voice lessons, and workshops. The intimate, inclusive environment is specified to foster a sense of community across students and instructors. Master classes and workshops give students an opportunity to work closely with their favorite artists and to learn specific techniques from the masters. The School is for adults and

30s and while many come from or have roots in the Boston area, they all have a strong New England connection. Two grantees were Grammy nominees in prior years.

Form 990, Part III, Line 4b:

does not award degrees or certificates. Education - Iguana Music FundThe Fund, originated in 2009, gives grants to New England-based artists to help develop their careers or assist their community-service efforts. In general, between 250-300 musicians apply and between 20 and 30 receive grants. Passim holds an annual spring celebration of these artists at its Club, where grant recipients perform. Those unable to be present usually send videos that are played to the audience. Artists are generally in their 20s or

Outreach - See Schedule OOutreachPassim presents artists in the community as part of its Outreach Program. Each summer we present a series of free outdoor weekly concerts in Harvard Square and Kendall Square. In addition, we have stages at the Harvard Square Business Association's Mayfair and Oktoberfest festivals. We also hold or

Form 990, Part III, Line 4c:

the music. All of these events serve the general public at large.

cohost 5 different festivals during the year. These include campfire. (TM)(previously mentioned), the Passim Bluegrass Festival, Harvard Square Folk Festival, New England Americana Festival, and BCMFest (Boston's Celtic Music Festival). The latter is the premier presenter of Boston-based Irish, Scottish & Cape Breton music. Passim also hosts monthly BCMFest concerts at the Club. The festival encourages collaboration across the Celtic spectrum, along with encouraging both traditional and new interpretations of

| efil | e GR/ | APHIC pri | nt - DO NOT PROCESS | DO NOT PROCESS As Filed Data - D | | | | | | |
|---------|----------|------------------------------|--|--|--|---|---|---------------------------|--|--|
| SCI | HED | ULE A | Dublic | Charity Statu | e and Dul | hlic Sunn | ort | OMB No. 1545-0047 | | |
| (For | m 99 | 0) f the Treasury | Complete if the | organization is a sect 4947(a)(1) nonexe ▶ Attach to Form | ion 501(c)(3) empt charitable 990 or Form 99 | organization or trust. 90-EZ. | r a section | 2022 Open to Public | | |
| Interna | ıl Reven | nue Service | ► Go to <u>www.ii</u> | ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. | | | | | | |
| | e of the | he organiza | tion | | | | Employer identific | ation number | | |
| | | | | | | | 04-3255365 | | | |
| | rt I | | for Public Charity Sta a private foundation becaus | | | | See instructions. | | | |
| 1 | ga≥ | | onvention of churches, or a | • | • | • • | (Δ)(i). | | | |
| 2 | | , | scribed in section 170(b) | | | | (~)(-) | | | |
| 3 | | | or a cooperative hospital se | | , | , , | :::: | | | |
| 4 | | · | · | - | | | • | ntor the beenital's | | |
| 7 | Ш | name, city, | esearch organization opera and state: | ted in conjunction with | a nospital descr | ibed in Section . | 170(D)(1)(A)(III). E | nter the hospital's | | |
| 5 | | | ation operated for the bene (iv). (Complete Part II.) | fit of a college or unive | rsity owned or o | perated by a gov | ernmental unit descri | bed in section 170 | | |
| 6 | | A federal, s | tate, or local government o | or governmental unit de | escribed in sectio | on 170(b)(1)(<i>A</i> | ۱)(v). | | | |
| 7 | ✓ | | ation that normally receives ${f O(b)(1)(A)(vi).}$ | | s support from a | governmental u | ınit or from the gener | al public described in | | |
| 8 | | | ty trust described in sectio | • | (Complete Part I | I.) | | | | |
| 9 | | | ural research organization or ant college of agriculture. | | | | | ege or university or a | | |
| 10 | | from activit investment | ation that normally receives dies related to its exempt fu income and unrelated busi See section 509(a)(2). (0 | inctions—subject to cer iness taxable income (le | tain exceptions, | and (2) no more | than 33 1/3% of its s | upport from gross | | |
| 11 | | An organiza | ation organized and operate | ed exclusively to test fo | r public safety. S | See section 509 | (a)(4). | | | |
| 12 | | more public | ation organized and operate ly supported organizations a through 12d that describe | described in section 5 | 09(a)(1) or se | ction 509(a)(2 |). See section 509(a | | | |
| а | | organizatio | supporting organization open n(s) the power to regularly Part IV, Sections A and E | appoint or elect a major | | | | | | |
| b | | manageme | supporting organization sunt of the supporting organiplete Part IV, Sections A | zation vested in the sar | | | | | | |
| C | | Type III f | unctionally integrated. A | supporting organizatio | | | | ited with, its | | |
| d | | Type III n | organization(s) (see instructionally integrated integrated. The organization in the or | ed. A supporting organion generally must satis | ization operated fy a distribution | in connection wi | th its supported orgai | | | |
| e | | Check this | You must complete Pa box if the organization rece or Type III non-functionall | eived a written determir | nation from the I | | pe I, Type II, Type II | I functionally | | |
| f | Enter | | of supported organizations | | - | | <u> </u> | | | |
| g | Provi | de the follow | ing information about the s | supported organization(| s). | | | | | |
| | (i) N | Name of supp organization | | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the org in your govern | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | |
| | | | | | Yes | No | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Tota | | | tion Act Notice, see the | | Cat. No. 1128! | <u> </u> | Schedule | | | |

