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TIN: 23-1715152 OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

2020

2022

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Inspection

Internal	Reven	nue Service					Inspection
A F	or th	e 2022 c	l alendar year, or tax year beginning 07-01-2022 , and ending 06-30	-2023			
B Che	ck if a	applicable:	C Name of organization WALNUT STREET THEATRE CORPORATION		D Employe	er identif	fication number
_		change	WALNOT STREET HEATRE CON ONATION		23-1715	5152	
∪ Na O Ini		nange	Doing business as				
		rn/terminated	. 3				
		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	te	E Telephone	e number	
О Ар	olicati	ion pending	825 WALNUT STREET		(215) 57	74-3550	
			City or town, state or province, country, and ZIP or foreign postal code				
			PHILADELPHIA, PA 19107		G Gross red	ceipts \$ 2	2,254,947
			F Name and address of principal officer: BERNARD HAVARD	H(a) Is this	a group ret	urn for	
			825 WALNUT STREET		dinates?		□Yes <a>V No
			PHILADELPHIA, PA 19107	H(b) Are all include		es	☐ Yes ☐No
I Tax	-exer	mpt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527			st. See	instructions.
J W	ebsit	te:▶ WW	W.WALNUTSTREETTHEATRE.ORG	H(c) Group	exemption	number	>
K Forn	n of o	rganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other	L Year of forma	tion: 1969	M State	of legal domicile: DE
Pa		Sum	-				
			cribe the organization's mission or most significant activities: IN THE TRADITION OF PROFESSIONAL THEATRE AND CONTRIBUTE TO ITS	FUTURE VIAB	ILITY AND V	'ITALITY	
20							
na na							
Governance	_	Chack thi	s box ▶ □				
ŝ			of voting members of the governing body (Part VI, line 1a)			3	20
×8	4	Number o	of independent voting members of the governing body (Part VI, line 1b)			4	19
Activities &	5	Total num	ber of individuals employed in calendar year 2022 (Part V, line 2a)			5	333
ž	6		ber of volunteers (estimate if necessary)			6	350
Act	7a		elated business revenue from Part VIII, column (C), line 12			7a	0
			-t-d business touchle income from COOT Boot I line 11			7b	0
	_		4 CO S C C C C C C C C C C C C C C C C C	1	r Year	1.2	Current Year
	8	Contribut	ions and grants (Part VIII, line 1h)		6,772,1	45	1,757,296
Revenue			service revenue (Part VIII, line 2g)		7,661,2	_	7,173,043
8		-	nt income (Part VIII, column (A), lines 3, 4, and 7d)		86,4		544,130
æ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		407,1	_	580,755
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,927,0		10,055,224
	_		nd similar amounts paid (Part IX, column (A), lines 1–3)		1./52./6	0	0
			paid to or for members (Part IX, column (A), line 4)			0	
					7 200 2	_	0 205 551
Expenses			other compensation, employee benefits (Part IX, column (A), lines 5–10)		7,388,2	_	8,285,551
æ			nal fundraising fees (Part IX, column (A), line 11e)			0	0
ਲੋ			aising expenses (Part IX, column (D), line 25) 793,103		4.066.7	0.0	F 447 640
Sales!			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,966,7		5,447,610
		•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		12,355,0	_	13,733,161
- 00	19	Revenue	less expenses. Subtract line 18 from line 12		2,571,9	_	-3,677,937
č ď				Beginning of	of Current Ye	ar	End of Year
set	20	Total acc	ets (Part X, line 16)		36,002,7	08	32,066,353
AB			lities (Part X, line 26)		5,368,7		5,027,508
Net Assets or Fund Balances			s or fund balances. Subtract line 21 from line 20		30,633,9	_	27,038,845
		. vc. u3350	5 of faile balances, Subtract fine 21 if Offi fine 20 i i i i i i	1	50,055,5	_0	27,000,040

Part II Signature Block

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

	\				2024-05-09	
Sign Here		gnature of officer			Date	
	DL	RNARD HAVARD PRESIDENT pe or print name and title				
Pai		Print/Type preparer's name	Preparer's signature	Date 2024-05-01		PTIN P01806552
	parer	Firm's name WIPFLI LLP	.	•	Firm's EIN > 39-	0758449
Use	Only	Firm's address ► 170 N RADNOR-CH	ESTER RD SUITE 200		Phone no. (610) 5	565-3930
		RADNOR, PA 1908	7			
May t	the IRS disc	cuss this return with the preparer s	hown above? See Instructions.			✓ Yes □ No
For F	Paperwork	Reduction Act Notice, see the	separate instructions.	Cat. I	No. 11282Y	Form 990 (2022)
			Page 2 —			
Form	990 (2022)					Page 2
Pa		atement of Program Service	-			
1		eck if Schedule O contains a responscribe the organization's mission:	nse or note to any line in this Par	t III	· · · ·	
THE I	MISSION OF RE VIABILI OURAGEMEN	F WALNUT STREET THEATRE COMP TY AND VITALITY.IT DOES SO THR NT, TRAINING AND DEVELOPMENT OF ITS THEATRE BUILDING, A NATI	OUGH:- THE PRODUCTION AND F OF ARTISTS;- THE CULTIVATION	PRESENTATION OF PR	ROFESSIONAL TH	HEATRE;- THE
2	Did the or	ganization undertake any significa	nt program services during the ye	ear which were not lis	sted on	
						🗆 Yes 🔽 No
_	•	escribe these new services on Scho				
3	services?	ganization cease conducting, or ma	ake significant changes in now it	conducts, any progra	m	🗆 Yes 💟 No
		escribe these changes on Schedule	e O.			□ les □ llo
4	Describe t Section 50	the organization's program service 01(c)(3) and 501(c)(4) organization ue, if any, for each program service	accomplishments for each of its t ns are required to report the amo			
4a	(Code:) (Expenses \$	9,927,708 including grants of	\$ () (Revenue \$	7,525,608)
	DISTRICTS, FOUR PHILA PROGRAM I STUDENTS ATTENDEES	CHOOL - DURING THE 2022-2023 SEASO, 88 SCHOOLS AND 28,600 STUDENTS. ADELPHIA SCHOOLS THIS PAST YEAR. THAD 11 WST TEACHING ARTISTS SERVIOUS TROM WALNUT STREET THEATRE SCHOOLS CAME TO THE PERFORMANCES. DISNEYAND 120 STUDENTS WERE ABLE TO PAR	TWO ORIGINAL TITLES, THE P FUNK PO HROUGH THIS INITIATIVE, FOUR OF O NG 13 SCHOOLS AND REACHING 2,378 DL AND FOUR ARTISTIC STAFF MOUNT Y MUSICALS IN SCHOOLS HAD FOUR V	OSSE AND GOLDILOCKS FUR WST TEACHING ART B TOTAL STUDENTS. WAI FED A FULLY STAGED AD FUST TEACHING ARTISTS	.COM. THE ADOPT-, ISTS TAUGHT 1,928 LNUT STREET THEA APTATION OF DISNI	A-SCHOOL PROGRAM SERVED 3 STUDENTS. OUR RESIDENCY TRE KIDS SERIES HAD 23 EY'S FROZEN JR. 8,832
4b) (Expenses \$ E PRODUCTIONS - DURING THE 2022-20 : 18,730 SUBSCRIBERS.	301,783 including grants of 123 SEASON, WALNUT STREET THEATR) (Revenue \$	13,183) 0 153,334 ATTENDEES,
4c	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)
4d	(Expenses	<u>'</u>	uding grants of \$) (Revenue	\$)
4e	Total pro	gram service expenses 🕨	10,229,491			Form 990 (2022)

