HAWKINS ASH CPAS, LLP ONE EAST WALDO BOULEVARD, SUITE 5 MANITOWOC, WI 54220-2912

> TREEHOUSE THEATER, INC. P.O. BOX 1722 MANITOWOC, WI 54221

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Form	990
Form	<b>990</b>

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# **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. OMB No. 1545-0047

Depa	artment nal Rev	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the	he latest in		Inspection
A For the 2022 calendar year, or tax year beginning JUN 1, 2022 and ending MAY 31, 2023						
B	Check if applicat		forganization		D Employer identificat	tion number
	Addr	ge TREE	HOUSE THEATER, INC.			
	Nam chan		usiness as YOUTH THEATER COMPANY		**-***9877	7
	Initia returi	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final		BOX 1722		920-905-29	
	termi ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	329,011.
	Amer		TOWOC, WI 54221		H(a) Is this a group retu	
	Appli tion pend	in a	nd address of principal officer: DOUG ODELL		for subordinates?	
		SAME	AS C ABOVE		H(b) Are all subordinates inclue	
		empt status:		or 527	If "No," attach a lis	
	Webs				H(c) Group exemption r	
	orm c art l	Summary	X Corporation Trust Association Other	<b>L</b> Year	of formation: 2012 M S	State of legal domicile: W L
	<u> </u>		e the organization's mission or most significant activities: $\underline{ extsf{TO}}$ EN	IDTCU		CUTLOPEN
e	1		IR FAMILIES BY PROVIDING QUALITY T			
Jan	2	Check this bo				
veri	3		-			10
ĝ	4		lependent voting members of the governing body (Part VI, line 1b)			10
ა ა	5					0
Activities & Governance	6		of volunteers (estimate if necessary)			100
ctiv	7 a		d business revenue from Part VIII, column (C), line 12			0.
_<	b		business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
Ø	8	Contributions	and grants (Part VIII, line 1h)		79,505.	67,645.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		144,329.	198,026.
eve .	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		38,681.	47,452.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		262,515.	313,123.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	2,755.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		57,500.	60,500.
Expenses	16a		undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 20,16		0.	0.
Ä			<b>5 1 1 1 1 1 1 1 1 1 1</b>		160,857.	234,488.
_	1 11		es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		218,357.	297,743.
	10		expenses. Subtract line 18 from line 12		44,158.	15,380.
7 %	3	nevenue iess			ginning of Current Year	End of Year
Net Assets or	20	Total assets (I	Part X, line 16)		681,608.	680,801.
ASSE	21	-	(Part X, line 26)		115,604.	99,417.
Net.	22		fund balances. Subtract line 21 from line 20		566,004.	581,384.
Pa	art II				/ /	
Und	Index penalties of periury. 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.

Sign	Signature of officer		Date			
-	DOUG ODELL, PRESIDENT					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	NICOLE J. MALUEG	NICOLE J. MALUEG	09/13/23	self-employed P01681507		
Preparer	Firm's name HAWKINS ASH CPAS,	LLP	Firm'	sEIN **-**2608		
Use Only	Firm's address ONE EAST WALDO BO	ULEVARD, SUITE 5				
	MANITOWOC, WI 542	20-2912	Phon	e no.920.684.7128		
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No		
232001 12-1	EXAMPLE 2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2022) TREEHOUSE THEATER, INC.	**-***9877	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		1 dgo
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	<u></u>	
•	TO ENRICH THE LIVES OF CHILDREN AND THEIR FAMILIES BY PRO	VIDING	
	QUALITY THEATER EDUCATION AND PERFORMANCE OPPORTUNITIES.		
	<u></u>		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Vec	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
2			XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, a	ina
	revenue, if any, for each program service reported.	126	000
4a	(Code:) (Expenses \$ 135,845. including grants of \$) (Revenu		980.)
	THREE LOCAL THEATER PRODUCTIONS, INCLUDING YOUTH AGES 4-1	.0•	
4b	(Code:) (Expenses \$95,031. including grants of \$) (Revenu	e\$ 43,	946.)
	JUNIOR THEATER FESTIVAL TEAM.		/
4c	(Code:) (Expenses \$ 7,956. including grants of \$ 2,755. ) (Revenu	•\$ <u> </u>	100.)
	EDUCATION CLASSES AND EVENTS.		
4d	Other program services (Describe on Schedule O.)	, ,	
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses238,832.		200

Form	990	(2022)

 Form 990 (2022)
 TREEHOUSE THEATER, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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			
	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			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
اہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 21
120	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form 990 (	2022)	TREEHOUSE	THEATER,
Part IV	Checklist	of Required Schedu	les (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.14		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		05h		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
00	Nates All Form 2020 Class and an analysis of the company of the Cales	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O           ttv         Statements Regarding Other IRS Filings and Tax Compliance	1 30	21	1
	Chack if Schedule O contains a response or note to any line in this Bart V			
			Var	
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	4		

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

1c

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
		01		
-	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		x
3a ⊾	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" <i>to line 3b, provide an explanation on Schedule O</i>	30		<u> </u>
ча	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	40		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	_	
а	Is the organization licensed to issue qualified health plans in more than one state?	138		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•				
с 14а		14a		X
		14b		- 23
ы 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>			<u> </u>
.0	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	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?	17		
	If "Yes." complete Form 6069.			

