#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

### Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 93-0828781 ARTISTS REPERTORY THEATRE File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 128 N.W. 11TH AVENUE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97209 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 THE ORGANIZATION The books are in the care of ► 128 N.W. 11TH AVENUE - PORTLAND, OR 97209 Telephone No.  $\blacktriangleright$  (503) 241-9807 Fax No. If the organization does not have an office or place of business in the United States, check this box

• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	s is for	the who	le group, check this
box	■ If it is for part of the group, check this box ■ and attach a list with the names and TINs of all representations.	nembe	ers the ex	ktension is for.
1	the organization named above. The extension is for the organization's return for:	exem	pt organi	zation return for
	calendar year or x tax year beginning JUL 1, 2021 , and ending JUN 30, 2022			
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Fina Change in accounting period	l returr	1	
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
	any nonrefundable credits. See instructions.	3a	\$	0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form **8868** (Rev. 1-2022)

 $_{\text{Form}}\,990$ 

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Α	For ti	ie 2021 calendar year, or tax year beginning 0	JD I, ZUZI and	ending U	UN 30, 2022	•
В	Check i applica	C Name of organization			D Employer identif	ication number
	Add		rre			
	Nam char	ge Doing business as			93-08287	81
	Initia retur		vered to street address)	Room/suite	E Telephone numbe	
	Fina retur	128 N.W. 11TH AVENUE			(503) 24	
	term ated	City or town, state or province, country, and a	ZIP or foreign postal code		G Gross receipts \$	2,680,665.
	Ame retur	FORTHAND, OR 57205			H(a) is this a group r	
L	Appl tion pend		N S, MAY		for subordinates	s?Yes X No
		SAME AS C ABOVE			<b>H(b)</b> Are all subordinates i	ncluded? Yes No
	Tax-ex		(insert no.) 4947(a)(1)	or 527	,	list. See instructions
		ite: ► HTTPS://ARTISTSREP.ORG			H(c) Group exemption	
			ociation Other	L Year	of formation: 1982	State of legal domicile: OR
P	art I	Summary	A.D.D.	~~~~		
é	1	Briefly describe the organization's mission or most	significant activities: SEE	SCHEDU	LE O.	
Activities & Governance						
ern	2	Check this box  if the organization discon				
હુ	3	Number of voting members of the governing body (			3	10
જ	4	Number of independent voting members of the government of the gove				10
ties	5	Total number of individuals employed in calendar ye				110
ti	6	Total number of volunteers (estimate if necessary)				100
Ac	7a	Total unrelated business revenue from Part VIII, colu				0.
	b	Net unrelated business taxable income from Form 9	990-1, Part I, line 11	<u></u> T		
		Contributions and avents (Dout VIII line 4 le)		-	Prior Year 3,591,541.	Current Year 2,518,831.
ne	8	Contributions and grants (Part VIII, line 1h)			58,610.	92,207.
Revenue	9	_	and 7d\		2,767.	5,637.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, 3 Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			122,296.	63,990.
	11 12	Total revenue - add lines 8 through 11 (must equal F		3,775,214.	2,680,665.	
	13	Grants and similar amounts paid (Part IX, column (A			0.	0.