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Form 990 (2022) Page **3**

Par	rt 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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 \mathfrak{B} .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 1987.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	100	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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 \cdot	21		No

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Form	990 (2022)			Page
Pai	rt IV Checklist of Required Schedules (continued)			
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	Yes	No No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
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? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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 $2 \cdot \cdot \cdot$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 132			
С	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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Form 990 (2022) Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 333 2b Yes **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . За No If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a No financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: -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 No **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? No 5b **c** If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a No solicit any contributions that were not tax deductible as charitable contributions? . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Yes **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . 7b Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c No 7d **d** If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f No Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . . . Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 **a** Gross income from members or shareholders . 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans . . . 14a Did the organization receive any payments for indoor tanning services during the tax year? . 14a Nο **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

/30/25	, 10:47 AM Walnut Street Theatre Corp - Full Filing - Nonprofit Explorer - ProPublica			
	parachute payment(s) during the year?	15		No
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
	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? If "Yes," complete Form 6069.	17		
	If res, complete Form 6069.	F	orm 99	0 (2022)
			01111	(2022)
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_				
	990 (2022)			Page 6
Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-		· ✓
Sec	ction 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 20			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	•		
	officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	1
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	161		

17	List the states with which a copy of this Form 990 is required to be filed NJ , PA	
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	✓ Own website □ Another's website ✓ Upon request □ Other (explain in Schedule O)	
19		
20	State the name, address, and telephone number of the person who possesses the organization's books and records: MARK SYLVESTER 825 WALNUT STREET PHILADELPHIA, PA 191075107 (215) 574-3550	
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Form	m 990 (2022)	Page 7
Pai	art 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	. \square
Se	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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more f perso and	than on is	one bot recto	not bo: h ar or/ti	check x, unlo rustee Highest compensated	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BERNARD HAVARD PRESIDENT AND PRODUCING ARTISTIC DIRECTOR	60.00	х		Х				772,212	0	213,962
(2) SCOTT RANKIN BOARD CHAIR	2.00	Х		x				0	0	0
(3) FRANCIS MIRABELLO VICE CHAIR	2.00	Х		х				0	0	0
(4) RAMONA GWYNN VICE CHAIR / SECRETARY	2.00	Х		х				0	0	0
(5) ROBERT L HARMAN TREASURER	2.00	Х		х				0	0	0
(6) JEFFREY L FERRO CHAIR AUDIT COMMITTEE	2.00	Х		x				0	0	0
(7) JOHN D GRAHAM CHAIRMAN EMERITUS	2.00	Х		x				0	0	0
(8) LOUIS W FRYMAN CHAIRMAN EMERITUS	2.00	Х		x				0	0	0
(9) MATTHEW I GARFIELD	2.00	.,		.,				_	^	

CHAIRMAN EMERITUS		Х	۸		U	U	U
(10) RICHARD A MITCHELL IMMEDIATE PAST CHAIR	2.00	Х	Х		0	0	0
(11) JOHN FIDLER BOARD MEMBER	2.00	Х			0	0	0
(12) JACK GARFINKLE BOARD MEMBER	2.00	Х			0	0	0
(13) AUDREY MERVES BOARD MEMBER	2.00	Х			0	0	0
(14) PATRICK MULLEN BOARD MEMBER	2.00	х			0	0	0
(15) TANYA RULEY-MAYO BOARD MEMBER	2.00	х			0	0	0
(16) GENE SCHRIVER BOARD MEMBER	2.00	Х			0	0	0
(17) DANIEL J SCHULLER BOARD MEMBER	2.00	Х			0	0	0

Form **990** (2022)

– Page 8 *–*

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Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related	more pers	thar on is	one bot	not e bo th ar	check x, unle n office rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Z/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)		
(18) JAMES SCULLY	2.00										
BOARD MEMBER		×						0	0	0	
(19) ELLEN TOBIE	2.00										
BOARD MEMBER		×						0	0	0	
(20) DAVID WYHER	2.00	.,									
BOARD MEMBER	•••	×						0	0	0	
(21) MARK SYLVESTER MANAGING DIRECTOR	60.00			Х				483,777	0	17,878	
(22) SIOBHAN RUANE	60.00					х		182,000	0	10,271	
DIRECTOR OF PRODUCTION (23) TJ SOKSO	60.00					Х		149,000	0	34,076	
DIRECTOR OF EDUCATION (24) MICHAEL ARMENTO											
CONTROLLER	60.00					Х		141,000	0	35,788	
(25) EDWARD GILCHRIST	60.00					Х		153,961	0	14,608	
DIRECTOR OF MARKETING	•••		L					133,961		14,008	
(26) BRIAN KURTAS ASSOCIATE ARTISTIC DIRECTO	60.00					Х		114,500	0	9,599	

/30/2	25, 10:47 AM	Walnut Street	Theatre Corp - Full f	Filing - Nonpr	ofit Explo	rer - ProPublica			
			 						
	Sub-Total		•	•					
	Total from continuation sheets to Part	•		-	006 450		0		226 102
	Total (add lines 1b and 1c)		<u> </u>	1	,996,450		0		336,182
2	Total number of individuals (including but of reportable compensation from the organization)		isted above) who re	eceived more	than \$10	0,000			
								T	
_	5:11						_	Yes	No
3	Did the organization list any former office line 1a? <i>If "Yes," complete Schedule J for the schedule J for</i>		, key employee, or	highest comp	ensated (employee on			
_	· ·						3		No
4	For any individual listed on line 1a, is the organization and related organizations gr					the			
	individual						4	Yes	
5	Did any person listed on line 1a receive of	or accrue compensation	n from any unrelate	nd organizatio	n or indiv	vidual for	H	103	
•	services rendered to the organization?If						5		No
	astica B. Indonesident Contractors		•						NO
1	ection B. Independent Contractors Complete this table for your five highest		dent contractors tha	at received m	ore than	\$100 000 of co	mnens	ation	
	from the organization. Report compensat						прспо	ation	
	Name and	(A) business address			Descr	(B) ption of services		Compe	
	Nume and	business dudiess			Desci	priori or services		Соттрет	isacion
							\dashv		
	Total number of independent contractors (i	ncluding but not limite	d to those listed ab	ove) who rec	eived mo	re than \$100,0	00 of		
	compensation from the organization > 0							Form 99	n (2022)
								F01111 33	0 (2022)
			Page 9						
			. ago s						
orn	n 990 (2022)								Page 9
Pa	art VIII Statement of Revenue								
	Check if Schedule O contains a	response or note to an			<u> </u>		<u> </u>		
			(A) Total revenue	(B) Related		(C) Unrelated		(D Rever	
				exem	pt	business	١.	excluded	from
				functi reven		revenue	ta	x under 512 -	
	derated campaigns 1a								
nts	iderated campaigns 1a 103 embership dues 1b								
Grants	embership dues 1b								
عر									
Gifts,									
9	indraising events 1c								
Suc	lated organizations 1d								
Contributions,	<u> </u>								
ē	vernment grants (contributions)								
Ē	138,000								
ပိ	138,000 An other contributions, gifts, grants,								
•	and similar amounts not included								
	above								
	1,425,351								
g	Noncash contributions included in lines 1a - 1f:\$								
	1g								
	45,254								
h	Total. Add lines 1a-1f								
1		1,757,296 Business Code	1						
	• DRODUCTION TICKET CALES	Business Code	6,669,27	1 6	5,669,271				
Į	2a PRODUCTION TICKET SALES	711110			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
guan	, THEATRE SCHOOL	_	490,58	9	490,589				
94	,	711110			•				