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	000	

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	

Х	

Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	0						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	0						
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the									
	of officers, directors, trustees, or key employees to a management company or other person?		•	3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass					X				
6	Did the organization have members or stockholders?			6		X				
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap									
	more members of the governing body?			7a		x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			14						
	persons other than the governing body?			7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea									
a	The governing body?	,	0-	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 read			00						
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		0	9	1	- 21				
	ter and the section B requests information about policies not required by the internal Re	evenue	e Code.)		Yes	No				
10-2	Did the organization have local chapters, branches, or affiliates?			10a	165	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			104						
b		•		10b						
110			ro filing the form?	11a	x					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y beic	re ming the lonn?							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			100	x					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13					x				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "}			10		x				
40	on Schedule O how this was done			12c		X				
13	Did the organization have a written whistleblower policy?			13		X				
14	Did the organization have a written document retention and destruction policy?			14						
15	Did the process for determining compensation of the following persons include a review and approva	ai by ir	idependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	x					
a	The organization's CEO, Executive Director, or top management official			15a		x				
b	Other officers or key employees of the organization			15b						
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		201-							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen					v				
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
800	exempt status with respect to such arrangements?			16b						
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed <u>WI</u>	1.05								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 99	u-i (section 501(c)(3	s)s only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain		,							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, a	nd finan	cial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks ar	id records							
	JOHN IANNITELLO - 920-905-2968									
	1416 MICHIGAN AVE, MANITOWOC, WI 54220									

### Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

Name and title         Average hours per weak biology and organization biology and biology and	Check this box if neither the organization (A)	(B)	J			C)			(D)	(E)	(F)
hours per week (list any related organizations biours for related organizations biours for related organizations biours for related organizations biours for related organizations for related organizations for related for re			Position					one			
week (ist ary hours for related organizations below line)     week (ist ary hours for related organizations (weighted the compensation organizations (weighted the compensations (weighted the compensat		·	box, unless person is both an				s both	n an	· ·	'	
(1) KAREN ROHRER       40.00       x       60,500.       0.       0.         EXECUTIVE DIRECTOR       1.00       x       0.       0.       0.       0.         PRESIDENT       2.00       x       0.       0.       0.       0.       0.         SPESIDENT       2.00       x       0.       0.       0.       0.       0.         (3) JOIN IANNITELLO       2.00       x       0.       0.       0.       0.       0.         (4) ERIC NYCZ       1.00       x       0.       0.       0.       0.       0.         (5) RICARD LADNIG       1.00       x       0.       0.       0.       0.       0.         SECRETARY       0.50       x       0.       0.       0.       0.       0.         C(5) RICARD LADNIG       0.50       x       0.       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.							17 11 113				
(1) KAREN ROHRER       40.00       x       60,500.       0.       0.         EXECUTIVE DIRECTOR       1.00       x       0.       0.       0.       0.         PRESIDENT       2.00       x       0.       0.       0.       0.       0.         SPESIDENT       2.00       x       0.       0.       0.       0.       0.         (3) JOIN IANNITELLO       2.00       x       0.       0.       0.       0.       0.         (4) ERIC NYCZ       1.00       x       0.       0.       0.       0.       0.         (5) RICARD LADNIG       1.00       x       0.       0.       0.       0.       0.         SECRETARY       0.50       x       0.       0.       0.       0.       0.         C(5) RICARD LADNIG       0.50       x       0.       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.			direct				Ð			U U	
(1) KAREN ROHRER       40.00       x       60,500.       0.       0.         EXECUTIVE DIRECTOR       1.00       x       0.       0.       0.       0.         PRESIDENT       2.00       x       0.       0.       0.       0.       0.         SPESIDENT       2.00       x       0.       0.       0.       0.       0.         (3) JOIN IANNITELLO       2.00       x       0.       0.       0.       0.       0.         (4) ERIC NYCZ       1.00       x       0.       0.       0.       0.       0.         (5) RICARD LADNIG       1.00       x       0.       0.       0.       0.       0.         SECRETARY       0.50       x       0.       0.       0.       0.       0.         C(5) RICARD LADNIG       0.50       x       0.       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.			tee or	Istee			ensate				
(1) KAREN ROHRER       40.00       x       60,500.       0.       0.         EXECUTIVE DIRECTOR       1.00       x       0.       0.       0.       0.         PRESIDENT       2.00       x       0.       0.       0.       0.       0.         SPESIDENT       2.00       x       0.       0.       0.       0.       0.         (3) JOIN IANNITELLO       2.00       x       0.       0.       0.       0.       0.         (4) ERIC NYCZ       1.00       x       0.       0.       0.       0.       0.         (5) RICARD LADNIG       1.00       x       0.       0.       0.       0.       0.         SECRETARY       0.50       x       0.       0.       0.       0.       0.         C(5) RICARD LADNIG       0.50       x       0.       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.		organizations	ll trus	nal tru		loyee	om pe		1099-NEC)		
(1) KAREN ROHRER       40.00       x       60,500.       0.       0.         EXECUTIVE DIRECTOR       1.00       x       0.       0.       0.       0.         PRESIDENT       2.00       x       0.       0.       0.       0.       0.         SPESIDENT       2.00       x       0.       0.       0.       0.       0.         (3) JOIN IANNITELLO       2.00       x       0.       0.       0.       0.       0.         (4) ERIC NYCZ       1.00       x       0.       0.       0.       0.       0.         (5) RICARD LADNIG       1.00       x       0.       0.       0.       0.       0.         SECRETARY       0.50       x       0.       0.       0.       0.       0.         C(5) RICARD LADNIG       0.50       x       0.       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.			ividua	titutio	icer	/ em pl	hest o	mer			organizations
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(2) DOUG ODELL       1.00       x       0.       0.       0.         PRESIDENT       2.00       x       0.       0.       0.       0.         TREASURER       1.00       x       0.       0.       0.       0.         VICE PRESIDENT       x       0.       0.       0.       0.       0.         (5) RICHARD LADNIG       1.00       x       0.       0.       0.       0.         SECRETARY       0.50       x       0.       0.       0.       0.       0.         (6) MARTIN SCHALLER       0.50       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         (3) JERCTOR       x       0.<		40.00			v				60 500	0	0
PRESIDENT         X         0.         0.         0.         0.           (3) JOHN TANNITELLO         2.00         X         0.         0.         0.         0.           (4) ERIC NYCZ         1.00         X         0.         0.         0.         0.           (4) ERIC NYCZ         1.00         X         0.         0.         0.         0.           (5) RICHARD LADNIG         1.00         X         0.         0.         0.         0.           (6) MARTIN SCHALLER         0.50         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           010 SINSE KITZEROW         0.50         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.		1 00			~				00,500.	0.	0.
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(4) ERIC NYCZ       1.00       X       0.       0.       0.         (5) RICHARD LADWIG       1.00       X       0.       0.       0.         (6) MARTIN SCHALLER       0.50       X       0.       0.       0.         (7) SUSAN BROWN       0.50       X       0.       0.       0.         (8) JEFF BRANDENBURG       0.50       X       0.       0.       0.         (9) DENISE KITZEROW       0.50       X       0.       0.       0.         (10) GINGER VAN ELLS       0.50       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (11) JONATHAN MEDENDORP       0.50       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (11) JONATHAN MEDENDORP       0.50       X       0.       0.       0.         UILECTOR       X       0.       0.       0.       0.       0.         UILECTOR       X       0.       0.       0.       0.       0.       0.         UILECTOR       X       0.       0.       0.       0.       0. <t< td=""><td></td><td>2.00</td><td></td><td></td><td>x</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		2.00			x				0.	0.	0.
VICE PRESIDENT       X       0.       0.       0.       0.         SECRETARY       X       0.       0.       0.       0.       0.         SECRETARY       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         OTRECTOR       X       0.       0.       0.       0.       0.         OIRECTOR       X       0.       0.       0.       0.       0.         OIRECTOR       X       0.       0.       0.       0.       0.       0.         OIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         OIRECTOR       X       0.		1,00									
(5) RICHARD LADWIG       1.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.					x				0.	0.	0.
SECRETARY         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (7)         SUSAN BROWN         0.50         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8)         JEFF BRANDENBURG         0.50         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (9)         DENISE KITZEROW         0.50         X         0.         0.         0.           DIRECTOR         X         0.50         X         0.         0.         0.           DIRECTOR         X         0.50         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           Intertor         X         0.         0.         0.	(5) RICHARD LADWIG	1.00									
(6) MARTIN SCHALLER       0.50       X       0.0.0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.       0.0.0.0.         (7) SUSAN BROWN       0.50       X       0.0.0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.       0.0.0.         DIRECTOR       X       0.0.0.0.0.0.       0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.0.       0.0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.0.       0.0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.0.0.0.       0.0.0.0.0.0.0.0.0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	SECRETARY				х				0.	0.	0.
(7) SUSAN BROWN       0.50       X       0.00000000000000000000000000000000000	(6) MARTIN SCHALLER	0.50									
DIRECTOR       X       0.       0.       0.       0.         (8) JEFF BRANDENBURG       0.50       X       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.         (9) DENISE KITZEROW       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. </td <td>DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	DIRECTOR		Х						0.	0.	0.
(8) JEFF BRANDENBURG       0.50       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(7) SUSAN BROWN	0.50									
DIRECTOR       X       0.       0.       0.       0.         (9) DENISE KITZEROW       0.50       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) GINGER VAN ELLS       0.50       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (11) JONATHAN MEDENDORP       0.50       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         INFRCTOR       INFRCTOR       INFRCTOR       INFRCTOR       INFRCTOR       INFRCTOR         INFRCTOR       INFRCTOR       INFRCTOR       INFRCTOR       INFRCTOR       INFRCTOR       INFRCTOR         INFRCTOR       INFRCTOR       INFRCTOR       INFRCTOR       INFRCTOR       INFRCTOR       INFRCTOR	DIRECTOR		Х						0.	0.	0.
(9) DENISE KITZEROW       0.50       X       0.0.0.0.         DIRECTOR       0.50       X       0.0.0.0.         (10) GINGER VAN ELLS       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.       0.0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.0.0.       0.0.0.0.0.0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(8) JEFF BRANDENBURG	0.50									
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(10) GINGER VAN ELLS       0.50       X       0.0.0.0.         DIRECTOR       0.50       X       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.0.         DIRECTOR       X       0.0.0.0.       0.0.0.0.         DIRECTOR       X       0.0.0.0.0.       0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.       0.0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.0.0.       0.0.0.0.0.0.0.0.         DIRECTOR       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(9) DENISE KITZEROW	0.50									
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(11) JONATHAN MEDENDORP       0.50       X       0.00.00.00.00.00.00.00.00.00.00.00.00.0		0.50									
DIRECTOR     X     0.     0.     0.     0.			Х						0.	0.	0.
		0.50									
	DIRECTOR		X						0.	0.	0.
000											

	90 (2022) TREEHOUS	E THEATE	IR,	I	NC	•				**_**	**98	377	Р	age <b>8</b>
Part			oloy	ees,			ghes	t C		, ,				
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	box offi	not c , unle	Pos heck i ss per	more rson i	than o s both pr/trus	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	I	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	I	fr org and	pensa om th anizat d relat anizati	ie tion ted
											_			
	Subtotal otal from continuation sheets to Part VI								60,500.		0.			0.
	otal (add lines 1b and 1c)								60,500.		0.			0.
	otal number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	1			0
											r		Yes	No
	Did the organization list any <b>former</b> officer,			-	•	-						2		x
	ne 1a? If "Yes," complete Schedule J for s for any individual listed on line 1a, is the su											3		
	nd related organizations greater than \$150											4		X
	Did any person listed on line 1a receive or a endered to the organization? <i>If</i> "Yes." con								•			5		x
Section	on B. Independent Contractors				-									
	Complete this table for your five highest co he organization. Report compensation for										ensat	ion fro	m	
	(A) Name and business	address	N	ONE	3				<b>(B)</b> Description of s	ervices	C	<b>(C</b> omper	<b>;)</b> nsatio	'n
								_						
								_						
	otal number of independent contractors (i 100.000 of compensation from the organi	0	ot lir	niteo	d to f	thos (		ted	above) who received mo	ore than				