	14	Benefits paid to or for members (Part IX, column (A)	0.	0.		
'n	15	Salaries, other compensation, employee benefits (Pa			1,286,421.	1,235,599.
Expenses					0.	0.
per	b	Professional fundraising fees (Part IX, column (A), lin Total fundraising expenses (Part IX, column (D), line	<sup>25)</sup> ▶ 47,63	38.		
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d,			784,662.	1,197,973.
		Total expenses. Add lines 13-17 (must equal Part IX			2,071,083.	2,433,572.
		Revenue less expenses. Subtract line 18 from line 1			1,704,131.	247,093.
Sec					inning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			14,936,321.	14,727,144.
SES BES	21	Total liabilities (Part X, line 26)			373,963.	150,916.
		Net assets or fund balances. Subtract line 21 from li	ne 20		14,562,358.	14,576,228.
111111	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return, in			•	knowledge and belief, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of wh	ich preparer l	nas any knowledge.	
		Signature of officer			Date	
Sigr		<b>'</b>	DIDECTOR		Date	
ler	е	JOHN S, MAY, EXECUTIVE Type or print name and title	DIRECTOR			
		· · · · · · · · · · · · · · · · · · ·	<del> </del>	T D:	ate Check	II PTIN
ויי אינ		, , ,	reparer's signature			
aid		YEE LEE MCGEE  Firm's name	LLD	<u>*                                    </u>	Selemployed	P01294356
	arer Only	Firm's name GARY MCGEE & CO. Firm's address 1000 S.W. BROADWA		-	Firm's EIN	
se	Only	PORTLAND, OR 9720			Dhone 75 / 5 /	13 \ 222 2515
		PORTLAND, OR 9720			Phone no. (50	
11211	rne il	conserves this return with the brebarer shown above	u / SAA INSTRUCTIONS			Yes   No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  ARTISTS REPETORY THEATRE'S MISSION IS TO PRODUCE INTIMATE, PROVOCATIVE
	THEATRE AND PROVIDE A HOME FOR A DIVERSE COMMUNITY OF ARTISTS AND
	AUDIENCES TO TAKE CREATIVE RISKS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 1,675,283 • including grants of \$ ) (Revenue \$ 92,207 • )
14	ARTISTIC AND PRODUCTION: ARTISTS REPERTORY THEATRE (ART) PRODUCED A
	SEASON OF THREE MAINSTAGE PLAYS: THE CHINESE LADY BY LLOYD SUH, THE
	GREAT LEAP BY LAUREN YEE, AND THE CHILDREN BY LUCY KIRKWOOD. ART ALSO
	PRODUCED THE MERCURY FESTIVAL, WHICH OFFERED STAGED READINGS OF 6
	PLAYS, ALONG WITH 4 SHORT FILMS, ALL OF WHICH HAD BEEN CREATED DURING
	PREVIOUS MERCURY SESSIONS. ADDITIONALLY, IN COLLABORATION WITH
	HOWLROUND AND THE MELLON FOUNDATION, ART WORKED ON THE DEVELOPMENT OF
	THE NEW PLAY, THE GREAT DIVIDE BY E.M. LEWIS, AT EMERSON COLLEGE IN
	BOSTON.
4b	(Code:) (Expenses \$ 405,285 • including grants of \$) (Revenue \$)
	AUDIENCE DEVELOPMENT AND SERVICES: IN ADDITION TO THREE MAINSTAGE
	PLAYS, ART PRODUCED CAMPFIRE STORIES IN PARTNERSHIP WITH BACKFENCE
	STORYTELLING AND BROKE GRAVY IMPROVE (AND ARTSHUB COMPANY), BRINGING IN
	PREDOMINANTLY NEW PEOPLE TO ART SHOWS. ART COLLABORATED WITH DAN
	KITROSSER AND CASSIE GREER IN COLLABORATIONS WITH LINESTROM AND FUSE
	THEATRE ENSEMBLE TO PRESENT SVETLANA! WE INTRODUCED
	"HIGHLIGHT NIGHT" AS A TYPE OF AFFINITY SPACE TO HIGHLIGHT AN ASPECT OR
	THEME OF THE PLAY. DURING THE CHINESE LADY WE PARTNERED WITH LAN SU
	CHINESE GARDEN AND LOCAL ARTIST HORATIO LAW, WHO ALSO HAD AN EXHIBIT OF HIS ARTWORK IN THE LOBBY. CONTINUED ON SCHEDULE O.
	THE ARTWORK IN THE BODDI: CONTINUED ON SCHEDULE O:
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ▶ 2,080,568.

