Department of the Treasury

Internal Revenue Service

Extended to November 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



A	For th	e 2022 calendar year, or tax year beginning and	ending	-	
B	Check if applicab	e: C Name of organization		D Employer identifica	ation number
	Addre	ERIE CIVIC THEATRE ASSOCIATION			
	Name	Doing business as		25-106956	2
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			(814) 454	-2852
_	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	972664.
	Amer			H(a) Is this a group ret	
	Appli tion pendi	F Name and address of principal officer: ZACII FLOCK	4 6 5 6 4	for subordinates?	Yes X No
		15 WEST 10 STREET, ERIE, Pennsylvania,		1	
		$\begin{array}{c c} \text{mempt status: } \underline{X} & 501(c)(3) & 501(c)() & (\text{insert no.)} & 4947(a)(1) & ($	or 🛄 527	1	st. See instructions
-	Websi -			H(c) Group exemption	
	Form o art I		L Year	of formation: 191/ M	State of legal domicile: PA
-	-	Summary	BELOW		
<u>ce</u>	1	Briefly describe the organization's mission or most significant activities: SEE 1 THE MISSION OF THE ERIE CIVIC THEATRE AS	SOCIAT	TON TS TO EN	RICH THE
Governance	2	Check this box if the organization discontinued its operations or dispos			
ver	3	5		3	15
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
8 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		42	
Activities &	6	Total number of volunteers (estimate if necessary)			500
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		815986.	353502.
ent	9	Program service revenue (Part VIII, line 2g)		272596.	443982.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5893.	42066.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		218159.	133114.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1312634.	972664.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		440381.	594700.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		440381.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	87	0.	0.
Ă	17	Total fundraising expenses (Part IX, column (D), line 25) 2433 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		447584.	711005.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		887965.	1305705.
	19	Revenue less expenses. Subtract line 18 from line 12		424669.	-333041.
or			Be	ginning of Current Year	End of Year
sets lanc	20	Total assets (Part X, line 16)		4715103.	4228895.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		874958.	945344.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		3840145.	3283551.
		Signatura Block		I	

Part II Signature Block

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

	O'mature of officer			Data			
Sign	Signature of officer			Date			
	ZACH FLOCK, EXECUTIVE DIRECTOR						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	NATALIE HEBERLEIN, CPA			self-employed P01053604			
Preparer	Firm's name FELIX & GLOEKLER,			Firm's EIN 26-0001555			
Use Only	Firm's address 2306 PENINSULA DR	IVE					
	ERIE, PA 16506			Phone no. 814 - 838 - 6095			
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No			
232001 12-	LIVIN 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

See Schedule O for Organization Mission Statement Continuation

		25-1069562 Pag
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE MISSION OF THE ERIE CIVIC THEATRE ASSOCIATION IS TO E	NRICH THE
	GREATER ERIE REGION BY PROVIDING LIFE LONG OPPORTUNITIES	
	PARTICIPATE IN QUALITY THEATRICAL PRODUCTIONS AS ARTISTS,	
	MEMBERS AND ADVOCATES	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X
	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	• •
	revenue, if any, for each program service reported.	
4a		
	THE ORGANIZATION SPONSORS COMMUNITY THEATRE, MUSICAL AND	
	PRODUCTIONS USING APPROXIMATELY 125 VOLUNTEER PERFORMERS.	
	ALSO OPERATES A YOUTH THEATRE PROGRAM WHICH PROVIDES THEA	
	TRAINING TO SCHOOL AGED CHILDREN AND PRODUCES DRAMATIC AN PRODUCTIONS GEARED TO YOUNG AUDIENCES. IN ADDITION TO THE	
	PRODUCTIONS GEARED TO TOONG ADDIENCES. IN ADDITION TO THE PROGRAMMING, THE ORGANIZATION ALSO RUNS PROGRAMS IN VARIO	
	CENTERS, PROVIDING OPPORTUNITIES TO PARTICIPATE IN THE PE	
	TO UNDERSERVED LOW INCOME CHILDREN AND FAMILIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	3
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	6
4d	Other program services (Describe on Schedule Q.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
)
	(Expenses \$ including grants of \$) (Revenue \$) Form 990 (2

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Part IV Checklist of Required Schedules

ERIE CIVIC THEATRE ASSOCIATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	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,		х	
	Part VI	11a	Δ	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446	х	
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	23	<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е		11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
• -	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

232003 12-13-22

Form **990** (2022)

Part IV Checklist of Required Schedules (continued)

ERIE CIVIC THEATRE ASSOCIATION

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		X
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ام	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X 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		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	23	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(2022)
232004	4 12-13-22 5	rorm	330	(2022)

022)	ERIE	CIVIC	THEATRE	ASSOCIATION	
Statements R	legardin	g Other I	RS Filings ar	nd Tax Compliance (con	tinued)