activities, whether or not the business is regularly carried on. .

(Explain in Part VI.). .

Other income. Do not include gain or loss from the sale of capital assets

Total support. Add lines 7 through

Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

10

12

Page 2

116,550

3,212,099

4,756,331

93.780 %

93.530 %

Schedule A (Form 990) 2022

14

15

If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support

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

| | beetion Air abne bappore | | | | | | |
|---|---|----------|-----------------|----------|----------|-----------------|-----------|
| | Calendar 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 grant.") | 389,600 | 610,741 | 665,131 | 819,038 | 607,491 | 3,092,001 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total Add lines 1 through 3 | 389 600 | 610 741 | 665 131 | 819 038 | 607 491 | 3 092 001 |

| | include any "unusual grant.") | , | , | , | , | , | , , |
|---|---|---------|---------|---------|---------|---------|-----------|
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 389,600 | 610,741 | 665,131 | 819,038 | 607,491 | 3,092,001 |
| | | | | | | | |

| The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
|---|---------|---------|---------|---------|---------|-----------|
| Total. Add lines 1 through 3 | 389,600 | 610,741 | 665,131 | 819,038 | 607,491 | 3,092,00: |
| 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) | | | | | | 79,774 |
| Dudalia accompany Culabra at line E france | | | | | | í |

| 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) | | | | | | 79,774 |
|---|----------|-----------------|----------|----------|----------|-----------|
| Public support. Subtract line 5 from line 4. | | | | | | 3,012,227 |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) ▶ | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 Amounts from line 4 | 389,600 | 610,741 | 665,131 | 819,038 | 607,491 | 3,092,001 |

| | governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 79,774 |
|--|--|----------|-----------------|----------|----------|----------|-----------|
| Public support. Subtract line 5 from line 4. | | | | | | | 3,012,227 |
| S | ection B. Total Support | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 389,600 | 610,741 | 665,131 | 819,038 | 607,491 | 3,092,001 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and | | 176 | 10 | 85 | 3,277 | 3,548 |

| 6 | shown on line 11, column (f) Public support. Subtract line 5 from line 4. | | | | | | 3,012,227 |
|---|---|----------|-----------------|----------|----------|----------|-----------|
| | Section B. Total Support | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 389,600 | 610,741 | 665,131 | 819,038 | 607,491 | 3,092,001 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | 176 | 10 | 85 | 3,277 | 3,548 |
| 9 | Net income from unrelated business | | | | | | |

100,759

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check

16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

1.150

14,641

Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))