# Form 990 (2021) ARTISTS REPE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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	Х	
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11.5		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?			X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<del></del>
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del>
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

# Form 990 (2021) ARTISTS REPERTORY Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
<b>h</b>	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		1
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 65  Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable  1b 0			
	Enter the Harmon error error v. Ed included errining rat. Enter e in het applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	(garnoling) withings to prize withers:	ו ונ	43	1

021) ARTISTS REPERTORY THEATRE

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

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<b>₩</b>
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	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		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
, 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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del> </del>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	Α
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $N/A$	9b		
10	Section 501(c)(7) organizations. Enter:			
а				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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?  N/A	10-		
а		13a		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		† <u></u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Ves " complete Form 6069			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>]</u>							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	<u>)</u>							
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		X					
3									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
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		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		Х					
b	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶OR								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s)s only	) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial						
	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 - (503) 241-9807								
	128 N.W. 11TH AVENUE, PORTLAND, OR 97209								

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

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

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

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

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

Check this box if neither the organization nor any related (A) (B)						.,60	.out	(D)	(E)	(F)
Name and title	Average	(C) Position			1		Reportable	Reportable	(F) Estimated	
riante and title	hours per		not c	heck	more	than is bot		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	dire				pa		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related
	below	ividu	titutio	Officer	emp,	hest ( ploye	Former			organizations
11)	line)	프	lus	₩	Ş.	E Hig	윤			
(1) JOHN S. MAY	45.00	-		,,				141 000		•
EXECUTIVE DIRECTOR	1000			Х				141,020.	0.	0.
(2) PANCHO SAVERY	10.00			l						_
CHAIR		Х		X				0.	0.	0.
(3) ANDREA SCHMIDT	5.00	1_		l_				_	_	_
VICE-CHAIR		Х		Х				0.	0.	0 .
(4) JILL LAM	5.00									
TREASURER		Х		Х				0.	0.	0.
(5) JUSTIN PETERS	5.00									
SECRETARY		X		Х				0.	0.	0.
(6) JEFFREY CONDIT	2.00									
PAST CHAIR		X						0.	0.	0.
(7) MICHAEL DAVIDSON	2.00									
BOARD MEMBER		X						0.	0.	0.
(8) NORMA DULIN	2.00									
BOARD MEMBER		X						0.	0.	0.
(9) PAUL KOEHLER	2.00									
BOARD MEMBER		X						0.	0.	0.
(10) ERIK OPSAHL	2.00									
BOARD MEMBER		X						0.	0.	0 .
(11) MICHAEL SZPORLUK	2.00									
BOARD MEMBER		Х						0.	0.	0.
		1								
		1								
		$\vdash$		$\vdash$						
		1								
		1								
		$\vdash$								_
		1								
	1	1	I	ı	I	ı	ı	I		

hours per week (list any hours for related organizations organizations)	(F) Estimated amount of other ompensation from the organization and related rganization	
hours per week (list any hours for related organizations below line)  1b Subtotal  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  (do not check more than one than one than one than one of more than one of more than one of more possation from related organization (W.2/1099-MISC/ 1099-NEC)  1	amount of other ompensation from the organization and related	
week (list any hours for related organizations below line)  1b Subtotal  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).	other ompensation from the organization and related	•
(list any hours for related organizations below line)  1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)	ompensation from the organization and related	
hours for related organizations below line)    Description   Property   Prope	from the organization and related	on
1b Subtotal	organizatior and related	ווכ
1b Subtotal	and related	n
1b Subtotal	rganization	
1b Subtotal		าร
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  141,020.		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  141,020.		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  141,020.		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  141,020.		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  141,020.		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  141,020.		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  141,020.		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  141,020.		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  141,020.		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  141,020.		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  141,020.		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  141,020.		_
d Total (add lines 1b and 1c) 141,020.		0.
a Total (and mos is and is)		0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	'	<u>.</u>
compensation from the organization		1
	Yes N	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3		X
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	, ,	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	. 2	Х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services		
rendered to the organization? If "Yes," complete Schedule J for such person5	;   2	X
Section B. Independent Contractors		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization. Report compensation for the calendar year ending with or within the organization's tax year.	n from	
(A) (B)	(C)	
Name and business address Description of services Comp PORTLAND CENTER STAGE	pensation	
128 N.W. 11TH AVENUE, PORTLAND, OR 97209 VARIOUS SERVICES 13	39,00	0.
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 \(\bigsim 1\)		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events ..... 1c d Related organizations 1d 879,872. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,638,959 similar amounts not included above 1f 153,772 1g |\$ g Noncash contributions included in lines 1a-1f 2,518,831. h Total. Add lines 1a-1f **Business Code** 92,207. 711110 92,207. 2 a PRODUCTION REVENUE Program Service Revenue f All other program service revenue 92,207. g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 5,637 5,637. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 12,744. 6 a Gross rents 0. **b** Less: rental expenses ... 12,744. c Rental income or (loss) 12,744. 12,744. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses \_\_\_\_\_ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 900099 51,246. 51,246. 11 a OTHER b d All other revenue 51,246. e Total. Add lines 11a-11d .....

Total revenue. See instructions

2,680,665.

92,207.