2a Inter the number of employees reported on form X0. Transmittal of Wage and Tax Statements. 2a 42 b If at least one is reported on line 2a, did the organization file all required tedral employment tax returns? 2b X a Mark the state one is reported on line 2a, did the organization have an interves in cons a signature or other authority over, a fail field a form 980-17 for this year? More to mask the state one of Schedule 0 2b X a At any time during the calcing arguing year, did the organization have an interves in, or a signature or other authority over, a fail field arguing year, did the organization have an interves in, or a signature or other authority over, a fail field arguing the organization have an interves in a star and press required with a star and the organization arguing sector that any time during the tax year? 4a 50 Was the organization have annual gross exclapts that an ornmal grost exclapts for any to be provided? 4a 50 If "Nes," indicate the organization tax deductible contributions? 5a X 60 If "Nes," indicate the organization and spins as a continuution of the search as a single service provided to the payof? 5a X 61 Ves, "indicate the number of form 880-7? 5a X b 70 Organization anall gross exclap				Yes	No
b If a test are is reported on line 2a, did the organization file all required testare ampleyment tax returns 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the yea? 3a X 4a At my time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is formation country (such as a bank account, securities account, or other financial accounts (FEAF). 4a X 5b Vest, 'instein of this for organization take account, securities account, or other financial accounts (FEAF). 5a X 5c Vest, 'instein of the organization take organization take as or is a park two so is a p	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
b It less one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X a A larky time during the calendar year? 3a X b Press, has tifted a form 900-T for this year? // 'No' to its 3b, provide an explanation or other authority over, a francoid account in a foreign country (such as a bank account, securities account, or other financial account) 4a X b If 'Yes, 'reter the name of the foreign country (such as a bank account, securities account, or other financial account) 5a X 5e instructions for fing requirements for FICCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 60 Uses the organization have annual gross ecepts that are normally greater than \$100,000, and did the organization solid any contributions that are normal greater than \$100,000, and did the organization solid any contributions grits were not tax deductible contributions and party to goods and services provided to the payer? 5a X 0 I''''se, ' did the organization have that are normally greater than \$100,000, and did the organization solid any contributions and party to a prohibited tax shells a contributions? 5a X 0 I'''se, ' did the organization fuel that are normally greater than \$100,000, and did the organization solid any contribution and party to a prohibited tax shells? 5a X 0 I'''se, ' indi		filed for the calendar year ending with or within the year covered by this return 2a 42			
b If Yas, 'has it field a Form 390 T for the yas? // 'No't 6 ne 30, provide an explanation on Schedule 0 3b 4 At any time during the calendar year, do the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a X 50 Did any taske party notify the organization that twas or is a party to a prohibited tas whether transaction? 5a X 60 Did any taske party notify the organization that twas or is a party to a prohibited tas whether transaction? 5a X 10 View' to line 6a or 5b, did the organization there organization there organization the account at was or is a party to a prohibited tas whether transaction? 6a X 10 11 Yes,' did the organization include with every solutation and explores statement that such contributions or gifts were not tax deductible? 7a X 11 11 Yes,' did the organization include with every solutation and explores that such contributions or gifts were not tax deductible? 7a X 12 0 did the organization include with every solutation and explores that such contributions or accountation and explores thate solutatio accountation anot accountation and explores	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
4a Arry time during the calendary year, did the organization have an interest in, or a signature or other subnotly over, a financial account) is control to a done at a bank account, securities account, or other financial account)? 4a X b If "vis," inter the name of the foreign country. 5a X control of the foreign country. 5a X b Obset the organization in the foreign country. 5a X control of the organization in the foreign country. 5a X control of the organization in the organization in the max set of the organization in the max set. 5a X control of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the payor? 7a X fit "vis," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the payor? 7a X fit "vis," idd the organization include with every solicitation and party for goods and services provided to the payor? 7a X fit "vis," indicate the number of Forms 8282? Hed during the year [2d] 7a X fit "vis," indicate the number of Forms 8282? Hed during the year [2d] 7a N/A	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
If Yes,* enter the name of the foreign country 4a X b If Yes,* enter the name of the foreign country 5a X See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X So Uses the organization that any transaction at any time during the tax year? 5a X Of Does the organization that any transaction file Form 888-77. 5a X O Does the organization that any nual gross recepts that are normally greater than \$100,000, and did the organization that any nual gross recepts that are normally greater than \$100,000, and did the organization self. 5a X If Yes,* did the organization that are normally greater than \$100,000, and did the organization self. 6b 6b 6c Organizations self. 7a X 7a X 7a X If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts 6b 6c 6c 6c 7a X If Yes,* did the organization include sharps per prime in excess 6137 minutes that a contribution organization self. 7a X 7a X If Yes,* did the organization in elever say premisms. Gleatify or indirectly, to pay premisms on a personal benefit contract? 7c X X X	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If Yes, 'enter the name of the toreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Sa X b Was the organization is party to a prohibited tax shelter transaction at any time during the tax year? Sa X Sa X c) If Yes' to the organization is form 888-17. Sa X Sa X c) If Yes' to the organization is charlable contributions? Sa X d) Vest 'or the organization include with every solicitation an express statement that such contributions or gifts were not tax douctibles or threa value of the goals or services provided? Ta X d) If Yes', 'of the organization include with every solicitation an express statement that such contributions or gifts were not tax douctibles or threa value of the goals or services provided? Ta X d) If Yes', 'of the organization include with threa value of the goals or services provided? Ta X f) If Yes', 'of the organization include with fund, goals or services provided? Ta X f) If Yes', 'of the organization field and threa value of the goals or services provided? Ta X f) If Yes', 'of the organization releves a contribution organization field an contrabution orecontrabution organization	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a 5b Diffyes, "did the organization neicele webs that are normally greater than \$100,000, and did the organization solid: 6a 7 Organization sell, example example to every solicitation an express statement tha such contributions or gifts 7a 7 Organization sell, example, or otherwise dispose of tangible personal property for which it was required 7a 7 Did the organization neice web any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c 7 Time organization neice web any tands, directly or indirectly, to pay remiums on a personal benefit contract? 7a 7 Time organization neice web are solution of cars, boats, atipianes, or other vehicles, did the organization file form 10899 as required? 7a 7 N		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c Dids any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5c d Desc the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid: any contributions that ween tot tax deductible: 6a X d If Yes," idd the organization include with every selicitation an express statement that such contributions or gifts were not tax adductible? 6a X d If Yes," idd the organization neckes of \$75 mate party as a contribution and party for goods and services provided to the Form 8829? 7c X d If Yes," iddicate the number of Forms 8226 field during the year 7d 7	b	If "Yes," enter the name of the foreign country			
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If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. If "Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	15				v
16 X 17 16 18 If "Yes," complete Form 4720, Schedule O. 19 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 N/A			15		Λ
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	16		10		x
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17	10		10		21
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17	17				
			17		