		Check if Schedule O o					<b>(A)</b> Total revenue	(B) Related or exempt function revenue		(D) Revenue exclue from tax unde
								lunction revenue	business revenue	sections 512 -
ts	1 a	Federated campaigns		1a						
uno	b	Membership dues		1b						
m	с	Fundraising events		1c						
ar /	d	Related organizations		1d						
and Other Similar Amounts	е	Government grants (contr	ibuti	ons) <b>1e</b>						
S	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	abov	re 1f		67,645.				
0 P	g	Noncash contributions included in	lines 1	a-1f <b>1g</b> \$	6					
an	h	Total. Add lines 1a-1f					67,645.			
						Business Code				
	2 a	PRODUCTION IN				711110	136,980.			
Ð	b	JUNIOR THEATE	R I	FESTIV	A	711110	43,946.	43,946.		
nue	с	EDUCATION				711110	17,100.	17,100.		
eve	d									
Revenue	е									
	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f					198,026.			
	3	Investment income (incluc	ding	dividends, ir	ntere	st, and				
	4	Income from investment of		-		Г				
	5	Royalties	······							
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a			34,414.				
		Less: rental expenses	6b			4,658.				
		Rental income or (loss)	6c			29,756.	00 850			
		Net rental income or (loss)	)			(*) 01	29,756.			29,75
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b 7c							
		Gain or (loss)								
		Net gain or (loss)								
	8 a	Gross income from fundraisi	0	`						
2		including \$								
		contributions reported on		,		22,510.				
	h	Part IV, line 18			8a 8b	11,230.				
		Net income or (loss) from		raising over		11,250.	11,280.			11,28
		Gross income from gamin		-						
	Ja	Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from								
		Gross sales of inventory, I								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from								
	2				,	Business Code				
	11 a	PLAYBILL ADVE	RT:	ISERS		900099	6,268.			6,26
Revenue	b	MISCELLANEOUS				900099	148.			14
SVe	c									
å		All other revenue								
		Total. Add lines 11a-11d				<u> </u>	6,416.			
1		Total revenue. See instruction					313,123.	198,026.	0.	47,45

Form 990 (2022)

\*\*-\*\*\*9877

Page 9

Check here

18

19

20

21

22

23

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b

С

25

26

Interest

Insurance

EQUIPMENT

e All other expenses

d MISCELLANEOUS

Travel Payments of travel or entertainment expenses

for any federal, state, or local public officials .... Conferences, conventions, and meetings .....

Payments to affiliates

Depreciation, depletion, and amortization .....

Other expenses. Itemize expenses not covered

above. (List miscellaneous expenses on line 24e. If

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

	1990 (2022) TREEHOUSE TH T IX   Statement of Functional Expense			**_*
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All othe	er organizations must cor	mplete column (A).
<u></u>	Check if Schedule O contains a respon			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general 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	2,755.	2,755.	
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, trustees, and key employees	60,500.	20,167.	20,167.
6	Compensation not included above to disqualified		2072070	2072070
•	persons (as defined under section 4958(f)(1)) and			
	persons described in section 4958(c)(3)(B)			
7	Other salaries and wages			
8	Pension plan accruals and contributions (include			
	section 401(k) and 403(b) employer contributions)			
9	Other employee benefits			
10	Payroll taxes			
11	Fees for services (nonemployees):			
а	Management			
	Legal	1 405		1 405
	Accounting	1,425.		1,425.
d	Lobbying			
e	Professional fundraising services. See Part IV, line 17			
f	Investment management fees			
g	Other. (If line 11g amount exceeds 10% of line 25,	69,578.	69,578.	
12	column (A), amount, list line 11g expenses on Sch 0.)	127.	127.	
12	Advertising and promotion	9,734.	127.	9,734.
13 14	Office expenses Information technology	2,813.		2,813.
15	Royalties			,=_;
16	Occupancy	10,361.	10,361.	
		.,	- ,	

**(D)** Fundraising expenses

20,166.

1,298.

3,308.

38,745.

X

20,166.

#### line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 62,625. 62,625. PRODUCTION COSTS JUNIOR THEATER 43,809. 43,809. 4,098. 4,098. 2,299. 2,299. 1,517. 1,517. 297,743. 238,832. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

1,298.

21,496.

3,308.

21,496.

	TREEHOUSE	THEATER,	INC
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1 a		Check if Schedule O contains a response or no	te to an	v line in this Part Y			
		Check in Schedule O contains a response of ho			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			72,313.	1	89,327.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				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	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified per	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	<b>—</b>				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		639,470.			
	b	Less: accumulated depreciation	10b	47,996.	609,295.	10c	591,474.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	33)	681,608.	16	680,801.	
	17	Accounts payable and accrued expenses	41,402.	17	40,000.		
	18	Grants payable		18			
	19	Deferred revenue	16,291.	19	24,087.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
Liabilities	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	ons		22	
	23	Secured mortgages and notes payable to unrel	ated thi	rd parties	52,629.	23	31,607.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line					
		of Schedule D	·····	5,282.	25	3,723.	
	26	Total liabilities. Add lines 17 through 25			115,604.	26	99,417.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, cho	eck her	e X			
		and complete lines 27, 28, 32, and 33.					
	27			······	566,004.	27	562,917.
	28	Net assets with donor restrictions		L		28	18,467.
pun		Organizations that do not follow FASB ASC 9	958, che	eck here			
Ē		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
se	30	Paid-in or capital surplus, or land, building, or e				30	
tA₅	31	Retained earnings, endowment, accumulated in		····· -		31	
Ne	32	Total net assets or fund balances			566,004.	32	581,384.
	33	Total liabilities and net assets/fund balances			681,608.	33	680,801.