### Part IX Statement of Functional Expenses

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

3601	ion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	141,020.	98,714.	42,306.	
6	Compensation not included above to disqualified		30,7220	12,000	
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	918,821.	833,964.	75,054.	9,803.
8	Pension plan accruals and contributions (include		-		<u> </u>
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	62,911.	55,363.	6,966.	582.
10	Payroll taxes	112,847.	99,307.	12,496.	1,044.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	8,219.		8,219.	
С	Accounting	91,802.		91,802.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	224 142	220 662	10 004	405
	column (A), amount, list line 11g expenses on Sch O.)	234,142.	220,663.	12,984.	495. 1,315.
12	Advertising and promotion	63,828. 19,575.	62,428.	16,240.	2,140.
13	Office expenses	137,013.	1,195. 5,208.	131,755.	50.
14	Information technology	15,925.	15,925.	131,733.	
15	Royalties	325,240.	246,217.	79,023.	
16 17	Occupancy	33,649.	32,513.	1,136.	
18	Payments of travel or entertainment expenses	33,013.	32/3231	2/2501	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	60,000.		60,000.	
23	Insurance	28,465.	600.	27,865.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)	444 = 24	100 000	44 504	
а	MATERIALS AND SUPPLIES	114,701.	102,803.	11,536.	362.
b	OTHER EXPENSES	42,137.	17,992.	22,183.	1,962.
С	SPECIAL EVENT EXPENSES	23,277.	155 210	150 007	23,277.
d	ALLOCATION OF FACILITIE	0.	155,319.	-158,887.	3,568.
	All other expenses	2 422 572	132,357. 2,080,568.	-135,397. 305,366.	3,040.
25	Total functional expenses. Add lines 1 through 24e	2,433,572.	∠,∪ŏ∪,⊃ŏŏ.	303,300.	47,638.
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 fillowing SOP 98-2 (ASC 958-720)				
	check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2021)

### Form 990 (2021) Part X Balance Sheet

Pai	rt X	Balance Sheet								
		Check if Schedule O contains a response or no	te to ar	y line in this Part X						
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year			
	1	Cash - non-interest-bearing			1,047,828.	1	571,478.			
	2	Savings and temporary cash investments		2	115,473.					
	3	Pledges and grants receivable, net			160,750.	3	223,172.			
	4	Accounts receivable, net				4				
	5	Loans and other receivables from any current o								
		trustee, key employee, creator or founder, subs	trustee, key employee, creator or founder, substantial contributor, or 35%							
		controlled entity or family member of any of the	se pers	ons		5				
	6	Loans and other receivables from other disqual	fied pe	rsons (as defined						
		under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)		6				
şts	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use				8				
Asi	9	Prepaid expenses and deferred charges				9				
	10a	Land, buildings, and equipment: cost or other								
		basis. Complete Part VI of Schedule D	$\overline{}$	8,918,806.	E 46E 200		F 500 050			
	b	Less: accumulated depreciation			7,167,392.	10c	7,590,050. 6,055,340.			
	11	Investments - publicly traded securities			6,497,422.	11	6,055,340.			
	12	Investments - other securities. See Part IV, line				12				
	13	Investments - program-related. See Part IV, line		F		13				
	14	Intangible assets			60.000	14	171 (21			
	15	Other assets. See Part IV, line 11	62,929.	15	171,631.					
	16	Total assets. Add lines 1 through 15 (must equ			14,936,321.	16	14,727,144.			
	17	Accounts payable and accrued expenses	47,481.	17	114,966.					
	18	Grants payable	45,585.	18	35,950.					
	19	Deferred revenue		45,565.	19	33,330.				
	20	Tax-exempt bond liabilities			20					
	21	Escrow or custodial account liability. Complete				21				
Liabilities	22	Loans and other payables to any current or form								
pii		trustee, key employee, creator or founder, subs				00				
Lia	00	controlled entity or family member of any of the				22 23				
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate			280,897.	24	0.			
	25	Other liabilities (including federal income tax, pa			200,037.	24	•			
	25	parties, and other liabilities not included on lines								
		of Cobodulo D		· ·		25				
	26	Total liabilities. Add lines 17 through 25			373,963.	26	150,916.			
		Organizations that follow FASB ASC 958, che			3,3,7,3,3,3					
Ses		and complete lines 27, 28, 32, and 33.								
au	27	Net assets without donor restrictions			12,218,768.	27	12,458,298.			
Ва	28	Net assets with donor restrictions			2,343,590.	28	2,117,930.			
pu I		Organizations that do not follow FASB ASC 9								
J.		and complete lines 29 through 33.	•	ŕ						
S	29	Capital stock or trust principal, or current funds				29				
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ed				30				
As	31	Retained earnings, endowment, accumulated in				31				
Net	32	Total net assets or fund balances			14,562,358.	32	14,576,228.			
_	33	Total liabilities and net assets/fund balances		ı	14,936,321.	33	14,727,144.			

orm	990 (2021) ARTISTS REPERTORY THEATRE	93-08	328781	Pa	ge <b>12</b>
Paı	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,68		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,43	3,5	72.
3	Revenue less expenses. Subtract line 2 from line 1	3			93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,56	2,3	58.
5	Net unrealized gains (losses) on investments	5	-23	3,2	23.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14,57	6,2	28.
Paı	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