Public support percentage for 2020 Schedule A, Part II, line 14

| Р | art III Support Schedule for | | | | | | |
|---------|--|---------------------------------------|---------------------|---------------------|--------------------|-------------|-----------------|
| | (Complete only if you cl | | | | | | ler Part II. If |
| | the organization fails to | qualify under | the tests listed I | pelow, please co | omplete Part II. |) | |
| 56 | ction A. Public Support Calendar year | | I | Γ | | | T |
| | (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.") . Gross receipts from admissions, | | | | | | |
| 2 | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| _ | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business | | | | | | |
| | under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| _ | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 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. | | | | | | |
| | Add lines 7a and 7b. | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ection B. Total Support | | l | | | | |
| | Calendar year | | | I | | | T |
| | (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. | | | | | | |
| с 11 | Add lines 10a and 10b. 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 | _ | | | • | | |
| | this box and stop here | | | | <u> </u> | | <u> ▶ ⊔</u> |
| | ection C. Computation of Public S | | | (6) | | | |
| 15 | Public support percentage for 2022 (lin | | | | | 15 | |
| 16 | Public support percentage from 2021 S | | | | | 16 | |
| | ction D. Computation of Investi | | | | 2.2 | | |
| 17 | Investment income percentage for 202 | - | | | • • | 17 | |
| 18 | Investment income percentage from 20 | · · · · · · · · · · · · · · · · · · · | • | | | 18 | |
| 19a | | = | | | | | |
| | more than 33 1/3%, check this box and | stop here. The | organization qual | ifies as a publicly | supported organiz | ation | ▶ ⊔ |
| b | 33 1/3% support tests—2021. If the | _ | | | | | _ |
| | not more than 33 1/3%, check this box | and stop here. | The organization of | qualifies as a publ | icly supported org | anization | ▶ ⊔ |

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

5a

6

7

8

10a

Part IV Supporting Organizations

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2022

Page 4

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

Section A. All Supporting Organizations Yes No

| | | | |
|---|---|---|------|
| 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. | 1 | |
| 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) . | 2 | |
| | | | |

| | describe the designation. If historic and continuing relationship, explain. | 1 | |
|----|---|----|--|
| 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). | 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. | 3a | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied | | |

| | (m, continue 500(c)(d) (m) (2) | | |
|----|--|----|--|
| | in section 509(a)(1) or (2). | 2 | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and | | |
| | 3c below. | 3a | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | | |
| | determination. | 3b | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | |
| | | | |

| | 2 / / | | |
|----|---|----|--|
| | 3c below. | 3a | |
| b | Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the | | |
| | determination. | 3b | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | |
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | |

| | , and the second se | | |
|----|--|---------------|--|
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | | |
| | determination. | 3b | |
| C | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | |
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | |
| | checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | |
| | | $\overline{}$ | |

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"

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,"

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

organization had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document).

complete Part I of Schedule L (Form 990).

the organization had excess business holdings).

provide detail in Part VI.

answer line 10b below.

organization's organizing document?

| SCH | ledule A (Form 990) 2022 | | | age 5 |
|-----|--|--------|---------|--------------|
| Pa | Supporting Organizations (continued) | | | |
| | | | Yes | No |
| | . Has the organization accepted a gift or contribution from any of the following persons? | | | <u> </u> |
| 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 11a above? | 11b | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part | 11c | | |
| - | <i>VI.</i> Section B. Type I Supporting Organizations | | | |
| | ection b. Type I supporting organizations | | Yes | No |
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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 | 100 | |
| 2 | Did the organization energie for the handlit of any supported organization other than the supported organization (s) that | | | |
| 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 | | |
| | | | | |
| S | Section C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the | | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| 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 in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| S | Section E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct | ions): | | |
| | a The organization satisfied the Activities Test. Complete line 2 below. | | | |
| | b The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | ctions) | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| | b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | 20 | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of | 3a | | |
| | 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. | | | |

instructions)

Page **6**

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. | | | |
|---|--|------------|---------------------------|--------------------------------|
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | 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 | | |
| | Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally-in | tegrate | ed Type III supporting or | ganization (see |

Section D - Distributions

Page 7

1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in 2 excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5

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

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide 8 details in Part VI). See instructions

Distributable amount for 2022 from Section C, line 6 9 10 10 Line 8 amount divided by Line 9 amount (ii) (iii) Section E - Distribution Allocations (i) Underdistributions Distributable **Excess Distributions** (see instructions) Pre-2022 Amount for 2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable 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.

e From 2021. f Total of lines 3a through e q 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. \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4.

4 Distributions for 2022 from Section D, line 7: 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018.

| Schedule A (| Form 990) 2022 Page 8 |
|--------------|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). |
| | Facts And Circumstances Test |

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493345003073

OMB No. 1545-0047

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.