25, 10:47 AM			Walnut Street Thea	atre Corp - Full Filing	g - Nonprofit Explo	rer - ProPublica	
OTHER			711110	13,103	13,103		
- I - I - I - I - I - I - I - I - I - I							
i de							
Ε							
E .							
٩							
f All other program	servic	e revenue.					
			- :				
g Total. Add lines			7,173,043				ı
3 Investment income similar amounts)	e (ınclu	iding dividends, int	erest, and other	545,270			545,2
4 Income from inves			d proceeds				
5 Royalties		•					
5 Royaldes ! !	—	(i) Real	(ii) Personal				
	Կ է	(I) Real	(II) Personal				
6a Gross rents	6a	258,551					
b Less: rental	\mathbf{H}	230,001					
expenses	6b	51,698					
c Rental income	\vdash						
or (loss)	6c	206,853					
d Net rental incom	e or (lo	oss)	•	206,853			206,8
		(i) Securities	(ii) Other				
7a Gross amount	'i	.,	· · ·				
from sales of	7a	11,907,459					
assets other than inventory							
other basis and	7b	11,908,599					
sales expenses	\vdash						
Gain or (loss)	7c	-1,140					
d Net gain or (loss		·	_	-1,140			-1,1
5			· · · •	1/110			1/1
g Gross income from i		.93,842 of					
contributions reporte	ed on lin	ne 1c).					
See Part IV, line 18		· · 8a	65,666				
b Less: direct expe	nses .	8b	57,512				
c Net income or (lo		<u></u>	ts	8,154			8,1
,	,	<u> </u>					
9a Gross income from	gamin	g activities.					
See Part IV, line 19							
b Less: direct expe	nses .	9b					
c Net income or (lo			5				
(,	,						
10a Gross sales of inv	entory	, less					
returns and allow			547,662				
b Less: cost of good	לפ פטול	├	181,914				
		<u> </u>		365,748	365,748		
c Net income or (lo	ss) fro	m sales of inventor		303,740	303,746		
		<u>,</u> L	Business Code				
11a							
		_					
er R evenueMiscAmt							
d All other revenue							
		l_					
e Total. Add lines 1	гта-11	.a	•				
12 Total revenue.	See ins	tructions					
l =		- · · · ·		10,055,224	7,538,791	0	759,13 Form 990 (202)

Form 990 (2022) Page **10**

Part IX Statement of Functional Expenses

ust complete column (
(A).

		(B)	(C)	(D)
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign 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	1,466,067	1,166,634	188,148	111,285
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,278,465	4,031,897	773,804	472,764
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	806,513	423,589	349,079	33,845
0 Payroll taxes	734,506	148,734	580,724	5,048
1 Fees for services (non-employees):				
a Management				
b Legal	1,189		1,189	
c Accounting	63,497		63,497	
d Lobbying	49,000		49,000	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,554		7,554	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	399,512	328,612	70,900	
2 Advertising and promotion	953,519	953,519		
3 Office expenses	284,120		284,120	
4 Information technology				
.5 Royalties	588,907	588,907		
6 Occupancy	283,036	252,763	26,489	3,784
.7 Travel	128,052	87,685	40,367	
8 Payments of travel or entertainment expenses for any federal, state, or local public officials •				
9 Conferences, conventions, and meetings				
10 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	357,724	312,778	39,328	5,618
3 Insurance	245,416	218,474	23,574	3,368
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SCENERY AND COSTUMES	488,457	488,457		
b Creative artist fees	369,242	369,242		
c PRODUCTION	301,783	301,783		
d SUBSCRIPTIONS	254,039	254,039		
e All other expenses	672,563	302,378	212,794	157,391
5 Total functional expenses. Add lines 1 through 24e	13,733,161	10,229,491	2,710,567	793,103

Chack hara		if following SOP 98-2 (ASC 958-720
Check here	\cup	IT TOILOWING SUP 98-2 (ASC 958-720

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orm 990 (2022) Page 11

				— Page 11 ————			
Forn	า 990	(2022)					Page 11
	art X	Balance Sheet					rage 11
		Check if Schedule O contains a response or not	te to an	v line in this Part IX			
		Check it Schedule O contains a response of not	te to an	y iiiie iii tiiis i ait iX	(A)	<u></u>	(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing			17,102,632	1	13,903,692
	2	Savings and temporary cash investments .			3,967,811	2	3,292,036
	3	Pledges and grants receivable, net			502,695	3	0
	4	Accounts receivable, net			0	4	474,061
	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	tantial	contributor, or 35%		5	
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in s	fied pe	sons (as defined under		6	
	7	Notes and loans receivable, net				7	
ets	8	Inventories for sale or use			12,657	8	14,092
ssets	9	Prepaid expenses and deferred charges	· · ·	· · · · ·	442,786	9	439,000
A		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	 10a	18,077,499	2,. 00	,	
	ь		10b	11.336.988	7,063,288	10c	6.740.511
	11	Investments—publicly traded securities .		, ,	6.910.839	11	7,202,961
	12	Investments—other securities. See Part IV, line	11 .	📙	, ,	12	· · ·
	13	Investments—program-related. See Part IV, line				13	_
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq			36,002,708	16	32,066,353
	17	Accounts payable and accrued expenses		· ·	1,227,767	17	400,628
	18	Grants payable	-	· ·	, ,	18	<u> </u>
	19	Deferred revenue		-	3,204,273	19	3,477,778
	20	Tax-exempt bond liabilities		-	-, -, -	20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons	ner offi butor, o	er, director, trustee, key r 35% controlled entity			
<u></u>		, , ,				22	
	23	Secured mortgages and notes payable to unrela		· —		23	
	24	Unsecured notes and loans payable to unrelated			202 742	24	1 110 100
	25	Other liabilities (including federal income tax, p. and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	936,740	25	1,149,102
	26	Total liabilities. Add lines 17 through 25 .			5,368,780	26	5,027,508
nces		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	heck h	ere 🕨 🗹 and			
ala	27	Net assets without donor restrictions			24,146,101	27	20,101,827
8	28	Net assets with donor restrictions			6,487,827	28	6,937,018
Assets or Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building or ed				30	
Ass	31	Retained earnings, endowment, accumulated in	•	or other funds		31	
Net	32	Total net assets or fund balances		<u>L</u>	30,633,928	32	27,038,845
Z	33	Total liabilities and net assets/fund balances .			36,002,708	33	32,066,353

Par	t XI Reconcilliation of Net Assets				- 3 -
	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			,055,224
2	Total expenses (must equal Part IX, column (A), line 25)	2			,733,161
3	Revenue less expenses. Subtract line 2 from line 1	3			,677,937
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			,633,928
5	Net unrealized gains (losses) on investments	5			-263,094
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			345,948
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		27	,038,845
Par	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	•			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash 🗸 Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	n a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate l consolidated basis, or both:	oasis,			
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scheduler in	dule O.			
_					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b	Yes	
			F	orm 99	0 (2022)
orm	990 (2022)				
Ad	ditional Data		Retur	ı to Fo	orm
	Software ID:				
	Software Version:				
orn	1 990, Special Condition Description:				
	Special Condition Description				
	Special Condition Description				

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ObjectId: 202431309349304553 - Submission: 2024-05-09