3b

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

ARTISTS REPERTORY THEATRE

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

93-0828781

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C.

f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,286,954.	1,894,532.	3,617,602.	3,591,541.	2,518,831.	12,909,460.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,286,954.	1,894,532.	3,617,602.	3,591,541.	2,518,831.	12,909,460.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,112,768.
	Public support. Subtract line 5 from line 4.						11,796,692.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,286,954.	1,894,532.	3,617,602.	3,591,541.	2,518,831.	12,909,460.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	60 560	00 605	F0 0F0	24 404	10 201	100 005
	and income from similar sources	60,763.	20,697.	59,950.	34,194.	18,381.	193,985.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				22 040	E1 246	0E 006
	assets (Explain in Part VI.)				33,840.	51,246.	
	<b>Total support.</b> Add lines 7 through 10		,				13,188,531.
12	Gross receipts from related activities,					12	806,483.
13	First 5 years. If the Form 990 is for th	-	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	001(c)(3)	
800	organization, check this box and storection C. Computation of Publ		roontago				<b>&gt;</b>
	-			- l (f)		44	89.45 %
	Public support percentage for 2021 (I					15	89.45 %
15	Public support percentage from 2020 33 1/3% support test - 2021. If the o						,,,
100		•		•		•	
h	<ul><li>stop here. The organization qualifies</li><li>33 1/3% support test - 2020. If the organization</li></ul>						
L	and <b>stop here.</b> The organization qual						
172	10% -facts-and-circumstances tes						
176	and if the organization meets the fact	-					
	meets the facts-and-circumstances to		·	•	·	· ·	
h	10% -facts-and-circumstances tes	ū	•		•	I7a and line 15 is	
	more, and if the organization meets the	-					.570 01
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization						s

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4							
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
7 6	3 received from disqualified persons						
ŀ	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						
	Public support. (Subtract line 7c from line 6.)						
	·	(-) 0017	(h) 0010	/s) 0010	(4) 0000	(=) 0001	(6) Tatal
	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6  Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
K	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
'''	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		ion,
<del>-</del>		is Orange and De					<u></u>
	ction C. Computation of Publ			. (2)		11	
	Public support percentage for 2021 (					15	<u>%</u>
	Public support percentage from 2020					16	<u>%</u>
	ction D. Computation of Inve					1 1	
17	Investment income percentage for 20					17	<u>%</u>
18						18	%
19a	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a						▶□
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	.oa		
	10b		
dule	A (Forr	n 990)	2021

Pai	rt IV	Supporting Organizations (continued)			J
		1. Communication		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
·		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directo	ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	_	ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	•		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations	2		
		7. Type it supporting organizations		Yes	No
4	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
1		stees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		apported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
		7. 7. Type in Supporting Significations		Yes	No
4	Did th	a arganization provide to each of its supported examizations, by the lest day of the fifth month of the		163	NO
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	, , , , , , , , , , , , , , , , , , ,			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2		ization's governing documents in effect on the date of notification, to the extent not previously provided?  any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	•	· · · · · · · · · · · · · · · · · · ·			
	•	cant voice in the organization's investment policies and in directing the use of the organization's le or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
' a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ne)	
2		ties Test. <b>Answer lines 2a and 2b below.</b>	Straction	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
ч		apported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify			
		supported organization(s) to which the organization was responsive? If Fee, then it is the control organization and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
h		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u>-u</u>		
D		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have engaged in	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

93-0828781 Page 6 ARTISTS REPERTORY THEATRE Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1

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	integr	ated Type III supporting orga	inization (see
	instructions)			

2

3

Schedule A (Form 990) 2021

Enter 0.85 of line 1.

Minimum asset amount for prior year (from Section B, line 8, column A)

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	tion D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exempt purposes 1							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of supported organizations 3							
4	Amounts paid to acquire exempt-use assets 4							
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5							
6	Other distributions (describe in Part VI). See instructions.							
7	<b>Total annual distributions.</b> Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the organization is responsive							
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2021 from Section C, line 6							
10	Line 8 amount divided by line 9 amount 10							

Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g /	Applied to underdistributions of prior years			
h_	Applied to 2021 distributable amount			
i (	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a /	Applied to underdistributions of prior years			
b /	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
á	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
į.	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7 I	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