232005 12-13-22

Form 990 (2022)

Part V

Form **990** (2022)

16031115 787839 eriecivicthe 2022.05000 ERIE CIVIC THEATRE ASSOCIAT ERIECIV1

Form 990 (2022))
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ERIE CIVIC THEATRE ASSOCIATION

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			
ec	tion A. Governing Body and Management		Yes	Т
10	Enter the number of voting members of the governing body at the end of the tax year 1a 15	5	res	+
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year international states and the second states are the second states and the second states are the second stat	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
h	Enter the number of voting members included on line 1a, above, who are independent 1b1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4		
2		2		1
2	officer, director, trustee, or key employee?	2		_
3				
	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			_
6 7-	Did the organization have members or stockholders?	6		
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		
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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
ec.	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		
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		
1a	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.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	X	
5	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	X	
	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.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
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			
~		16b		
-				
	exempt status with respect to such arrangements?			
ec	exempt status with respect to such arrangements?			
ec 7	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA	s only) avai	1
ec	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	3)s only) avai	I
ec 7	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	3)s only) avai	I
ec 7 8	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 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)			1
ec 7	exempt status with respect to such arrangements?			I
ec 7 8	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.			ŀ
ec 7 8	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			ŀ
ec 7 8	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records BOOKKEEPER/ACCOUNTANT - (814) 454-2852			1:
iec 17 18	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	nd fina		

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 all of the organization sourcettic to the projects, if any, bee the instruction of the intervention of the second sourcettic to the project.

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both officer and a director/truste		h an	compensation	compensation	amount of		
	week		cer an	ia a a I	lirecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-1120)	and related
	below	d ual t	nstitutional trustee	_	Key employee	st col	5	1000 (120)		organizations
	line)	Indivi	Institu	Officer	Keye	Highest compensated employee	Forme			0
(1) EMILY CASSANO	2.00									
PRESIDENT		х		x				0.	0.	0.
(2) CARL LARESE	1.00									
VICE PRESIDENT		х		x				0.	0.	0.
(3) KELLEY MCDONALD	1.00									
SECRETARY		х		x				0.	0.	0.
(4) DALE DEMARCO	2.00									
TREASURER		х		x				0.	0.	0.
(5) DON BAXTER	0.25									
BOARD MEMBER		х						0.	0.	0.
(6) BONNIE FAGAN	0.25									
BOARD MEMBER		х						0.	0.	Ο.
(7) JUSTIN DEBIAS	0.25									
BOARD MEMBER		Х						0.	0.	Ο.
(8) KYLE FILBECK	0.25									
BOARD MEMBER		Х						0.	0.	0.
(9) GREG HARDNER	0.25									
BOARD MEMBER		Х						0.	0.	0.
(10) DEBRA HAYES	0.25									
BOARD MEMBER		Х						0.	0.	0.
(11) JOHN HODGES	0.25									
BOARD MEMBER		Х						0.	0.	0.
(12) MICHAEL MEYER	0.25									
BOARD MEMBER		Х						0.	0.	0.
(13) ALAN NATALIE	0.25									
BOARD MEMBER		Х						0.	0.	0.
(14) JOSEPH SINNOT	0.25									
BOARD MEMBER		Х						0.	0.	0.
(15) HEIDI SHEEHAN	0.25									
BOARD MEMBER		Х						0.	0.	0.
										- 000 (2000)