680,801. Form **990** (2022)

# Form 990 (2022) Part X Balance Sheet

	1990 (2022) TREEHOUSE THEATER, INC.	**_**	*9877	Pag	<sub>ge</sub> 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	313					
2	Total expenses (must equal Part IX, column (A), line 25)	2	297	<u> </u>				
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	80.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	566	5,0	04.			
5	Net unrealized gains (losses) on investments	5						
6								
7								
8								
9								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	581	.,3	84.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	b Were the organization's financial statements audited by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	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					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. <u>3a</u>		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)
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# **Public Charity Status and Public Support**

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

1

# Name of the organization

Nam	e of t	e of the organization Employer identification numb								
		TREE	HOUSE THEA	TER, INC.					*-***9877	
Pa	τI	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The o	organ	ization is not a private found								
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local gov	•							
7		An organization that norma		ntial part of its support fi	rom a gove	ernmental (	unit or from tr	ie general	public described in	
8		section 170(b)(1)(A)(vi). (C A community trust describe		1)(A)(vi) (Complete Par	+ 11 \					
9		An agricultural research org				ad in coniu	nction with a	land-grant	college	
5		or university or a non-land-g				-		-	-	
		university:	frank obliege of agric			name, erry		the conege		
10	X	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	s. membersh	ip fees, an	d aross receipts from	
		activities related to its exem								
		income and unrelated busir								
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section &	509(a)(3). (	Check the box on	
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а		<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting								
		organization. You must o								
b		<b>Type II.</b> A supporting organization supervised or controlled in connection with its supported organization(s), by having								
		control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.								
•										
С		<b>Type III functionally integrated.</b> A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). <b>You must complete Part IV, Sections A, D, and E.</b>								
d	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)									
u	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness									
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.									
е										
	functionally integrated, or Type III non-functionally integrated supporting organization.									
f	Enter the number of supported organizations									
g		Provide the following information about the supported organization(s).								
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	inization listed ng document?	(v) Amount of		(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)	
Tota										

Schedule A	(Form	990)	2022

Pa	art II Support Schedule for	Organizations	Described in	Sections 170	b)(1)(A)(iv) and	170(b	)(1)(A)(vi)		- <u>g</u>
	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio	on failed to qualify u	inder Pa	art III. If the a	organization	I
	fails to qualify under the tests	listed below, plea	se complete Part I	II.)					
Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e)	2022	<b>(f)</b> Tota	l
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								
	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)								
	Public support. Subtract line 5 from line 4.								
Se	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e)	2022	<b>(f)</b> Tota	l
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources $\dots$								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)			
_	organization, check this box and stop						<u></u>		
	ction C. Computation of Publi								
14	Public support percentage for 2022 (I					14			%
15	Public support percentage from 2021					15			%
16a	a 33 1/3% support test - 2022. If the o								
	stop here. The organization qualifies								
k	<b>33 1/3% support test - 2021.</b> If the o								
	and <b>stop here.</b> The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact			-	-		-		
	meets the facts-and-circumstances te	-			•				
k	o 10% -facts-and-circumstances test	-						0% or	
	more, and if the organization meets th						I how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	/ supported organiz	zation			

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

Schedule A (Form 990) 2022

## 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.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 50,385 179,837. 147,014. 79,504. 67,645. 524,385. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 4,052. 144,329. 198,026. 120,963. 86,706. 554,076. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 2,968. 63,340. 18,186. 27,067. 49,325. 160,886. 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 273,158. 189,534. 293,610. 154,034. 329,011. 1239347. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 10,000. 10,000. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 10,000. 10 000 1229347 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 293,610. 154,034. 273,158. 329,011 1239347. 189,534. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 189,534. 293,610. 154,034. 273,158. 329,011. 1239347. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 99.19 % 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 99.04 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Yes

No

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

#### INC. Schedule A (Form 990) 2022 Supporting Organizations (continued)

1	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?

- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI

### Section B. Type I Supporting Organizations

Part IV

1

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 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. 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,

#### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

#### the supported organization(s) Section D. All Type III Supporting Organizations

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

#### <u>Supported organizations played in this regard</u> Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- а The organization satisfied the Activities Test. Complete line 2 below.
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с	The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions	)
-	 ····· -·······························	D0301100 111 110W	you supported u	governinental entity	1000 monuom <u>o</u>	<u>/-</u>

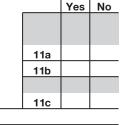
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2022

2a

2b

3a



1

2

1

Yes

Yes No

Yes No

No

# TREEHOUSE THEATER,

1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust o	n Nov. 20, 1970 ( <i>explain in</i> <b>F</b>	ar
	All other Type III non-functionally integrated supporting organizations must co	omplet	te Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
		1		

1	Aggregate fair market value of all non-exempt-use assets (see		
	instructions for short tax year or assets held for part of year):		
а	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors		
	(explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,		
	see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	 
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Sect	ion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	 
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	

6

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

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

(B) Current Year (optional)

(B) Current Year (optional)

Schedule A (Form 990) 2022

TREEHOUSE THEATER, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

t VI). See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

Sche	dule A (Form 990) 2022 TREEHOUSE THE	ATER, INC.		*	*-***9877 Pag
Pa	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ied)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount			10	
ect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
;	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
1	Distributions for 2022 from Section D,				
4	line 7: \$				
	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 <b>Part VI.</b> 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.				