TIN: 23-1715152

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2022

ormation. Open to Public
Inspection

		he organization					Employer identific	ation number
WALN	JI SIK	EET THEATRE CORPORATION	V				23-1715152	
	rt I	Reason for Public					See instructions.	
_	rganiz	zation is not a private for		•	<i>,</i>	, ,		
1		A church, convention of	,				(A)(i).	
2		A school described in s	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a coopera	ative hospital ser	vice organization desci	ribed in sectio i	n 170(b)(1)(A)(iii).	
4		A medical research org name, city, and state:	janization operat	ed in conjunction with	a hospital desc	ribed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operat			rsity owned or o	operated by a gov	ernmental unit descril	oed in section
6		A federal, state, or local	al government or	governmental unit de	scribed in sect	ion 170(b)(1)(A	ı)(v).	
7		An organization that no section 170(b)(1)(A			s support from	a governmental u	nit or from the genera	al public described in
8		A community trust des	cribed in section	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural researc non-land grant college	of agriculture. S	ee instructions. Enter	the name, city,	and state of the o	college or university:	
10	✓	An organization that no from activities related investment income and 30, 1975. See section	to its exempt fur d unrelated busin	ections—subject to cert less taxable income (le	tain exceptions	, and (2) no more	than 33 1/3% of its su	pport from gross
11		An organization organi	zed and operated	d exclusively to test for	r public safety.	See section 509	(a)(4).	
12		An organization organi more publicly supporte on lines 12a through 1	ed organizations (described in section 5	09(a)(1) or se	ection 509(a)(2). See section 509(a	
а		Type I. A supporting organization(s) the porcomplete Part IV, Se	wer to regularly a	appoint or elect a majo	ontrolled by its ority of the dire	supported organizetors or trustees of	zation(s), typically by of the supporting orga	giving the supported nization. You must
b		Type II. A supporting management of the su must complete Part	organization sup pporting organiz	ervised or controlled in the sar				
С		Type III functionally supported organization	integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated instructions). You must	nally integrate The organizatio t complete Par	d. A supporting organing organing organing organizationd. A supporting organizationd. A supporti	ization operated fy a distributior I D, and Part \	d in connection win requirement and	th its supported orgar an attentiveness requ	uirement (see
e		Check this box if the o integrated, or Type III				IRS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	r the number of supporte	•	3 11 3	_			
g		de the following informa	_				_	
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the or	ganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			-					
						1		
	aperv	work Reduction Act No or 990-EZ.	otice, see the I	nstructions for	Cat. No. 1128	35F	Schedule	A (Form 990) 2022
				Da	ge 2 ———			
				ra	ge z			
		(Form 990) 2022						Page 2
Pa	rt II			rations Described ne box on line 5, 7,				

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

	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grant.") Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	Section B. Total Support						
	lendar year	(-) 2010	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(6) Tatal
(o	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
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.) Total support. Add lines 7 through						
11	10						
12	Gross receipts from related activities, e	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3) organ	ization, check
	this box and stop here						,
	Section C. Computation of Public						
	Public support percentage for 2022 (lin	ie 6. collimn (f.) di	vided hv line 11. d	rolumn (f))		14	
14	Public support percentage for 2022 (lin					14	
14 15	Public support percentage for 2021 Sch	nedule A, Part II, l	ine 14			15	200
14 15	Public support percentage for 2021 Sci 33 1/3% support test—2022. If the	nedule A, Part II, li organization did no	ine 14 ot check the box o	on line 13, and line	 e 14 is 33 1/3% or	more, check this l	_
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Walnut Street Theatre Corp - Full Filing - Nonprofit Explorer - ProPublica

Tax revenues levied for the

4/30/25, 10:47 AM

4/30/2	5, 10:47 AM	Walnut	Street Theatre Co	orp - Full Filing - N	onprofit Explorer -	ProPublica			
	paid to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and	20,993,181	12,645,295	7,317,052	14,841,099				40,294
	3 received from disqualified persons Amounts included on lines 2 and 3	550,146	706,627	559,916	290,773	213,03	1	2,3	20,499
ь	received from other than								
	disqualified persons that exceed the greater of \$5,000 or 1% of the								(
С	amount on line 13 for the year. Add lines 7a and 7b	550,146	706,627	559,916	290,773	213,03	7	2,3	20,499
8	Public support. (Subtract line 7c from line 6.)							63,0	19,795
Se	ection B. Total Support								
	endar year fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) To	tal	
9	Amounts from line 6	20,993,181	12,645,295	7,317,052	14,841,099	9,543,66	7	65,3	40,294
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and income from similar sources	333,994	274,520	28,964	288,684	803,82	1	1,7	29,983
b	 Unrelated business taxable income								
Б	(less section 511 taxes) from	122,287	8,665					1	.30,952
	businesses acquired after June 30, 1975.								
c 11	Add lines 10a and 10b. Net income from unrelated	456,281	283,185	28,964	288,684	803,82	1	1,8	60,935
	business activities not included on line 10b, whether or not the								
	business is regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital								
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,	21,449,462	12,928,480	7,346,016	15,129,783	10,347,48	0	67.2	101,229
14	11, and 12.) First 5 years. If the Form 990 is for	, ,							
	this box and stop here	=			•)	▶ 🗆
	ection C. Computation of Public Public support percentage for 2022 (I			column (f))		l an l		00.	700.00
15 16	Public support percentage for 2022 (1					15 16			780 % 700 %
Se	ection D. Computation of Inves								
17	Investment income percentage for 20 Investment income percentage from	. ,	. , , ,	, ,	• •	17			770 % 870 %
18 19a	33 1/3% support tests-2022. If the	•	•			-	ne 17 is		870 %
	more than 33 1/3%, check this box an	d stop here. The	organization qual	ifies as a publicly	supported organiz	ation		~	
b	33 1/3% support tests—2021. If the not more than 33 1/3%, check this bo	-			•				18 is
20	Private foundation. If the organizat	•	-		,				
			,	,		Schedule A			2022
			Da 4						
			Page 4						
Sche	dule A (Form 990) 2022							P:	age 4
	t IV Supporting Organization	ns							age .
	(Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section	ections A and C. I	f you checked box						
Se	ection A. All Supporting Organi	zations							
1	Are all of the organization's supported	d organizations lie	ted by name in the	organization's g	overning documen	tc2	Y	es	No
•	Are all of the organization's supported If "No," describe in Part VI how the	supported organiz	ations are designa						
	describe the designation. If historic a	-					1		
2	Did the organization have any suppor 509(a)(1) or (2)? If "Yes," explain in	Part VI how the							
	described in section 509(a)(1) or (2).			•	-	ŀ	2		
3a	Did the organization have a supported 3c below.	d organization des	scribed in section 5	501(c)(4), (5), or	(6)? If "Yes," ansi	wer lines 3b and			
L	Did the organization confirm that eac						3a		
b	- Dio the organization collinii Hali eac	h cunnerted areas	nization qualified	nder section En1/	c)(4) (5) or (6)	and satisfied			
	the public support tests under section determination.								