232007 12-13-22

Form 990 (2022)

16031115 787839 eriecivicthe 2022.05000 ERIE CIVIC THEATRE ASSOCIAT ERIECIV1

Form 990 (2022) ERIE CIVIC THEATRE ASSOCIATION 25-1069562										562	Pa	age 8		
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	one h an	Compensated Employe (D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	pensa om the anizat d relat anizatio	e ion ed
. <u> </u>														
	Subtotal Total from continuation sheets to Part VI								0.00.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								0 • eceived more than \$100),000 of reportable	0. e			0.
3	Did the organization list any former officer,	•		-	•	-		Ŭ		•			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportab	le co	omp	ensa	ation	n and	d otl				3 4		x x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors					-			-			5		X
1	Complete this table for your five highest co the organization. Report compensation for	-	-						n the organization's tax		pens			
	(A) (B) Name and business address NONE Description of services								С	ompe)) nsatio	n		
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot lii	nite	d to	tho: (se lis)	stec	above) who received n	nore than		Eaura-	000 "	2022)

232008 12-13-22

Form **990** (2022)

Form 990 (20		ERIE	
Part VIII	Statement	of Reve	enue

ERIE CIVIC THEATRE ASSOCIATION

		 Check if Schedule O contains a response of 	or note to any lin	e in this Part VIII			
		Check if Schedule O contains a response of		(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
nts its	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
Â, S	с	Fundraising events 1c					
lar ,	d	Related organizations 1d					
ini,	е	Government grants (contributions) 1e	53362.				
rior S	f	All other contributions, gifts, grants, and					
<u>i</u> E E E		similar amounts not included above 1f	300140.				
log d	g	Noncash contributions included in lines 1a-1f					
<u> </u>	h	Total. Add lines 1a-1f		353502.			
			Business Code	200800			
ice	2 a	PRODUCTION INCOME	711110	302789.	302789.		
Program Service Revenue	b	PLAYTIME INCOME	711110	98832.	98832.		
len S	С	YOUTHEATRE INCOME	711110	29651.	29651.		
Be	d	PLAYBILL AD INCOME	711110	12710.	12710.		
Š.	e						
-	f	All other program service revenue		443982.			
	g	Total. Add lines 2a-2f		443902.			
	3	Investment income (including dividends, intere		42066.			42066.
	4	other similar amounts) Income from investment of tax-exempt bond pu		42000.			420000
	4 5	Royalties					
	5	(i) Real	(ii) Personal				
	6 a	Gross rents 6a	(
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
Revenue	с	Gain or (loss) 7c					
Re	d	Net gain or (loss)					
her		Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
_	c	Net income or (loss) from sales of inventory					
sno	44 -	OTHER INCOME	Business Code 711110	133114.	133114.		
nec	11 а ь		,	1001140			
Miscellaneous Revenue	b						
Be	с с	All other revenue					
Σ	d	All other revenue		133114.			
	е 12	Total. Add lines 11a-11d		972664.	577096.	0.	42066.
	14			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			

10

Part IX Statement of Functional Expenses

ERIE CIVIC THEATRE ASSOCIATION

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations		·		·				
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	60000	60000						
_	trustees, and key employees	60000.	60000.						
6	Compensation not included above to disqualified								
	persons (as defined under section $4958(f)(1)$) and								
_	persons described in section 4958(c)(3)(B)	424125.	338309.	72990.	12826.				
7	Other salaries and wages	424123.	536309.	72990.	12020.				
8	Pension plan accruals and contributions (include								
_	section 401(k) and 403(b) employer contributions)	65212.	50860.	14352.					
9	Other employee benefits	45363.	38648.	5690.	1025.				
10	Payroll taxes	45565.	30040.	5690.	1023				
11	Fees for services (nonemployees):								
a									
b									
c	9 H								
d	, , , , , , , , , , , , , , , , , , ,								
e									
f	Investment management fees								
g	•								
	column (A), amount, list line 11g expenses on Sch 0.)	17803.	14777.		3026.				
12	Advertising and promotion	52017.	14///•	52017.	J0204				
13	Office expenses	JZU17.		JZU17.					
14	Information technology								
15	Royalties	69235.	69235.						
16		09233.	09233.						
17									
18	Payments of travel or entertainment expenses								
10	for any federal, state, or local public officials								
19 20	Conferences, conventions, and meetings	13319.		13319.					
20	Interest	• ٤ ـ ٢		±JJ±J•					
21 22	Payments to affiliates Depreciation, depletion, and amortization	120823.	118155.	2668.					
22 22		26930.	24678.	2252.					
23 24	Insurance	20930.	2=070.						
24	above. (List miscellaneous expenses not covied line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)								
а		284528.	284528.						
a b	PROFESSIONAL SERVICES	29013.		29013.					
c	COMP TICKETS	16725.	16725.						
d	MISC EXPENSE	15804.	15804.						
e		64808.	38924.	18374.	7510.				
25	Total functional expenses. Add lines 1 through 24e	1305705.	1070643.	210675.	24387				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								