Part V	Part IV, S line 1; Par	ection A, l t IV, Secti , lines 5, 6	ines 1, 2, 3b, 3 on D, lines 2 a	3c, 4b, 4c, 5 and 3; Part I	a, 6, 9a, 9b, 9 V, Section E, li	c, 11a, 11b, nes 1c, 2a, :	and 11 2b, 3a, a	c; Part IV, Se and 3b; Part	ort II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C V, line 1; Part V, Section B, line 1e; Part for any additional information.	), V,
SCHE	DULE A,	PART	II, LI	NE 10,	EXPLAN	ATION	FOR	OTHER	INCOME:	
OTHE	R									
2020	AMOUNT	: \$	33,840	•						
2021	AMOUNT	: \$	51,246	•						

21

# Schedule B (Form 990)

#### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Name of the organization

ARTISTS REPERTORY THEATRE

93-0828781

Organization type (check one):						
Filers of:	Filers of: Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
ū	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1 contributor, durin	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during literary, or educa	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contribution is checked, ente purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

#### ARTISTS REPERTORY THEATRE

93-0828781

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.
(a)	(b)	(c) (d)
	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person  Payroll
		\$ 673,084. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 270,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3	- Training dudiness, and En 1 1	\$ 220,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No. 4	Name, address, and ZIP + 4	\$ 206,788. Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person Payroll Noncash X  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### ARTISTS REPERTORY THEATRE

93-0828781

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$138,090.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 9	Name, address, and ZIP + 4	* 74,100.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	\$ 60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### ARTISTS REPERTORY THEATRE

93-0828781

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	PUBLICLY TRADED SECURITIES		
		\$153,772 <b>.</b>	01/24/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
102452 11 11		\$	Calcadida D (Farra 200) (2004)

Schedule B (Form 990) (2021) **Employer identification number** Name of organization 93-0828781 ARTISTS REPERTORY THEATRE Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Ī			

#### (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

• Section	301(6)(4), (3), 01 (6) 01ga1112a	tions. Complete Fait III.			
Name of org	anization			Emp	loyer identification number
	ARTISTS	REPERTORY THEAT	ΓRE		93-0828781
Part I-A	Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 of	rganization.
2 Politica	l campaign activity expendit	zation's direct and indirect polit tures ign activities		<b></b> ▶\$	
Part I-B	Complete if the ord	ganization is exempt un	der section 501(c)	(3).	
	•	incurred by the organization ur		· •	
2 Enter th	ne amount of any excise tax	incurred by organization manage	gers under section 495	5 ►\$	
3 If the o	rganization incurred a section	on 4955 tax, did it file Form 4720	o for this year?		Yes No
	" describe in Part IV.				
Part I-C	Complete if the org	ganization is exempt un	der section 501(c)	, except section 501	(c)(3).
1 Enter th	ne amount directly expended	d by the filing organization for s	ection 527 exempt fund	ction activities >\$	
2 Enter the	ne amount of the filing organ	nization's funds contributed to c	other organizations for s	ection 527	
exemp	t function activities			<b>&gt;</b> \$	
3 Total e	xempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	-,	
line 17	o			▶\$	
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
made p contrib	payments. For each organiza utions received that were pr	nployer identification number (E ition listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organi o a separate political org	zation's funds. Also enter th ganization, such as a separa	ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990) 2021

, , –		PERTORY THEA			1828781 Page 2
Part II-A Complete if the orga	anization is ex	empt under sectio	on 501(c)(3) and file	ed Form 5768 (e	lection under
section 501(h)).					
A Check ► ☐ if the filing organizat	on belongs to an a	ıffiliated group (and list ir	n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and share	e of excess lobbyin	g expenditures).			
B Check ▶ ☐ if the filing organizat	on checked box A	and "limited control" pro	ovisions apply.		+
	s on Lobbying Exp itures" means am	oenditures ounts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinio	n (grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ			ī		
c Total lobbying expenditures (add lin					
d Other exempt purpose expenditure					
e Total exempt purpose expenditures		1d)	ī		
f Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or		obbying nontaxable am			
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,000		000 plus 15% of the exc 000 plus 10% of the exc			
Over \$1,000,000 but not over \$1,50		<b>'</b>			
Over \$1,500,000 but not over \$17,0		000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,00	0,000.			
	050/ (!: 40				
g Grassroots nontaxable amount (ent			Ī		
h Subtract line 1g from line 1a. If zero	•				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zer		,		ı	<b></b>
reporting section 4911 tax for this y				l	Yes No
(Some organizations th	at made a section	veraging Period Under 501(h) election do not arate instructions for li	have to complete all	of the five columns b	pelow.
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	( <b>d)</b> 2021	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(b)
of th	e lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or			
	local legislation, including any attempt to influence public opinion on a legislative matter			
	or referendum, through the use of:			
а	Volunteers?	77	X	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х	37	
	Media advertisements?		X	
	Mailings to members, legislators, or the public?		X	
	Publications, or published or broadcast statements?		X	
	Grants to other organizations for lobbying purposes?	X	Α	2,000.
	Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	2,000.
			X	
	Other activities? Total. Add lines 1c through 1i			2,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х	= / 0 0 0 0
	If "Yes," enter the amount of any tax incurred under section 4912			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection
	501(c)(6).			
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			<u> </u>
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (c) ROTH Part III A lines 1 and 2 are provided			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"NO" OF	(b) Part	illi-A, line 3, is
			14	
1	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		1	
2	expenses for which the section 527(f) tax was paid).	Jai		
а	Current year		2a	
	Carryover from last year			
	Total			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p			
	expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures. See instructions		5	
	t IV Supplemental Information			
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1	and 2 (See
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.			
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:			
AR'	T'S EXECUTIVE DIRECTOR, J.S. MAY, LOBBIED ELECTED O	FFICIA	ALS IN	THE
FEI	DERAL GOVERNMENT (REPRESENTATIVES BONAMICI AND BLUE	MENAUI	R AND	
SEI	NATORS WYDEN AND MERKLEY) IN THE EFFORT TO SECURE A	DIRE	CTED	
AP	PROPRIATION FOR ART'S CAPITAL PROJECT. HE ALSO LOBB	IED A	THE	STATE
OF	OREGON FOR SUPPORT FOR PANDEMIC SUPPORT OF THE CUL	TURAL		
			Schodu	ILA C (Form 990) 2021