Open to Public

Schedule D (Form 990) 2022

Cat. No. 52283D

Department of the Treasury

(Form 990)

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

| Na | me of the organization | | | | Empl | oyer identi | fication | number |
|-----|--|--------------------------|--------------|----------------------|--|--------------------|------------|------------|
| 4/1 | Palmer Inc | | | | 04-32 | 55365 | | |
| Pa | rt I Organizations Maintaining Donor Adv | | | | or Acco | unts. | | |
| | Complete if the organization answered "Ye | (a) Donor a | | | · | b) Funds ar | d other | accounts |
| | Total number at end of year | (a) Dollor a | uvis | sea Tarias | | b) i ulius ai | id Other a | accounts |
| , | Aggregate value of contributions to (during year) | | | | | | | |
| | Aggregate value of grants from (during year) | | | | | | | |
| | Aggregate value at end of year | | | | | | | |
| | Did the organization inform all donors and donor advisor | ors in writing that the | 3556 | ts held in donor a | l dvised fi | inds are the | | |
| | organization's property, subject to the organization's ex | | | | | mus are the | | Yes 🗌 No |
| 5 | Did the organization inform all grantees, donors, and donor charitable purposes and not for the benefit of the donor private benefit? | r or donor advisor, or i | or a | any other purpose | | | | Yes 🗌 No |
| Pa | rt II Conservation Easements. Complete if the organization answered "Ye | es" on Form 990. Pa | ırt I | V. line 7. | | | | |
| | Purpose(s) of conservation easements held by the orga | | | | | | | |
| | Preservation of land for public use (e.g., recreation | - | ֓֞֝֞֝֝֝֝֝֝֝֝ | Preservation of ar | n historic | ally importa | nt land a | rea |
| | Protection of natural habitat | , [| 1 | Preservation of a | | | | |
| | Preservation of open space | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a | qualified conservation | coi | ntribution in the fo | rm of a_ | conservation | 1 | |
| | easement on the last day of the tax year. | | | | , [| Held at th | ne End o | f the Year |
| а | Total number of conservation easements | | | | 2a | | | |
| b | Total acreage restricted by conservation easements | | | | 2b | | | |
| С | Number of conservation easements on a certified histor | | • | | 2c | | | |
| d | Number of conservation easements included in (c) acque historic structure listed in the National Register | ired after July 25, 200 | 6, a | ind not on a | 2d | | | |
| } | Number of conservation easements modified, transferre tax year ▶ | ed, released, extinguis | hed | , or terminated by | the orga | anization du | ring the | |
| Ļ | Number of states where property subject to conservation | on easement is located | ▶_ | | | | | |
| ; | Does the organization have a written policy regarding t | he periodic monitoring | , in: | spection, handling | of violat | ions, | | |
| | and enforcement of the conservation easements it hold | s? | | | | | Yes | □ No |
| • | Staff and volunteer hours devoted to monitoring, inspe | cting, handling of viola | tior | ns, and enforcing c | onservat | tion easeme | nts durin | g the year |
| , | Amount of expenses incurred in monitoring, inspecting, | handling of violations | , an | d enforcing conse | rvation e | asements d | uring the | year |
| | * \$ | | | | | | | |
| 3 | Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$? | | | | .70(h)(4 | | Yes | □ No |
|) | In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the | footnote to the organ | | | | ement, and | | |
| ar | the organization's accounting for conservation easemer † III Organizations Maintaining Collections | | Tre | easures, or Oth | ner Sim | nilar Asset | ts. | |
| | Complete if the organization answered "Ye | | | • | | | | <u> </u> |
| .a | If the organization elected, as permitted under FASB Ashistorical treasures, or other similar assets held for publications and the footnote to its financial statem. | lic exhibition, educatio | n, o | or research in furth | | | | |
| b | If the organization elected, as permitted under FASB As historical treasures, or other similar assets held for pub following amounts relating to these items: | | | | | | | |
| (| (i) Revenue included on Form 990, Part VIII, line 1 | | | | | > \$ | | |
| (i | ii)Assets included in Form 990, Part X | | | | | ▶ \$ | | |
| 2 | If the organization received or held works of art, historic following amounts required to be reported under FASB | | | | ancial ga | in, provide t | he | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | | | ▶ \$ | | |
| b | Assets included in Form 990, Part X | | | | | ▶ \$ | | |