232010 12-13-22

Form **990** (2022)

	Form 990 (2022)	ERIE	CIVIC	THEATRE	ASSOCIATION
I	Part X	Bal	ance Sheet				

		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
			,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			306793.	1	288070.
	2	Savings and temporary cash investments		Γ	431240.	2	305930.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			17769.	4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe				6	
ts	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges		44619.	9	24920.	
	10a	Land, buildings, and equipment: cost or other	1 1	Γ			
		basis. Complete Part VI of Schedule D	10a	4399371.			
	b	Less: accumulated depreciation	10b	1766606.	2713920.	10c	2632765.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line -		237142.	12	239181.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	963620.	15	738029.		
	16	Total assets. Add lines 1 through 15 (must equ			4715103.	16	4228895.
	17	Accounts payable and accrued expenses	11967.	17	45069.		
	18	Grants payable		18			
	19	Deferred revenue			517430.	19	594545.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
iab		controlled entity or family member of any of the	se perso	ons		22	
-	23	Secured mortgages and notes payable to unrela	ated thir	d parties	345561.	23	305730.
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	s 17-24).	. Complete Part X			
		of Schedule D			004050	25	0.450.44
	26	Total liabilities. Add lines 17 through 25			874958.	26	945344.
ŝ		Organizations that follow FASB ASC 958, che	eck here				
nce		and complete lines 27, 28, 32, and 33.			0056505		0545500
alaı	27	Net assets without donor restrictions			2876525.	27	2545522.
dВ	28	Net assets with donor restrictions			963620.	28	738029.
'n		Organizations that do not follow FASB ASC 9	58, che	ck here			
ъ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
et A	31	Retained earnings, endowment, accumulated in			2010115	31	2002551
ž	32	Total net assets or fund balances			3840145.	32	3283551.
	33	Total liabilities and net assets/fund balances			4715103.	33	4228895.

Form **990** (2022)

12

	1 990 (2022) ERIE CIVIC THEATRE ASSOCIATION	25-106	9562	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		726	
2	Total expenses (must equal Part IX, column (A), line 25)	2)57	
3	Revenue less expenses. Subtract line 2 from line 1	3		330	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			45.
5	Net unrealized gains (losses) on investments	5	-22	235	53.
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	328	335	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2022
Owner to Dutilla

Open to Public Inspection

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

Nan	ne of t	the organization			<i>T</i>TOM				5-1069562		
				CIVIC THEATRE ASSOCIATION 2 arity Status. (All organizations must complete this part.) See instructions. 2							
	rt I							S.			
The	organ	ization is not a private found									
1		A church, convention of ch	,			on 170(b)(*	1)(A)(i).				
2		A school described in section									
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	ınit descrik	bed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma	Illy receives a substa	ntial part of its support	from a gov	ernmental	unit or from t	he general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)((ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	, and state of	the colleg	le or		
		university:									
10	Χ	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from (contributio	ons, membersl	hip fees, a	nd gross receipts from		
		activities related to its exen									
		income and unrelated busir							-		
		See section 509(a)(2). (Cor		. ,		·	2				
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).				
12		An organization organized a						arry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	509(a)(3). (Check the box on		
		lines 12a through 12d that									
а		Type I. A supporting orga							/ giving		
		the supported organization									
		organization. You must c			, ,						
b		Type II. A supporting org			tion with it	s support	ed organizatio	on(s), by ha	avina		
		control or management o									
		organization(s). You mus			•						
с		Type III functionally inte			in connec	tion with.	and functional	llv integrat [,]	ed with.		
		its supported organization		•••				., <u>.</u>	,		
d		Type III non-functionally					-	rted organ ⁱ	ization(s)		
		that is not functionally int									
		requirement (see instruct									
e		Check this box if the orga	,	•				II Type III			
-		functionally integrated, or						, . , pe			
f	Ente	er the number of supported of	• •	• • •							
g		vide the following information							·		
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
Tota	al										