Page 7

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	TREEHOUSE TH	EATER,	INC.		**-**9877 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 lines 2 and 3; Part IV, Sec	a, 9b, 9c, 11; tion E, lines 1	a, 11b, and 11c; F c, 2a, 2b, 3a, and	3b; Part V, Section B, lines	t V, Section B, line 1e; Part V,

# Payments from Disqualified Persons Included on Part III, Line 7a

# 2022

\*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
OHN AND MARGARET					
ANNITELLO	0.	0.	0.	10,000.	C
	+				
otal to Schedule A, art III, Line 7a				10,000.	

223172 04-01-22

# Schedule B

(Form 990)

Department of the Treasury

### Internal Revenue Service

Name of the organization

# 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

\*\*-\*\*\*9877

Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

INC.

TREEHOUSE THEATER

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 \_\_\_\_\_\_\$

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

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

### Schedule B (Form 990) (2022)

Name of organization

Employer identification number

\*\*-\*\*\*9877

# TREEHOUSE THEATER, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WEST FOUNDATION, INC. 915 MEMORIAL DR MANITOWOC, WI 54220	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HAROLD KALLIES - LAKESHORE COMMUNITY FOUNDATION 915 MEMORIAL DR MANITOWOC, WI 54220	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

Name of organization

Employer identification number

\*\*-\*\*\*9877

# TREEHOUSE THEATER, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II N	<b>Ioncash Property</b> (see instructions). Use duplicate copies of Par	rt 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. irom 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
		 \$	

Name of or	rganization		Employer identification number				
TREEHO	OUSE THEATER, INC.			**-**9877			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, co	through (e) and the following line en haritable, etc., contributions of <b>\$1,000 o</b>	ntry. For organizations				
(a) No.	Use duplicate copies of Part III if additional s	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
-		(e) Transfer of g					
-	Transferee's name, address, an	nd ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
-		(e) Transfer of g					
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	Insferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	Transferon's name address as	(e) Transfer of g		insferor to transferoo			
-	Transferee's name, address, ar	u ∠IF + +		nsferor to transferee			

		Our and a sector				OMB No. 1	545-0047
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service Complete if the organ Part IV, line 6, 7, 8, 9, 10, At Go to www.irs.gov/Form990					<b>n</b> n		
				20			
			ttach to Form 990.			Open to Inspect	o Public
	e of the organizati				Em	ployer identificatio	
	0	TREEHOUSE THEATER,				**_**98	377
Pa		ations Maintaining Donor Advise		er Similar Funds or A	ccoui	nts. Complete if t	he
	organizatio	n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor a	dvised funds	<b>(b)</b> Fur	nds and other accou	unts
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year on inform all donors and donor advisors in v		to hold in denot advised for	ada		
5	-	on's property, subject to the organization's	-			Yes	No
6		on inform all grantees, donors, and donor a					
Ũ		poses and not for the benefit of the donor o					
	impermissible priv		,	, , ,	0	Yes	No
Pa	rt II Conserv	ation Easements. Complete if the org					
1	Purpose(s) of cons	servation easements held by the organization	on (check all that ap	pply).			
	Preservation	n of land for public use (for example, recrea	tion or education)	Preservation of a his	torically	important land are	а
	Protection o	of natural habitat		Preservation of a cer	tified hi	storic structure	
		n of open space					
2		through 2d if the organization held a qualit	ied conservation co	ntribution in the form of a c	onserva		
_	day of the tax year					Held at the End of t	ie lax feai
a b		onservation easements			2a		
b c	-	ricted by conservation easements vation easements on a certified historic stru			2b 2c		
d		vation easements included in (c) acquired a			20		
u					2d		
3		vation easements modified, transferred, rel				during the tax	
	year						
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, in	spection, handling of			
	,	forcement of the conservation easements it					No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violatior	ns, and enforcing conservat	ion ease	ements during the y	ear
7	Amount of ovpone	 ses incurred in monitoring, inspecting, hanc	lling of violations, or	ad onforcing concernation o		to during the year	
7	Amount of expens	ses incurred in monitoring, inspecting, nanc	ining of violations, al	id enforcing conservation e	asemen	its during the year	
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the require	ments of section 170(h)(4)(E	3)(i)		
		)(4)(B)(ii)?				Yes	No No
9		be how the organization reports conservation				nd	
	balance sheet, and	d include, if applicable, the text of the footr	note to the organizat	tion's financial statements t	nat dese	cribes the	
		ounting for conservation easements.					
Pa		ations Maintaining Collections of	•	•	Simila	ir Assets.	
		f the organization answered "Yes" on Form					
<b>1</b> a		elected, as permitted under FASB ASC 95					
		easures, or other similar assets held for put			ance of	public	
L		Part XIII the text of the footnote to its finar			o ob	tworks of	
b	-	elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public ing amounts relating to these items:	EXTINUTION, EQUCATION	on, or research in furtherand	le oi pu	DIIC 301 VICE,	
		ided on Form 990, Part VIII, line 1				\$	
		ed in Form 990, Part X				*\$	
2		received or held works of art, historical tre				• e	
-		unts required to be reported under FASB A					
а	0	on Form 990. Part VIII, line 1				\$	

~		•,	
b	Assets included in Form 990. Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22 Schedule D (Form 990) 2022