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ARTISTS REPERTORY THEATRE

Employer identification number 93-0828781

Pai			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	-	(In) Francis and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	Limiting that the accets hold in denot advice	and frieds
5		_	
6	are the organization's property, subject to the organization's Did the organization inform all grantees, donors, and donor a		
6	for charitable purposes and not for the benefit of the donor of		
	• •	or donor advisor, or for any other purpose	
Pai		ganization answered "Yes" on Form 990.	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements $\ensuremath{\text{i}}$		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
•	Description of the control of the Color of t		M-1/4//D/2)
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)?		
9	balance sheet, and include, if applicable, the text of the footi	·	
	organization's accounting for conservation easements.	note to the organization's linancial statem	ients that describes the
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for pul	, ,	
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		\$

	t III   Organizations Maintaining C	collections of Ar			easures, c	or Other	Similar	Asset	S(continu	ued)
3	Using the organization's acquisition, accessi								, , , , ,	
	collection items (check all that apply):	,	-,				<b>,</b>			
а	Public exhibition	d		_oan or exc	hange progra	ım				
b	Scholarly research	e		Other	9-  9					
С	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explain	n how th	ev further t	he organizatio	on's exem	nt purpose	in Part	XIII.	
5	During the year, did the organization solicit of									
•	to be sold to raise funds rather than to be many								Yes	☐ No
Pai	t IV   Escrow and Custodial Arran									
	reported an amount on Form 990, Pa	-		9					,	
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for	contribution	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	, ,	'	3						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F								Yes	□ No
	If "Yes," explain the arrangement in Part XIII.	·								
_	t V Endowment Funds. Complete i									
		(a) Current year		rior year	(c) Two year			s back	(e) Four	years back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1	a. column (a	a)) held as:			•		
а	Board designated or quasi-endowment	,	%	<i>3</i> ,	"					
	Permanent endowment	%	_							
		<u></u> *								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	•	ation tha	t are held a	and administe	red for the	e organizati	ion		
	by:	· ·					Ü		[·	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the									I
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or ot	ther	(b) Cost	or other	(c) Acc	cumulated		(d) Book	value
	,	basis (investm	nent)		(other)		eciation		` ,	
1a	Land			1,26	5,500.					,500.
	Buildings				1,561.	7	70,387			,174.
	Leasehold improvements									
	Equipment			59	4,995.	5	58,369	7.	36	,626.
	Other				6,750.				6	750.
	. Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line 1	10c.)			• '	7,590	,050.