<u></u>	(F	000	000
Schedule A	(⊢orm	990)	2022

Part II

ERIE CIVIC THEATRE ASSOCIATION

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
Ū	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(4) 2010	(6) 2010	(0) 2020		(0) 2022	
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
11		ata (aga inatruati	()			10	
12	Gross receipts from related activities,			fourth or fifth toy		12	
13	First 5 years. If the Form 990 is for the	-			•		
Sec	organization, check this box and stor ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		14	%
15	Public support percentage for 2022 (Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the c						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o						
170	and stop here. The organization qual						
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	-	
	meets the facts and circumstances to	-		• • • •		17a and lina 15 ia	
b	10% -facts-and-circumstances tes	-					10% OF
	more, and if the organization meets the				• •		
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 100, 17a, or 17	D, CHECK THIS DOX 2		IS

ERIE CIVIC THEATRE ASSOCIATION

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	393846.	452075.	292086.	815986.	353502.	2307495.
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	686826.	522166.	98530.	333820.	577096.	2218438.
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1080672.	974241.	390616.	1149806.	930598.	4525933.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
-	amount on line 13 for the year						0.
	Public support. (Subtract line 7c from line 6.)						4525933.
	tion B. Total Support						45255556
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	1080672.	974241.	390616.	1149806.	930598.	4525933.
	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	37143.	5331.	576.	5893.	42066.	91009.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	37143.	5331.	576.	5893.	42066.	91009.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	1117815.	979572.	391192.	1155699.	972664.	4616942.
	First 5 years. If the Form 990 is for th						
					-		
Sec	tion C. Computation of Publ						
	Public support percentage for 2022 (•	column (f))		15	98.03 %
	Public support percentage from 2021		•			16	98.22 %
-	ction D. Computation of Inve	-					
	Investment income percentage for 20			ne 13, column (f))		17	1.97 %
	Investment income percentage from					18	1.78 %
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						X
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<u></u>
	23 12-09-22						(Form 990) 2022
				16			•

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22

10b Schedule A (Form 990) 2022

17

Schedule A (Form 990) 2022 ERIE CIVIC THEATRE ASSOCIATION

2

1

Yes

Yes No

Yes No

No

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

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

Section E. Type III Functionally Integrated Supporting Organizations

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

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed

- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.

supervised, or controlled the supporting organization.

Section D. All Type III Supporting Organizations

Section C. Type II Supporting Organizations

the supported organization(s).

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
 232025 12-09-22

3b | Schedule A (Form 990) 2022

2a

2b

За

16031115 787839 eriecivicthe 2022.05000 ERIE CIVIC THEATRE ASSOCIAT ERIECIV1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (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): 2 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, 4 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) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2022

232026 12-09-22

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose				
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Γ	·	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	;	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022			THEATRE				25-106	9562 Page
Part VI	Supplemental Inf Part IV, Section A, lines line 1; Part IV, Section Section D, lines 5, 6, ar (See instructions.)	s 1, 2, 3b, 3c, 4b, D, lines 2 and 3; I	4c, 5a, 9 Part IV, 9	6, 9a, 9b, 9c, 11 Section E, lines ⁻	a, 11b, ar 1c, 2a, 2b	nd 11c; Part , 3a, and 3b	IV, Section B, lir ; Part V, line 1; P	7a or 17b; Part III, les 1 and 2; Part I' art V, Section B, li	line 12; V, Section C, ne 1e; Part V,
32028 12-09-2					21				A (Form 990) 2
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

2022

Employer identification number

25-106956	2

ERIE CIVIC THEATRE ASSOCIATION

Section:
X 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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.

ERIE CIVIC THEATRE ASSOCIATION

Name of organization

Employer identification number

25-1069562

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 DAVID COHEN DONATION X Person Payroll 3100 NORTH OCEAN BLVD #2601 15000. Noncash \$ (Complete Part II for FORT LAUDERDALE, FL 33308 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X BARB AND JEFF SHIVERS DONATION Person Payroll 11000. 820 MONTROSE DR. Noncash \$ (Complete Part II for VENICE, FL 34293 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X LECOM SPONSORSHIP Person Payroll 1858 WEST GRANDVIEW BLVD. 100000. Noncash (Complete Part II for ERIE, PA 16509 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 UPMC HEALTH PLAN SCHOLARSHIP Х Person Payroll 100 STATE STREET #300 50000. Noncash (Complete Part II for ERIE, PA 16507 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 ERIE INSURANCE X Person Payroll 100 ERIE INSURANCE PL. 81275. Noncash (Complete Part II for ERIE, PA 16530 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 KERN FAMILY FOUNDATION DONATION X Person Pavroll 5000. 969 DUTCH ROAD Noncash (Complete Part II for FAIRVIEW, PA 16415 noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