\$

Sche		SE THEATER,				***9877 Page <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or Othe	er Similar Ass	ets (continued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that make	significant use of	its
	collection items (check all that apply):					
а	Public exhibition	d	Loan or ex	change program		
b	Scholarly research	e	Other			
с	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	how they further t	the organization's exe	empt purpose in F	Part XIII.
5	During the year, did the organization solicit of	or receive donations o	of art, historical trea	asures, or other simila	ar assets	
_	to be sold to raise funds rather than to be ma					Yes No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes" o	n Form 990, Part	IV, line 9, or
	reported an amount on Form 990, Pa					
1a	Is the organization an agent, trustee, custodi					
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		(	
						Amount
	Beginning balance					
	Additions during the year					
e	Distributions during the year				1 1	
f	Ending balance					
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •	Yes No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds.</b> Complete					
I UI		(a) Current year	(b) Prior year		1	ack (e) Four years back
10	Peginning of year balance	(u) ourroint your				
la b	Beginning of year balance					
U O	Contributions					
d d	Grants or scholarships					
	Other expenditures for facilities					
e	and programs					
f	Administrative expenses					
	End of year balance					
2	Provide the estimated percentage of the curr		e (line 1 a. column (	a)) held as:		
a	Board designated or quasi-endowment		%			
	Permanent endowment	%	_^_			
c		%				
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.				
3a	Are there endowment funds not in the posse		tion that are held a	and administered for t	he	
	organization by:	-				Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as require	ed on Schedule R?	)		3b
4	Describe in Part XIII the intended uses of the		wment funds.			
Par	t VI Land, Buildings, and Equipm	ient.				
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990, Part X	(, line 10.	
	Description of property	(a) Cost or o basis (investr	. ,		Accumulated epreciation	(d) Book value
1a	Land		600.			57,600.
	Buildings				47,996.	533,874.
	Leasehold improvements					
	Equipment					
	Other					
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part J	X, column (B). line	10c.)		591,474.

Schedule D (Form 990) 2022

nedule D (Form 990) 2022 TREEHOUSE TH art VII Investments - Other Securities.	IEATER, INC.		<b>*-***9877</b> Ра
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
G)			
(H)			
II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.		·	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(0)			
(6) (7)			+
(7)			
(7) (8)			
(7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			5
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line			5. (b) Book value

(2) TRUST ACCOUNT - COSTUMES	3,723.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,723.

<u>olumn (b) must equal l</u> <u>orm 990,</u> :01. (B) IINE 25.

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 TREEHOUSE THEATER, INC.		**-***9877 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Rever	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State		nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

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

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	7
(Form 990)	(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury Attach to Form 990 or Form 990-EZ.								Open to Public Inspection	
Name of the organization		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	1.	Employer	identification numb	per
rtanie er tile erganization		SE THEATER, INC.					**_**		
		Complete if the organization answ	ered "Y	'es" or	n Form 990, Part IV, li	ne 1	7. Form 990	-EZ filers are not	
<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>									
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		ser (iv) Gross receipts to (		Amount pai or retained b fundraiser ted in col. <b>(i</b>	by) to (or retained b	by)
			Yes	No					
Total									
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt fron	n registration	

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

232082 10-27-22

TREEHOUSE THEATER, INC.

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MURDER			
			MYSTERY		2	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne				(overit type)	(total hambol)	
Revenue			10 102		1 207	22 510
ev Se	1	Gross receipts	18,183.		4,327.	22,510.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	18,183.		4,327.	22,510.
		· · ·				
	4	Cash prizes				
	·					
	-	Nanaaah prizoa				
S	5	Noncash prizes				
Direct Expenses						
Den	6	Rent/facility costs				
Ă						
ŠĊ	7	Food and beverages				
<u>Oir</u>						
_	8	Entertainment				
	9	Other direct expenses	8,966.		2,264.	11,230.
	10				· · · ·	11,230.
		Net income summary. Subtract line 10 from li				11,280.
Pa				000 Dart IV/ line 10, or		11,200.
10			answered tes on Form	990, Part IV, III e 19, 011	eponed more than	
		\$15,000 on Form 990-EZ, line 6a.	1	( ) Dull to be for start		
Ð			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Seve						
ш.	1	Gross revenue				
(0	2	Cash prizes				
ise:						
Den	3	Noncash prizes				
Direct Expenses						
sct	4	Rent/facility costs				
Dir	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %	Yes%	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			
			, ()			
a	En	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming ac	· · · _			Yes No
	) IT "	No," explain:				
102	10/0	/ear?	Yes No			
		Yes," explain:				
		Yes," explain:				

Scł	nedule G (Form 990) 2022	TREEHOUSE	THEATER,	INC.	**_;	***9877	Page 3
11	Does the organization conduct ga					Yes	No
	Is the organization a grantor, bene						
	to administer charitable gaming?					Yes	No
13	Indicate the percentage of gaming						
i	a The organization's facility					13a	%
	• An outside facility					13b	%
14	Enter the name and address of the	e person who prepar	es the organizatio	n's gaming/special events	books and records:		
	Name						
	Name						
	Address						
45	Deep the experimetion have a cont	tract with a third part	y from whom the	execution reactives com		Yes	No
15	a Does the organization have a cont	tract with a third part	y from whom the	organization receives gam			
I	o If "Yes," enter the amount of gami	ing revenue received	by the organizati	on \$	and the amount		
	of gaming revenue retained by the	e third party \$					
(	c If "Yes," enter name and address	of the third party:					
	Name						
	Address						
16	Gaming manager information:						
	Namo						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee		ependent contractor			
				ependent contractor			
17	Mandatory distributions:						
	a Is the organization required under	state law to make ch	haritable distributi	ons from the gaming proce	eeds to		
	retain the state gaming license?					Yes	No
I	<b>b</b> Enter the amount of distributions	-		ted to other exempt organi	zations or spent in the		
D	organization's own exempt activitient of Supplemental Information						
FC				quired by Part I, line 2b, co al information. See instruct		rt III, lines 9, 9	90, 100,
	130, 130, 10, and 170, as	applicable. Also pro	vide any additiona		10113.		