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

| Par | t III | Organizations Maintaining | Collections o | of Art, | Histori | cal T | reası | ires, o | r Other | Similar A | ssets (coi | ntinued) | |
|------------|------------------|--|--------------------------|-----------------|------------|-------------|---------|-----------|-------------|--------------|--------------|------------|----------|
| 3 | Using | the organization's acquisition, acces (check all that apply): | | | | | | | | | | | |
| a | | Public exhibition | | | d | | Loan | or exch | ange prog | ırams | | | |
| b | | Scholarly research | | | е | | Othe | r | | | | | |
| С | | Preservation for future generations | | | | | | | | | | | |
| 4 | Provid Part X | de a description of the organization's (III. | collections and | explain | how the | ey furtl | her th | e organi: | zation's e | xempt purpo | ose in | | |
| 5 | | g the year, did the organization solic s to be sold to raise funds rather tha | | | | | | | | | ☐ Yes | | lo |
| Pa | rt IV | Escrow and Custodial Arran Complete if the organization a X, line 21. | | " on Fo | orm 990 | , Part | IV, li | ine 9, o | r reporte | ed an amoi | | | |
| 1a | | organization an agent, trustee, cust led on Form 990, Part X? | | | | | | | | | Yes | | lo |
| b | If "Ye | s," explain the arrangement in Part : | XIII and comple | ete the f | ollowing | table: | | | | Δ | Mount | | _ |
| c | | ning balance | • | | _ | | | | 1c | | | | _ |
| d | _ | ons during the year | | | | | | | 1d | | | | _ |
| е | | butions during the year | | | | | | | 1e | | | | _ |
| f | | g balance | | | | | | | 1f | | | | _ |
| 2- | | - | | | | | | | | . Lilia. o | | | _ |
| 2a | | ne organization include an amount or | | | | | | | | | | ⊔ N | 10 |
| b | | s," explain the arrangement in Part | (III. Check here | e if the e | explanat | ion has | s been | provide | d in Part i | XIII | | | |
| Pa | rt V | Endowment Funds. Complete if the organization a | nswered "Yes | " on Fo | rm 990 | Part | TV li | ine 1∩ | | | | | |
| | | Complete if the organization a | (a) Currer | | | rior yea | | | ears back | (d) Three ye | ears back (e |) Four yea | rs back |
| 1 a | Beginn | ing of year balance | | | | | | | | | | | |
| b | Contrib | outions | | | | | | | | | | | |
| С | Net inv | estment earnings, gains, and losses | | | | | | | | | | | |
| d | Grants | or scholarships | | | | | | | | | | | |
| е | | expenditures for facilities ograms | | | | | | | | | | | |
| f | Admini | strative expenses | | | | | | | | | | | |
| g | End of | year balance | | | | | | | | | | | |
| 2 | Provid | le the estimated percentage of the c | urrent vear end | l balance | e (line 1 | a, colu | mn (a |)) held a | as: | | | | |
| а | | designated or quasi-endowment | , | | ` | | • | • | | | | | |
| b | Perma | anent endowment ► | | | | | | | | | | | |
| c | | endowment ► | ••• | | | | | | | | | | |
| ٠ | | ercentages on lines 2a, 2b, and 2c s | hould equal 100 | 0%. | | | | | | | | | |
| 3a | Are th | nere endowment funds not in the posization by: | | | ation tha | t are h | eld an | ıd admin | istered fo | r the | | Yes | No |
| | (i) Ur | nrelated organizations | | | | | | | | | 3a(i | i) | |
| b | | elated organizations ss" on 3a(ii), are the related organiza | | | on Sche | edule R | .? | : : | | | 3a(i . 3b | | |
| 4 | Descr | ibe in Part XIII the intended uses of | the organizatio | n's endo | wment : | funds. | | | | | | | <u> </u> |
| Pa | rt VI | Land, Buildings, and Equipr | | | | | | | | | | | |
| | | Complete if the organization a | | | | | | | | | | | |
| | Descri | | r other basis stment) | (b) Cos | t or other | Dasis (| otner) | (c) Acc | cumulated (| depreciation | (a) | Book valu | ie |
| 1 a | Land | | | | | | | | | | | | |
| b | Buildin | gs | | | | | | | | | | | |
| С | Leaseh | old improvements | | | | 18 | 81,971 | | | 145,814 | | | 36,157 |
| d | Equipm | nent | | | | 24 | 40,443 | | | 233,615 | | | 6,828 |
| е | Other | | | | | | | | | | | | |
| Tota | ı. Add | lines 1a through 1e. (Column (d) mu | st equal Form | 990, Par | t X, colu | mn (B |), line | 10(c).) | | > | | | 42,985 |