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Name of organization

Employer identification number

25-1069562 ERIE CIVIC THEATRE ASSOCIATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 JOHN R. AND MARY GAIL BALDWIN DONATION X Person Payroll 8000. 4318 COMMODORE DR. Noncash \$ (Complete Part II for ERIE, PA 16505 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 8 BARBARA POLLOCK DONATION X Person Payroll 7700. 2323 EDINBORO RD #430C Noncash \$ (Complete Part II for ERIE, PA 16509 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X ERIE COMMUNITY FOUNDATION Person Payroll 459 WEST 6TH STREET 22986. Noncash (Complete Part II for ERIE, PA 16507 noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 BOB AND CHRISTY KOONTZ Х Person Payroll 330 ERICA DR 6750. Noncash (Complete Part II for ERIE, PA 16509 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 JAMES AND SANDRA GLOBA X Person Payroll 5000. 1217 SOUTHVIEW DRIVE Noncash (Complete Part II for ERIE, PA 16509 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 ERIE FEDERAL CREDIT UNION X Person Pavroll 3053 PEACH STREET 6000. Noncash \$ (Complete Part II for ERIE, PA 16508 noncash contributions.)

223452 11-15-22

Schedule B (Form 990) (2022)

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15	-22 25		Schedule B (Form 990) (202

ERIE CIVIC THEATRE ASSOCIATION

Name of organization

Employer identification number

25-1069562

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Page 3

Schedule I	B (Form 990) (2022)		Page 4		
Name of o	rganization		Employer identification number		
ERIE	CIVIC THEATRE ASSOCIAT	ION	25-1069562		
Part III		tions to organizations described in) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of g	ift		
-	Transferee's name, address, a	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 g			
-	Transferee's name, address, a	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		
	Transferee's name, address, a	(e) Transfer of g	ift 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		
-	Transforação porte addrese	(e) Transfer of g	-		
-	Transferee's name, address, a	anu ZIF + 4	Relationship of transferor to transferee		
223454 11-15	5-22		Schedule B (Form 990) (2022		

Department of the Treasury

(Form	990)
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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.



Internal Revenue Service Name of the organization Employer identification number ERIE CIVIC THEATRE ASSOCIATION 25-1069562 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a d historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provi	de
	(ii) Assets included in Form 990, Part X	\$
	(I) Revenue included on Form 990, Part VIII, line 1	\$

27

b Buildings 3791217. 1335798. 2455419. c Leasehold improvements 498944. 430808. 68136. e Other 6 6 6 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2632765.	Sche		VIC THEATR				5-10			age 2
collection items (check all that apply): Collection items (check all that apply): Collection items (check all that organization items (check all that organization items): Collection items (check all that apply): Collection (check all that apply):	Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	er Simila	r Asse	ts (contii	nued)	
a Public exhibition d Clan or exchange program b Scholary research e Otter	3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant u	use of its			
b Scholary research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization scollections and explain how they further the organization assets tote soil the organization and collection? Yes No Fart/W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an anount on Form 990, Part X, line 21. Ta is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Ta is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. Yes No Part V Endowment Funds. Complete if the erginazion answered "Yes" or Norm 900, Part V, line 10. Yes Yes 1a Baginning of year balance 20714 21. 176592. 136564. 1353040. 1a Baginning of year balance 20724. 23942. 12356. 131311. 4008.		collection items (check all that apply):								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII. 5 During the year, did the organization solicit or receive donations of art, histotical treasures, or other similar assets to be sold for rate funds rater than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 4 Is the organization an explore the following table:	а	Public exhibition	d	Loan or excl	nange program					
Provide a description of the organization's collectors and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization is collector? Part W Escrew and Custodial Arrangements. Complete if the organization is collector? Part W Escrew and Custodial Arrangements. Complete if the organization answered "ves" on Form 990, Part IV, line 9, or resported an arrown to Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Ind Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id	b	Scholarly research	е	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	с	Preservation for future generations								
To be sold to raise funds rather than to be maintained as part of the organization sourced 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tail Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance Ic Amount Ic Amount d Additions during the year Ie Im Im Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Im Im Im Part V Endowment Funds. Complete if the organization answered 'Yes' on Porm 990, Part X, line 21. Im Im Im Im d attributions 30.998.6 40.348.1 10.042.6 (d) Poru years back (e) Foru years back (e) Foru years back (e) Foru years back (d) Poru years back (e) Foru years back (e) Foru years back (d) Poru years back (e) Foru years back (e) Foru years b	4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organization's exe	empt purpo	se in Par	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ives No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Ives Amount c Beginning balance Id Id Id d Additions during the year Id Id Id Id e Distributions during the year Id	5							-		_
reported an amount on Form 990, Part X, line 21. Image: the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Image: the organization include an amount on form 990, Part X, line 21, for										No
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b Contributions 30998. 40348. 10242. 6220. 3000. c Net investment earnings, gains, and losses -20526. 33969. 12356. 11811. 4008. d Grants or scholarships	10	Beginning of year balance						(0) : 0		
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 109210. 109210. 109210. b Buildings 3791217. 1335798. 2455419. c Leasehold improvements 498944. 430808. 68136. e Other 0 2632765.	b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?				Зb		
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c Leasehold improvements 498944. 430808. 68136. d Equipment 498944. 430808. 68136. e Other 0 0 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2632765.	1a	Land				100				
d Equipment 498944. 430808. 68136. e Other				217.		133579	8.	24	554	19.
e Other			100			40000			<u> </u>	<u> </u>
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2632765.	d	Equipment	4989	944.		43080	8.		681	36.
									<u> </u>	
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)					