Part IV Supplemental Information (continued)	

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.

Employer identification number

\*\*-\*\*\*9877

OMB No. 1545-0047

TREEHOUSE THEATER, INC.

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

PERFORMANCE OPPORTUNITIES.

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

THE FORM 990 IS REVIEWED BY THE BOARD.

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

THE COMPENSATION PROCESS FOR THE TOP OFFICIAL OF THE ORGANIZATION REQUIRES

THE BOARD OF DIRECTOR'S APPROVAL.

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

MATERIALS AVAILABLE UPON REQUEST.

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

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES				
MANAGEMENT AND GENERAL EXPENSES	0.			
FUNDRAISING EXPENSES	0.			
TOTAL EXPENSES	69,578.			
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	69,578.			

Form 8879-TE			IRS e-file Signature Authorization for a Tax Exempt Entity				OMB No. 1545-0047	
Form C	0/9-1E			or fiscal year beginning <u>JUN 1</u> ,		1		
		For calendar y	ear 2022,	Do not send to the IRS. Keep		<u> </u>		2022
	ent of the Treasury Revenue Service		c	to www.irs.gov/Form8879TE for				
Name o						EIN or SSN	1	
	TREEHO	OUSE THE	ATE	R, INC.		**_*	**98'	77
Name a	nd title of officer or p	person subject to	tax	DOUG ODELL		•		
				PRESIDENT				
Part	I Type of	Return and	d Retu	Irn Information				
Form 5 or <b>10a</b> whiche	330 filers may ent below, and the an	er dollars and on that li	cents. F ne for t nter -0-)	using this Form 8879-TE and enter the for all other forms, enter whole dollar he return being filed with this form w . But, if you entered -0- on the return	rs only. If you check the bo ras blank, then leave line 1 n, then enter -0- on the appl	x on line <b>1a, 2a,</b> <b>Ib, 2b, 3b, 4b, 5b</b> licable line below	3a, 4a, , 6b, 7b Do no	5a, 6a, 7a, 8a, 9a, b, 8b, 9b, or 10b, bt complete more
1a	Form 990 check	here	X	<b>b</b> Total revenue, if any (Form 990				
2a	Form 990-EZ ch			<b>b</b> Total revenue, if any (Form 990				
3a	Form 1120-POL			<b>b</b> Total tax (Form 1120-POL, line 2				
4a	Form 990-PF ch			b Tax based on investment incom				
5a	Form 8868 chec			<b>b</b> Balance due (Form 8868, line 3				
6a 7a	Form 990-T che Form 4720 chec			<ul><li>b Total tax (Form 990-T, Part III, li</li><li>b Total tax (Form 4720, Part III, lir</li></ul>				
7a 8a	Form 5227 chec		$\square$	<b>b</b> FMV of assets at end of tax ye				
9a	Form 5330 chec		$\square$	<b>b</b> Tax due (Form 5330, Part II, line				
10a	Form 8038-CP		$\square$	b Amount of credit payment req		art III line 22)		
Part			gnatu	re Authorization of Officer				
Under	penalties of periur	v. I declare tha	t X	I am an officer of the above entity or	I am a person subje	ct to tax with resi	bect to (	name
of any entry to financi later th payme	refund. If applicab o the financial insti al institution to del an 2 business day nt of taxes to rece	le, I authorize t itution account bit the entry to vs prior to the p ive confidentia	he U.S indicat this ac aymen I inform	tion of the transmission, <b>(b)</b> the rea Treasury and its designated Financ ed in the tax preparation software for count. To revoke a payment, I must d (settlement) date. I also authorize the ation necessary to answer inquiries ature for the electronic return and, it	ial Agent to initiate an elec or payment of the federal ta contact the U.S. Treasury f ne financial institutions invo and resolve issues related	tronic funds with axes owed on this Financial Agent a plved in the proce to the payment. I	drawal (o s return, t 1-888-3 essing of have se	direct debit) and the 353-4537 no f the electronic elected a
	heck one box only						_	10000
	I authorize H	AWKINS A	SH			to enter my F		19877
				ERO firm name			Lnte do n	r five numbers, but ot enter all zeros
	with a state ag on the return's As an officer or return. If I have	ency(ies) regula disclosure con r person subject indicated with	ating ch isent so ct to tax in this	electronically filed return. If I have in parities as part of the IRS Fed/State p preen. with respect to the entity, I will enter return that a copy of the return is being PIN on the return's disclosure con	orogram, I also authorize th er my PIN as my signature o ing filed with a state agenc	ne aforementione on the tax year 20	d ERO to 022 elec	o enter my PIN stronically filed
Signature	e of officer or person sub	ject to tax				Date	9	
Part		ation and A	uther	ntication				
ERO's	EFIN/PIN. Enter y	/our six-digit el	ectroni	c filing identification				
numbe	er (EFIN) followed b	oy your five-digi	t self-se	elected PIN.	39704312			
submit		•	-	, which is my signature on the 2022 equirements of <b>Pub. 4163,</b> Moderniz	-	ndicated above. I		
ERO's s	ignature <b>NI</b>	COLE J.	MAL	JEG	Date	09/13/23		
		<b>.</b>		RO Must Retain This Form		<b>D</b>		
				bmit This Form to the IRS U	niess Requested To	Do So		0070 TE
LHA I	For Privacy Act ar	nd Paperwork	Reduc	tion Act Notice, see instructions.			Form	8879-TE (2022)