				!
С	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.	3с		
		4a		
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	46		
	supervised by or in connection with its supported organizations.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If</i> "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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 (defined in	6		
,	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).	7		
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).	8		
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		9a		
D	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.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	<u> </u>		
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	IUa		
	the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2022
	Page 5			
Sche	dule A (Form 990) 2022		F	Page 5
Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			<u> </u>
_		11a		<u> </u>
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	ection C. Type II Supporting Organizations			<u> </u>

Yes No

						ļ
1	Were a majority of the organization's directors or trustees during the tax year also a reach of the organization's supported organization(s)? If "No," describe in Part VI hov					
	supporting organization was vested in the same persons that controlled or managed to			1		
Se	ection D. All Type III Supporting Organizations					
					Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided duri					
	Form 990 that was most recently filed as of the date of notification, and (iii) copies of	f the or				
	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 e organization(s) or (ii) serving on the governing body of a supported organization? If '					
	organization maintained a close and continuous working relationship with the support	ed org	anization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's support					
	voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supporte			3		
	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral P.	art Tes	t during the year (see instruct	ions):		
ā	The organization satisfied the Activities Test. Complete line 2 below.			-		
t	The organization is the parent of each of its supported organizations. Complete	e line	3 below.			
	The organization supported a governmental entity. Describe in Part VI how yo	ou supi	ported a government entity (see	instru	ctions)	
_			, ,		,	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
ā	Did substantially all of the organization's activities during the tax year directly further					
	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp	oses,	how the organization was			
	responsive to those supported organizations, and how the organization determined the substantially all of its activities.	nat the	se activities constituted	2a		
Ŀ	Did the activities described on line 2a, above constitute activities that, but for the org	ıanizati	on's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes, the organization's position that its supported organization(s) would have engaged in the organization of the organization					
	organization's involvement.	inese a	ctivities but for the	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
ā	Did the organization have the power to regularly appoint or elect a majority of the off	ficers, o	directors, or trustees of each of	3a		
	the supported organizations? If "Yes" or "No", provide details in Part VI.					
	 Did the organization exercise a substantial degree of direction over the policies, progr supported organizations? If "Yes," describe in Part VI. the role played by the organiz 			3b		
			Schedule A		1 990)	2022
	Page 6					
Sche	dule A (Form 990) 2022				F	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgan	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.				е	
	Section A - Adjusted Net Income	acions			ent Yea	r
	Section A - Aujusteu Net Income		· · ·	(opti	onal)	
	Net short-term capital gain	1				
2	Recoveries of prior-year distributions Other gross income (see instructions)	2				
<u>3</u>	Other gross income (see instructions) Add lines 1 through 3	3				
	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross	6				
	income or for management, conservation, or maintenance of property held for production of income (see instructions)	Ĺ				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		ent Yea onal)	r
1						
	tax year or assets held for part of year):	1				
	Average monthly value of securities	1a				
	Average monthly cash balances Fair market value of other pon-exempt-use assets	1b				
	: Fair market value of other non-exempt-use assets	1c				

·	i i utai (auu iiiics 1a, 10, aiiu 1c)	1 -4	l i	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		Current Year
1 2		1 2		Current Year
2	Adjusted net income for prior year (from Section A, line 8, Column A)	<u> </u>		Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4		Current Year
3 4 5	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	2 3 4 5 6	ed Type III supporting organization	

Page 7 -

Schedule A (Form 990) 2022

Page **7**

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
LO Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
 Carryover from 2017 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			

Return Reference Additional Data		Explanation	Schedule A (Form 990) 20
,		Explanation	Schedule A (Form 990) 2
		Explanation	
institutions yi			
mon decions j.			
mod decions).	Facts And Circun	nstances Test	
instructions).			
Section A, lines 1, 2, 3b, Part IV, Section D, lines 2 Section D, lines 5, 6, and	, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b 2 and 3; Part IV, Section E, lines 1c, 2a d 8; and Part V, Section E, lines 2, 5, a	o, and 11c; Part IV, Section B, I a, 2b, 3a and 3b; Part V, line 1;	lines 1 and 2; Part IV, Section C, line 1; ; Part V, Section B, line 1e; Part V
nedule A (Form 990) 2022 art VI Supplemental Informa	ation. Provide the explanations require	ed by Part II, line 10: Part II, lin	Pag ne 17a or 17b; Part III, line 12; Part IV
	Page	8 —	
			Schedule A (Form 990) (20
Excess from 2022			
Excess from 2020 Excess from 2021			
Excess from 2019			
Excess from 2018			
Breakdown of line 7:			
Excess distributions carryover 3j and 4c.	to 2023. Add lines		
Remaining underdistributions for 2 lines 3h and 4b from line 1. If the than zero, explain in Part VI . See	e amount is greater		
If the amount is greater than zero See instructions.	nd 4a from line 2.		
Remaining underdistributions for y 2022, if any. Subtract lines 3g an	4b from line 4.		
Remainder. Subtract lines 4a and Remaining underdistributions for y 2022, if any. Subtract lines 3g an			
Remaining underdistributions for y	ount		

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Schedule B	Schedu	ule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service		Form 990, 990-EZ, or 990-PF. ov/Form990 for the latest information.		2022
Name of the organization WALNUT STREET THEATRE	: CORPORATION			identification number
Organization type (che	ck one):		23-171515	2
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) o	organization		
	4947(a)(1) nonexempt char	ritable trust not treated as a private fo	oundation	
	☐ 527 political organization			
Form 990-PF	☐ 501(c)(3) exempt private for	undation		
	4947(a)(1) nonexempt char	ritable trust treated as a private found	ation	
	501(c)(3) taxable private for	undation		
under sections 50 received from an 990, Part VIII, line For an organizati during the year, to purposes, or for to the during the year, of the during the year, of this box is check the during the year, of this box is check the during the year, of this box is check the during the year, of the during the year, of this box is check the during the year, of the during the year, of this box is check the during the year, of this box is check the during the year.	on described in section 501(c)(3) filing 19(a)(1) and 170(b)(1)(A)(vi), that che y one contributor, during the year, total e 1h, or (ii) Form 990-EZ, line 1. Compon described in section 501(c)(7), (8), total contributions of more than \$1,000 he prevention of cruelty to children or on described in section 501(c)(7), (8), contributions exclusively for religious, each of the total contributions	cked Schedule A (Form 990 or 990-Eal contributions of the greater of (1) \$5 plete Parts I and II. , or (10) filing Form 990 or 990-EZ that it is an imals. Complete Parts I, II, and III. , or (10) filing Form 990 or 990-EZ that charitable, etc., purposes, but no such that were received during the year for the contributions.	EZ), Part II, line 13 5,000 or (2) 2% of at received from a scientific, literary, at received from a h contributions tol or an exclusively r	a, 16a, or 16b, and that the amount on (i) Form one contributor, or educational any one contributor, taled more than \$1,000 religious, charitable, etc.
religious, charital Caution: An organization 990-EZ, or 990-PF), but	omplete any of the parts unless the Ge ole, etc., contributions totaling \$5,000 in that isn't covered by the General Ru it must answer "No" on Part IV, line 2 art I, line 2, to certify that it doesn't me	or more during the year	▶ \$ Ie Schedule B (Form time H of its Form	orm 990,
For Paperwork Reduction A for Form 990, 990-EZ, or 990	ct Notice, see the Instructions I-PF.	Cat. No. 30613>	√ Se	chedule B (Form 990) (2022
		—— Page 2 ———————————————————————————————————		
Schedule B (Form 990) (2022)		Page 2	

Name of organization

Employer identification number

Dort I			
Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional sp.	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
112011110122			Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		φ	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.)
			Schedule B (Form 990) (2022)
	Page 3 ———		
Schedule P	(Form 990) (2022)		Page 3
Name of org	anization	Employer identification	
	EET THEATRE CORPORATION	23-1715152	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