| Part VII | Investments - Other Securities. Complete if the organization answered "Yes" on Fo | orm 990 Part IV | li | na 11h Saa Foi | m 990 Part Y | lina 1 | 2 |
|--------------------------|--|---------------------|-----|--|--------------------------------------|---------|------------------|
| | (a) Description of security or category (including name of security) | (b) Book value | | | (c) Method of va or end-of-year r | luation | : |
| (1) Financia | al derivatives | | | Cost | or end-or-year r | na ket | value |
| (3) Other _ | held equity interests | | | | | | |
| (A) Governn (C) | nental Money Market Mutual Fund | 98,45 | 51 | | F | | |
| (D) | | | | | | | |
| (E) | | | _ | | | | |
| (F) | | | | | | | |
| (G) | | | | | | | |
| (H) | | | | | | | |
| (H) | | | | | | | |
| | in (b) must equal Form 990, Part X, col. (B) line 12.) | 00.45 | -, | | | | |
| Part VIII | Investments - Program Related. | 98,45 | | | | | _ |
| | Complete if the organization answered 'Yes' on Fo (a) Description of investment | orm 990, Part IV, | _ | ne 11c. See Fo b) Book value | | | 13. aluation: |
| (1) | | | | | Cost or end-o | of-year | market value |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| Total. (Colum Part IX | on (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. | <u> </u> | | | | | |
| | Complete if the organization answered 'Yes' on For (a) Description | rm 990, Part IV, | lin | ie 11d. See Forr | n 990, Part X, lir | |) Book value |
| (1) | | | | | | _ | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| Total. (Colu | ımn (b) must equal Form 990, Part X, col.(B) line 15.) | | | | • | | |
| Part X | Other Liabilities. Complete if the organization answered 'Yes' on Fo | rm 990, Part IV, | lin | e 11e or 11f.S | ee Form 990, I | Part X, | line 25. |
| 1. | (a) Descriptio | | | | | | (b) Book value |
| | income taxes | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| | on (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of | the footnote to the | | ganization's fina | ▶ | that "c | norts the |
| | or uncertain tax positions. In Part XIII, provide the text of 's liability for uncertain tax positions under FIN 48 (ASC 74 | | | _ | | | _ |

1

3

4

b

5

Schedule D (Form 990) 2022

Page 4

30,318

1,750,261

1,750,261

1,864,201

30,318

1,833,883

1,833,883

Net unrealized gains (losses) on investments h

Other (Describe in Part XIII.)

3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4

Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII.) Add lines 4a and 4b .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Amounts included on line 1 but not on Form 990, Part IX, line 25:

1 2 Donated services and use of facilities а

Other (Describe in Part XIII.) Add lines 2a through 2d . .

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.) Add lines **4a** and **4b**

Explanation

2a 2b

2d

4b

2a

2h

2c

2d

4a

4b

2c

30.318

30,318

2e

4c

2e

3

4c

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

Part XIII Supplemental Information

Return Reference

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Schedule D (Form 990) 2022

| Schedule D (Form 990) 2022 | Page 5 | |
|-----------------------------|---------------------|----------------------------|
| Part XIII Supplemental Info | rmation (continued) | |
| Return Reference | Explanation | |
| | | Schedule D (Form 990) 2022 |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493345003073

Open to Public Inspection

| ame of the organization | | | | | | Employer identific | ation number |
|---|---------------------|------------------------------------|-----------------------------|--|---|---------------------------------------|------------------------------------|
| 7 Palmer Inc | | | | | | 04-3255365 | |
| Part I General Inform | ation on Grants | and Assistance | | | | | |
| Does the organization main the selection criteria used t | to award the grants | or assistance? | | | | ce, and | ☑ Yes ☐ No |
| Describe in Part IV the organical Part II Grants and Other A | | | | | rganization answered "Ves | on Form 990, Part IV, line | 21 for any recipient |
| | | | ditional space is needed. | sitts: complete it the of | | on rollin 550, raic iv, ille | . 21, for any recipient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| 1) | | | | | | | |
| 2) | | | | | | | |
| 3) | | | | | | | |
| 4) | | | | | | | |
| 5) | | | | | | | |
| 6) | | | | | | | |
| 7) | | | | | | | |
| 8) | | | | | | | |
| 9) | | | | | | | |
| 10) | | | | | | | |
| 11) | | | | | | | |
| 12) | | | | | | | |
| 2 Enter total number of secti 3 Enter total number of othe | | - | | | | | |
| | | for Form 000 | | C-+ N- 50055 | | | - dul- T (F 000) 2022 |