Schedule D (Form 990) 2022

232052 09-01-22

		C THEATRE ASSOC	IATION	25-1069562 Page 3
Part '				
_	Complete if the organization answered "Ye			
(a) De	scription of security or category (including name of security	y) (b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Fina	ancial derivatives			
	sely held equity interests			
(3) Oth				
(A)	ENDOWMENT FUND	239181.	Cost	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		020101		
	ol. (b) must equal Form 990, Part X, col. (B) line 12.)	239181.		
Part	VIII Investments - Program Related.			
	Complete if the organization answered "Ye			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ol. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part				
	Complete if the organization answered "Ye		TId. See Form 990, Part X, line 15.	
		a) Description		(b) Book value 738029 •
19	BENEFICIAL INIERESI IN E	ERPEIUAL IRUSI		/30029.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal <i>(</i> //	Column (b) must aqual Form 900 Port X and (P)	ling 15)		738029.
Part	Column (b) must equal Form 990, Part X, col. (B) X Other Liabilities.	IIII I I I I I I I I I I I I I I I I I		730029.
i ait.	Complete if the organization answered "Ye	as" on Form 990 Part IV line	11e or 11f See Form QQA Part V I	ine 25
	(a) Description of liability		The of Th. See Form 990, Part A, I	(b) Book value
1.				
	Federal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Column (b) must equal Form 990, Part X, col. (B)	,		
	bility for uncertain tax positions. In Part XIII, prov		-	
orga	anization's liability for uncertain tax positions un	der FASB ASC 740. Check he	ere if the text of the footnote has be	een provided in Part XIII X

Schedule D (Form 990) 2022

25-1069562 Page 3

232053 09-01-22

Sche	dule D (Form 990) 2022 ERIE CIVIC THEATRE ASSOCI.	ATION		25-3	1069562 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With	n Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	749111.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-223553.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-223553.
3	Subtract line 2e from line 1			3	972664.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				972664.
Pa	t XII Reconciliation of Expenses per Audited Financial State	nents Wil	th Expenses per	Retu	rn.
			• •		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1		a.		1	1305705.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	a. 			
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 2a			
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a 2b			
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b 2c			1305705.
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 2a 2b 2c 2d			<u>1305705.</u> 0.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d		1	1305705.
2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2d		1 2e	<u>1305705.</u> 0.
2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2c 2d 2d		1 2e	<u>1305705.</u> 0.
2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2c 2d 2d		1 2e	<u>1305705.</u> 0.
2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	a. 2a 2b 2c 2d 2d 4a 4b		1 2e 3 4c	<u>1305705.</u> 0. <u>1305705.</u> 0.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 2d 4a 4b		1 2e 3	<u>1305705.</u> 0.

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

Part X, Line 2:

232054 09-01-22

Schedule D	(Form 990) 2022

Part XIII	Supplemental Information (continued)

				Schedule	e D (Form 990

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

OMB No 1545-0047

ERIE CIVIC THEATRE ASSOCIATION

25-1069562

Form 990, Part I, Line 1, Description of Organization Mission:

GREATER ERIE REGION BY PROVIDING LIFE LONG OPPORTUNITIES TO PARTICIPATE

IN QUALITY THEATRICAL PRODUCTIONS AS ARTISTS, AUDIENCE MEMBERS, AND

ADVOCATES.

Form 990, Part VI, Section B, line 11b:

THE FORM 990 IS DISTRIBUTED AND REVIEWED AT A BOARD MEETING PRIOR TO FILING

Form 990, Part VI, Section B, Line 12c:

THE EXECUTIVE DIRECTOR AND FINANCE COMMITTEE REVIEW THIS POLICY AND MONITOR

ITS ENFORCEMENT

Form 990, Part VI, Section B, Line 15:

(Box 55) IS PREPARED., (Box 56) IS PREPARED.

Form 990, Part VI, Section C, Line 19:

THESE DOCUMENTS ARE MADE AVAILABLE WHEN REQUESTED.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED SINCE LAST YEAR

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

Schedule O (Form 990) 2022

232211 10-28-22