(a)				
	Transferee's name, address, and	ZIP 4	Relationship of transferor to	o transferee
-		(e) Transfer of gif		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	t Relationship of transferor to	o transferee
-		(a) Transfer - f -: f		
(a) No. from Part I		(c) Use of gift	(d) Descri	ption of how gift is held
	than \$1,000 for the year from any one con- organizations completing Part III, enter the the year. (Enter this information once. See Use duplicate copies of Part III if additional s	tributor. Complete columns (a e total of exclusively religious, e instructions.) ► \$) through (e) and the follow	ing line entry. For
	EXECUTE THEATRE CORPORATION Exclusively religious, charitable, etc., con	tributions to organizations do	23-1715152	8) or (10) that total more
Name of o	B (Form 990) (2022)		Employer ider	Page 4
	1-	Page 4	1	Schedule B (Form 990) (2022)
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u> </u>			(See instructions)	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Part I		. 1: 9 0	(See instructions)	
(a) No. from	(b) Description of noncash		(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash		(See instructions)	Date received
(a) No. from	(b)		(c) FMV (or estimate)	(d)
Part I	Description of noncash	property given	(See instructions)	Date received
(a) No. from	(b)	nronorty given	(c) FMV (or estimate)	(d)
-	-		\$_	

30/25, 10:47 AN		Walnut Street	Theatre Corp - Full Fi		· ·
Part I	(w) i dipodo di giit		(0, 000 0. g		(a) December of non-girt is note
-	Transferee's name, address, a	nd ZIP 4	(e) Transfer of g		o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	nd ZIP 4	(e) Transfer of g	ift Relationship	o of transferor to transferee
					Schedule B (Form 990) (2022
Addition	al Data				Return to Form

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TIN: 23-1715152

OMB No. 1545-0047

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Political Campaign and Lobbying Activities

Open to Public Inspection

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

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

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

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

\\/ \\ I	ne of the organization NUT STREET THEATRE CORPORA	TION			Employer identi	fication num	iber
VVAL	NOT STREET THEATRE CORPORA	111011			23-1715152		
Par	I-A Complete if the	organization is exe	mpt under section 501(c)	or is a sectio	n 527 organiza	ation.	
1	Provide a description of the "political campaign activitie		d indirect political campaign activ	vities in Part IV. S	ee instructions for	definition of	
2			tions		> \$		
3	Volunteer hours for politica	l campaign activities. See	e instructions				
Par	I-B Complete if the	organization is exe	mpt under section 501(c)	(3).			
1	Enter the amount of any ex	cise tax incurred by the	organization under section 4955		> \$		
2	Enter the amount of any ex	ccise tax incurred by orga	anization managers under section	n 4955	> \$		
3	If the organization incurred	d a section 4955 tax, did	it file Form 4720 for this year?			☐ Yes	☐ No
4a	Was a correction made?					Yes	
b	If "Yes," describe in Part IV	,				∪ Yes	∪ No
			mpt under section 501(c)	. except section	on 501(c)(3).		
1			ganization for section 527 exemp				
2	,	, ,	contributed to other organization				
_							
3	Total exempt function expe	nditures. Add lines 1 and	2. Enter here and on Form 112	0-POL, line 17b	b \$		
					Ψ	Ves	□ No
4	Did the filing organization f	file Form 1120-POL for	this year?			☐ Yes	□ No
4	Did the filing organization f Enter the names, addresse organization made paymen	file Form 1120-POL for s and employer identificants. For each organization	this year? ation number (EIN) of all section I listed, enter the amount paid fr	527 political orga	nizations to which	the filing Also enter the	amount
4	Did the filing organization for Enter the names, addresse organization made payment of political contributions reconstructions.	file Form 1120-POL for s and employer identificants. For each organization ceived that were promptl	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep	527 political orga om the filing orga arate political org	nizations to which inization's funds. A anization, such as	the filing Also enter the	amount
3 4 5	Did the filing organization of Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep onal space is needed, provide inf	527 political orga om the filing orga arate political org ormation in Part I	nizations to which anization's funds. A anization, such as V.	the filing Also enter the a separate se	amount egregated
4 5	Did the filing organization for Enter the names, addresse organization made payment of political contributions reconstructions.	file Form 1120-POL for s and employer identificants. For each organization ceived that were promptl	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep	527 political orga om the filing orga arate political org ormation in Part I	nizations to which snization's funds. A anization, such as V.	the filing Also enter the a separate se	amount egregated ount of
4 5	Did the filing organization of Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep onal space is needed, provide inf	527 political orga om the filing orga arate political org ormation in Part I	nizations to which anization's funds. A anization, such as V.	the filing Also enter the a separate se	amount egregated ount of ntributions
4 5	Did the filing organization of Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep onal space is needed, provide inf	527 political orga om the filing orga arate political org ormation in Part I	nizations to which anization's funds. A anization, such as V. Amount paid from organization's	the filing Also enter the a separate se (e) Am political cor received an and directly	amount egregated ount of ntributions d promptly delivered
4 5	Did the filing organization of Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep onal space is needed, provide inf	527 political orga om the filing orga arate political org ormation in Part I	nizations to which anization's funds. A anization, such as V. Amount paid from a gorganization's ds. If none, enter	the filing Also enter the a separate se (e) Am political cor received an	amount egregated ount of ntributions d promptl / delivered te politica
4 5	Did the filing organization of Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep onal space is needed, provide inf	527 political orga om the filing orga arate political org ormation in Part I	nizations to which anization's funds. A anization, such as V. Amount paid from a gorganization's ds. If none, enter	the filing Also enter the a separate se (e) Am political cor received an and directly to a separa	amount egregated ount of ntributions d promptl / delivered te politica n. If none
4 5 (a)	Did the filing organization of Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep onal space is needed, provide inf	527 political orga om the filing orga arate political org ormation in Part I	nizations to which anization's funds. A anization, such as V. Amount paid from a gorganization's ds. If none, enter	(e) Ampolitical correceived an and directly to a separate organizatio	amount egregated ount of ntributions d promptl / delivered te politica n. If none
4 5 (a)	Did the filing organization of Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep onal space is needed, provide inf	527 political orga om the filing orga arate political org ormation in Part I	nizations to which anization's funds. A anization, such as V. Amount paid from a gorganization's ds. If none, enter	(e) Ampolitical correceived an and directly to a separate organizatio	amount egregated ount of ntributions d promptly delivered te politica n. If none
4 5 (a)	Did the filing organization of Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep onal space is needed, provide inf	527 political orga om the filing orga arate political org ormation in Part I	nizations to which anization's funds. A anization, such as V. Amount paid from a gorganization's ds. If none, enter	(e) Ampolitical correceived an and directly to a separate organizatio	amount egregated ount of ntributions d promptly delivered te politica n. If none
4 5 (a)	Did the filing organization of Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep onal space is needed, provide inf	527 political orga om the filing orga arate political org ormation in Part I	nizations to which anization's funds. A anization, such as V. Amount paid from a gorganization's ds. If none, enter	(e) Ampolitical correceived an and directly to a separate organizatio	amount egregated ount of ntributions d promptly delivered te politica n. If none
4 5 (a)	Did the filing organization of Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep onal space is needed, provide inf	527 political orga om the filing orga arate political org ormation in Part I	nizations to which anization's funds. A anization, such as V. Amount paid from a gorganization's ds. If none, enter	(e) Ampolitical correceived an and directly to a separate organizatio	amount egregated ount of ntributions d promptly delivered te politica n. If none
4 5 (a) 1 1 2 2 3 3	Did the filing organization of Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep onal space is needed, provide inf	527 political orga om the filing orga arate political org ormation in Part I	nizations to which anization's funds. A anization, such as V. Amount paid from a gorganization's ds. If none, enter	(e) Ampolitical correceived an and directly to a separate organizatio	amount egregated ount of ntributions d promptly delivered te politica n. If none
4 5 (a) 1 1 2 2 3 3	Did the filing organization of Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep onal space is needed, provide inf	527 political orga om the filing orga arate political org ormation in Part I	nizations to which anization's funds. A anization, such as V. Amount paid from a gorganization's ds. If none, enter	(e) Ampolitical correceived an and directly to a separate organizatio	amount egregated ount of ntributions d promptly delivered te politica n. If none
4 5	Did the filing organization of Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep onal space is needed, provide inf	527 political orga om the filing orga arate political org ormation in Part I	nizations to which anization's funds. A anization, such as V. Amount paid from a gorganization's ds. If none, enter	(e) Ampolitical correceived an and directly to a separate organizatio	amount egregated ount of ntributions d promptly delivered te politica n. If none
4 5 (a)	Did the filing organization of Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year? ation number (EIN) of all section I listed, enter the amount paid fr y and directly delivered to a sep onal space is needed, provide inf	527 political orga om the filing orga arate political org ormation in Part I	nizations to which anization's funds. A anization, such as V. Amount paid from a gorganization's ds. If none, enter	(e) Ampolitical correceived an and directly to a separate organizatio	amount egregated ount of ntributions d promptly delivered te politica n. If none