(Form 990)

Department of the

Internal Revenue Service

Treasury

| instrument repair/replace., special projects & community outreach activities | | | |
|---|--|--|--|
| (2) | | | |
| (3) | | | |
| (4) | | | |

Page 2

(4) (5) (6)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2022

Part III can be duplicated if additional space is needed.

(7)

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

Part IV

Return Reference **Explanation**

Part I, Line 2:

Artists must have an affiliation with New England either by residence or tour history for specific career building projects. As a small organization, Passim management has either first or secondhand knowledge of the donees' progress. Areas of support may include (but are not limited to): recording or manufacturing assistance, publicity & marketing support, instrument repair or replacement, additional equipment & instruments, special projects and other specific activities promoting the arts

| efile GRAPH | IIC print - | DO NOT PROCESS | As Filed Data - | | DLI | N: 93493345003073 |
|--|-------------|--|-----------------|--|---------------------------------|--------------------|
| SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. So to www.irs.gov/Form990 for the latest information. | | | ions on on. | OMB No. 1545-0047 2022 Open to Public Inspection | | |
| Name of the org 47 Palmer Inc 990 Schedul | | lemental Informatio | on | | Employer ider 04-3255365 | ntification number |
| Return Reference | | | | Explanation | | _ |
| Form 990, Part VI, Section A, line 8b | 1 | o minutes are maintained for committee meetings as no binding decisions are made during c nmittee meetings. Committees are formed for advisory purposes only. | | | | |

Return Explanation
Reference

line 11b

Form 990,
Part VI,
Section B,
The Form 990 is reviewed by the board of directors to ensure that all are in agreement that the 990 accurately represents the activity and standing of the entity.

nnot vote on any matter where the conflict is involved.

| Return Reference | Explanation |
|---------------------|--|
| Form 990, | There are occasional discussions of potential conflicts during board meetings throughout t |
| Part VI, | he year. In addition,once a year each board member must sign a form indicating that he or |
| Section B, | she has read the policy and complies with it or discloses where there is a conflict, which |
| line 12c | is then reported to the full board so that all are aware of it. Anyone with a conflict ca |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section B, line 15 | The Personnel Committee and Finance Committee of the Board reviewed data from the annual G uidestar Compensation Survey for the Executive Director and top management personnel. For Executive Director compensation across the country and in Massachusetts for comparably siz ed nonprofits in general and the performing arts in particular, the Executive Director is well below the mean and median based on any comparison. The Chief Financial Officer is bel ow the median and mean for all CFOs, at about the mean for Performing Arts Centers and bel ow the median for Massachusetts CFOs. Our Managing Director, who is in charge of our large st program, is difficult to classify, since his role is fairly unique. Perhaps the best comparison is with other Program Directors. Given this comparison, he is at the mean for all Program Directors, although above the median. For Mass. Program Directors, our Managing Director is well below the mean but above the median. |

Return Explanation
Reference

line 18

Form 990,
Part VI,
Section C,

The Organization's Form 1023 and 990 are available online via Guidestar and also the Organ ization will provide this information upon request.

990 Schedule O, Supplemental Information

Return

| Reference | |
|--|---|
| 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. |

Explanation

| Return Reference | Explanation |
|-----------------------------------|--|
| Form 990, Part IX, line 11g | Artist fees: Program service expenses 415,347. Management and general expenses 0. Fundrais ing expenses 200. Total expenses 415,547. Instructor fees: Program service expenses 46,065. Management and general expenses 0. Fundraising expenses 0. Total expenses 46,065. Other subcontract: Program service expenses 55,145. Management and general expenses 99,619. Fund raising expenses 11,246. Total expenses 166,010. |