7,590,050. Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 ARTISTS REP	PERTORY THEATR	.Е 93	-0828781 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)  Tatal (Cal (h) must squal Form 000 Part V sal (P) line 10 )			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) Book value	(c) Welfied of Valuation. Cool of on	a or your market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	L		
Complete if the organization answered "Yes	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)	<b>&gt;</b>	
Part X Other Liabilities.	l F 000 Pt N/ lis-	44 446 O Farm 000 Bart V line 0	_
Complete if the organization answered "Yes"  (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
., , ,			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

(7) (8) (9)

Pai	וג או	Reconciliation of Revenue per Audited Financial S		Revenue per R	eturn	
		Complete if the organization answered "Yes" on Form 990, Part IV	•			0.450.464
1	Total	revenue, gains, and other support per audited financial statements			1	2,452,164.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
		nrealized gains (losses) on investments		-233,223.		
		ted services and use of facilities		4,722.		
С	Recov	veries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add li	nes 2a through 2d			2e	-228,501
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	2,680,665.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С		nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	<u></u>	5	2,680,665.
Pa	rt XII	Reconciliation of Expenses per Audited Financial	Statements With	Expenses per	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV	•			
1	Total	expenses and losses per audited financial statements			1	2,438,294.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ted services and use of facilities	2a	4,722.		
b	Prior y	year adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add li	nes <b>2a</b> through <b>2d</b>			2e	4,722.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	2,433,572.
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes <b>4a</b> and <b>4b</b>			4c	0.
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	2,433,572.
Pa	rt XIII	Supplemental Information.				
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at	nd 4; Part IV, lines 1b a	ınd 2b; Part V, line	4; Part	X, line 2; Part XI,
ines	2d and	I 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	e any additional inform	ation.		

132054 10-28-21 Schedule D (Form 990) 2021

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization ARTISTS REPERTORY THEATRE Employer identification number 93-0828781

	AKIIDID KEFE						
Pai	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr	d) determining ibution amounts	
1	Art - Works of art			-			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	1	153,772	FAIR MARKE	T VALUE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ( )						
26	Other ()						
27	Other ()						
28	Other (						
29	Number of Forms 8283 received by the organ	ization durin	a the tay year for a	ontributions			
23	for which the organization completed Form 82		-				
	To which the organization completed form of	.00,1 ait v, L	Jones Acknowledg	CITICITE		Yes	Nο
30a	During the year, did the organization receive b	v contributio	on any property rer	oorted in Part I lines 1 thro	igh 28, that it	les i	140
ooa	must hold for at least three years from the dat						
	exempt purposes for the entire holding period					30a	Х
h	If "Yes," describe the arrangement in Part II.					30a	_
	Does the organization have a gift acceptance	policy that r	oguiros the review	of any popetandard contrib	utions?	24	Х
31	Does the organization hire or use third parties		-	•		31	
SZa	contributions?					32a	Х
b	If "Yes," describe in Part II.						
b 33	If "Yes," describe in Part II.  If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is ch	ecked,		

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

Schedule M (Form 990) 2021

#### 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 Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

ARTISTS REPERTORY THEATRE

Employer identification number 93-0828781

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

THE COMPANY'S MISSION IS TO ENGAGE DIVERSE AUDIENCES IN FRESH,

THOUGHT-PROVOKING AND INTIMATE THEATRE. PRODUCTIONS FEATURE THE WORK OF

A CORE GROUP OF ACCOMPLISHED RESIDENT ARTISTS, EACH WITH A SHARED

HISTORY AND A SHORTHAND FOR COLLABORATION, WORKING ALONGSIDE GUEST

ARTISTS FROM PORTLAND AND BEYOND. THE COMPANY IS COMMITTED TO

WORLD-CLASS ACTING, DIRECTING, DESIGN AND STAGECRAFT THAT SUPPORT NEW

PLAYWRITING AND ASPIRE TO EMBODY GREAT LITERATURE, MOVING AUDIENCES TO

FEEL AND EXPERIENCE STORYTELLING IN A WAY THAT ONLY THE BEST LIVE

THEATER CAN.

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

FOR THE CHILDREN "HIGHLIGHT NIGHT" WE PARTNERED WITH STUDENTS AND

FACULTY FROM REED UNIVERSITY'S RESEARCH REACTOR, PACIFIC UNIVERSITY,

AND PORTLAND STATE UNIVERSITY, AS WELL AS EMILY JUNG MILLER WHO

DISPLAYED GHOST NET LANDSCAPES IN THE LOBBY. TOTAL ATTENDANCE FOR ALL

EVENTS HOSTED BY ART WAS 3,724. WE ARE TRENDING TOWARD A YOUNGER

AUDIENCE WITH A SLIGHT INCREASE IN PATRONS UNDER THE AGE OF 45. ART

COLLABORATED WITH MULTNOMAH COUNTY LIBRARY TO CURATE READING AND FILM

LISTS THAT ARE SIMILARLY THEMED AS OUR SHOWS.

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

ALL MEMBERS OF THE BOARD OF DIRECTORS ARE PROVIDED WITH A DRAFT COPY OF THE FORM 990 PRIOR TO ITS FILING.

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