Schedule C (Form 990) 2022

Page 2

_	36CUOH 301(H)).					
A	Check if the filing organization belongs to an expenses, and share of excess lobbying	5 . \	in Part IV each a	iffiliated group m	ember's nam	e, address, EIN,
В	Check \blacktriangleright if the filing organization checked box A	and "limited control" pr	rovisions apply.			
	Limits on Lobbying (The term "expenditures" means	Expenditures			(a) Filing ganization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influence public opinion	n (grass roots lobbying)				
b	Total lobbying expenditures to influence a legislative					
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c and	1d)				
f	Lobbying nontaxable amount. Enter the amount from	the following table in b	oth			
	columns. If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:	\neg		
		20% of the amount on line		_		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the 6	excess over \$500,00	0.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e	excess over \$1,000,0	000.		
		\$225,000 plus 5% of the ex				
		\$1,000,000.		_		
						_1
g	Grassroots nontaxable amount (enter 25% of line 1f)					T
h	Subtract line 1g from line 1a. If zero or less, enter -0					
i	Subtract line 1f from line 1c. If zero or less, enter -0-	·				
j	If there is an amount other than zero on either line 1					☐ Yes ☐ No
	section 4911 tax for this year?					_ 105 _ 110
	columns below. See the Lobbying Expe	enditures During 4-			21.)	
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	2 (e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures				Schedule	C (Form 990) 2022
		Dana 2			Schedule	C (1 01111 330) 2022
		———— Page 3 -				
Sch	edule C (Form 990) 2022					Page 3
Pa	art II-B Complete if the organization is e	xempt under section	on 501(c)(3)	and has NOT	filed	
	Form 5768 (election under section	on 501(h)).				
	each "Yes" response on lines 1a through 1i below, pro	vide in Part IV a detaile	d description of tl	he lobbying	(a)	(b)
acti	vity.				Yes N	lo Amount
1	During the year, did the filing organization attempt including any attempt to influence public opinion on					
а	Volunteers?				ı	No
b				i)?		No
c			_	-	ı	No
d	Mailings to members, legislators, or the public?					No
_	Publications or published or broadcast statements?					No.

/30/2	5, 10:47 AM	Walnut Street Theatre Corp - Full Filing - Nonprofit Explorer - Pro-	Public	а			
f	, ·	lobbying purposes?		No	1		
g	Direct contact with legislators, th	eir staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars	s, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		Yes				49,000
j	Total. Add lines 1c through 1i						49,000
2a	Did the activities in line 1 cause t	the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912					
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?					_
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	ion		
	Maria aukata atialli, all (000/ au a	كوسو والمستومين والمناطون المواسوس المورين وموسوس ومريال المستو		_	1	Yes	No
1	, ,	ore) dues received nondeductible by members?		-	2		
2 3	,	n-house lobbying expenditures of \$2,000 or less? ry over lobbying and political expenditures from the prior year?		-	3		
		ganization is exempt under section 501(c)(4), section 501(c)				01/)/C)
1	and if either (a) B answered "Yes."	OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	III-A	, line 3	3, is		.,(0)
2	•	bying and political expenditures (do not include amounts of political					
a b			2a 2b				
_	,						
с 3		stion 6022(a)(1)(A) nations of pandadustible postion 162(a) dues	2c 3				
3 4		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues . unt on line 2c exceeds the amount on line 3, what portion of the excess does					
7	the organization agree to carryov	er to the reasonable estimate of nondeductible lobbying and political	4				
5	Taxable amount of lobbying and p	political expenditures. See Instructions	5				
Pa	ort IV Supplemental Info	ormation					
Pro	vide the descriptions required for Fructions), and Part II-B, line 1. Also	Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); o, complete this part for any additional information.	Part II-	A, lines	1 and	2 (se	ee
	Return Reference	Explanation					
PART	II-B, LINE 1:	ENGAGED A PROFESSIONAL LOBBYIST, PUGLIESE ASSOCIATES, FOR THE YEALOBBY THE PENNSYLVANIA STATE LEGISLATURE FOR THE STATE APPROPRIAT ORGANIZATION'S EXEMPT FUNCTIONAL PURPOSE. PUGLIESE ASSOCIATES PREPRESENTATION/LOBBYING BEFORE THE PENNSYLVANIA STATE HOUSE AND DEPARTMENTS, BOARDS AND COMMISSIONS. THEY LOBBIED ON RCAP AND OTHER APPROPRIATION LINE-ITEMS AS DIRECTED.	TIONS T ROVIDE D SENA LEGISL	TO CARF D LEGIS TE, VAR	RY OU' SLATI' IOUS NITIA	T THE VE AGEN TIVES	CIES, AND
			Scrieu	uie C (I	51111	<i>35</i> 0)	2022

Additional Data

Return to Form

Software ID: Software Version: efile Public Visual Render

ObjectId: 202431309349304553 - Submission: 2024-05-09

TIN: 23-1715152

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

OMB No. 1545-0047

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** WALNUT STREET THEATRE CORPORATION 23-1715152 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Cat. No. 52283D

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

Schedule D (Form 990) 2022

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terms (check all that apply): a	Sche	dule D	(Form 990) 2022											Page 2
Remis (check all that apply):	Parl	III :	Organizations Ma	intaining Col	lections o	of Art, Hi	storica	Treas	sures, o	r Other	Similar As	sets (conti	inued)	_
b Scholarly research e Other Other Other Scholarly research e Other	3			isition, accession	n, and other	records, o	check any	of the	following	that are a	significant u	se of its coll	ection	
Scholarly research Scholar	а	~	Public exhibition				d (Loa	n or exch	ange prog	grams			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Perrx XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rother than to be maintained as part of the organization's collection?. □ ves No Part IV Export and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, III and complete the following table: ■ Amount □ Form 990, Part X, III and Complete the following table: ■ Amount □ Form 990, Part X, III and Export an amount on Form 990, Part X, III and Export	b		Scholarly research				e (Oth	ner					
Part XIII. Sassets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С		Preservation for future	generations										
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	4			rganization's col	lections and	explain h	ow they f	urther t	he organi	zation's e	xempt purpo:	se in		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5											Yes	✓ No)
included on Form 990, Part X?	Par	t IV	Complete if the org			" on Form	n 990, P	art IV,	line 9, o	r reporte	d an amoui	nt on Form	990, P	art X,
d Additions during the year . 1d . 1d	1a											☐ Yes	□ No)
d Additions during the year	b	If "Ye	s," explain the arrangen	nent in Part XIII	and comple	ete the follo	owing tab	le:			A	mount		_
Ending balance	С	Begin	ning balance						•	1c				_
Ending belance 11 11 12 13 14 15 15 15 15 15 15 15	d	Additi	ions during the year							1d				_
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distri	butions during the year											_
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	f	Endin	g balance							1f				_
Part V Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	2a	Did th	ne organization include a	n amount on Fo	rm 990, Par	t X, line 2	1, for esc	row or o	custodial a	account lia	ability?	☐ Yes		•
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions	b	If "Ye	s," explain the arrangen	nent in Part XIII.	Check here	e if the exp	lanation	has bee	en provide	d in Part	XIII			
Calcurrent year Calcurrent year Calcurrent year Calcurrent year Calculor Cal	Pa	rt V			1.1157									
1a Beginning of year balance			Complete if the org	anization ansv						vears hack	(d) Three year	ars hack (a)	Four year	s hack
b Contributions	1a	Beginn	ing of year balance .		(a) currer	ic year	(6) 11101	ycui	(c) iwo	years back	(d) Three yea	ars back (e)	rour yeur.	3 Duck
d Grants or scholarships		_												
d Grants or scholarships	С	Net inv	estment earnings, gains	, and losses										
and programs				•										
per End of year balance				5										
per End of year balance	f	Admini	strative expenses .											
a Board designated or quasi-endowment ▶ b Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations														
b Permanent endowment ► c Term endowment ► The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	2		·		ent year end	l balance (line 1g, c	olumn ((a)) held a	as:				
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	h					••••								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	_													
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations					ld equal 100	0%.								
(ii) Related organizations	3а			not in the posses	sion of the	organizatio	on that ar	e held a	and admir	nistered fo	r the		Yes	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) 1a Land		(i) Ur	nrelated organizations									3a(i)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land			•											
Part VI Land, Buildings, and Equipment.	b			-		•						3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land . . 830,000 374,009 7,817,425 5,190,646 b Buildings .						n s endowi	ment run	ıs.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 830,000 374,009 1,204,009 b Buildings 13,008,071 7,817,425 5,190,646 c Leasehold improvements Equipment 1,210,868 660,391 550,477 e Other 1,784,599 869,952 2,859,172 -204,621	Par	r vı				" on Form	1 990. P	art IV.	line 11a.	See For	m 990. Par	t X. line 10).	
b Buildings 13,008,071 7,817,425 5,190,646 c Leasehold improvements 4 Equipment 1,210,868 660,391 550,477 e Other 1,784,599 869,952 2,859,172 -204,621		Descri		(a) Cost or oth	ner basis									
b Buildings 13,008,071 7,817,425 5,190,646 c Leasehold improvements 4 Equipment 1,210,868 660,391 550,477 e Other 1,784,599 869,952 2,859,172 -204,621	1a	Land			830,000			374,00)9				1,2	204,009
c Leasehold improvements 1,210,868 660,391 550,477 e Other 1,784,599 869,952 2,859,172 -204,621			<u> </u>		•		1				7,817,425			
d Equipment 1,210,868 660,391 550,477 e Other 1,784,599 869,952 2,859,172 -204,621			· -					•			•		· ·	
e Other			·					1,210,86	58		660,391		5	550,477
			-		1,784,599			869,95	52		2,859,172		-2	204,621
				lumn (d) must e	equal Form S	990, Part X	(, column	(B), lin	ne 10(c).)		>		6,7	740,511

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Dart IV	ling 11h Cog For	em 000 Part V line 12
	(a) Description of security or category	(b)	110.566 FOI	(c) Method of valuation:
	(including name of security)	Book value		t or end-of-year market value
(1) Financia	al derivatives			
(2) Closely (3) Other <u> </u>	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV	line 11c See Fo	rm 990 Part X line 13
	(a) Description of investment	1 41 6 1 7 7	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				Cost of the of year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col.(B) line 13.)	•		
Part IX	Other Assets.			
	Complete if the organization answered 'Yes' on Form 990,	Part IV, I	<u>ine 11d. See For</u>	
(4)	(a) Description			(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	umn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			•
	Complete if the organization answered 'Yes' on Form 990,	Part IV, I	ine 11e or 11f.S	
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			

, - , · · · · · · · · · · · · · · · · ·	į	
ACCRUED BENEFITS		1,149,102
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	1,149,102
Liability for uncortain tay positions. In Part VIII. provide the text of the feetnate to the organization's financia	d statements that	roports the

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022 Page 4 Schedule D (Form 990) 2022 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements . 10,364,136 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . 2a -263,094 2b b Donated services and use of facilities . . 2c Recoveries of prior year grants . Other (Describe in Part XIII.) . 2d 579,560 316,466 Add lines 2a through 2d . . 3 3 10,047,670 Subtract line 2e from line 1 . Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 7,554 4a 4b 4c 7,554 5 5 10,055,224 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 1 13,959,219 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . 2a 2b b Prior year adjustments . **2**c c Other (Describe in Part XIII.) . 2d 233,612 233,612 Add lines 2a through 2d . 2e 3 13,725,607 3 Subtract line 2e from line 1 . Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 7,554 4b Other (Describe in Part XIII.) . .

Part XIII Supplemental Information

c

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.

Return Reference	Explanation
,	THE MISSION STATEMENT OF WALNUT STREET THEATRE INCLUDES THE PRESERVATION AND CHRONICLING OF ITS THEATRE BUILDING, A NATIONAL HISTORIC LANDMARK. WE HAVE VAST COLLECTIONS OF MEMORABILIA FROM OVER 200 YEARS OF HISTORY. THEY INCLUDE STATUES, PAINTINGS, FURNITURE AND PRINTED MATERIALS.
·	THE THEATRE IS EXEMPT FROM INCOME TAX ON NET PROGRAM ACTIVITY UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. PROPERTY RENTAL INCOME IS NOT CONSIDERED PROGRAM ACTIVITY INCOME BY THE INTERNAL REVENUE SERVICE. THIS TYPE OF INCOME IS CONSIDERED TO BE UNRELATED BUSINESS INCOME AND MAY BE SUBJECT TO INCOME TAX WHEN RENTAL

Add lines **4a** and **4b**

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

7.554

13,733,161

4c

Additional Data	Return to Form
	Schedule D (Form 990) 2022
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 51,698. COST OF GOODS SOLD 181,914.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 51,698. COST OF GOODS SOLD 181,914. IMPAIRMENT LOSS 345,948.
	INCOME EXCEEDS OPERATING EXPENSES. THE THEATRE DID NOT HAVE UNRELATED BUSINESS INCOME TAX EXPENSE FOR THE YEARS ENDED JUNE 30, 2023 AND 2022. MANAGEMENT HAS REVIEWED TAX POSITIONS TAKEN IN FILINGS OF THE THEATRE'S FEDERAL FORMS 990 AND 990 AND BELIEVES THOSE POSITIONS WOULD BE SUSTAINED SHOULD THE FILINGS BE EXAMINED THE RELEVANT TAXING AUTHORITY. OPEN PERIODS SUBJECT TO AUDIT FOR FEDERAL PURPOSE ARE GENERALLY THE PREVIOUS THREE YEARS OF TAX RETURNS FILED.
4/30/25, 10:47 AM	Walnut Street Theatre Corp - Full Filing - Nonprofit Explorer - ProPublica

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efile Public Visual Render

ObjectId: 202431309349304553 - Submission: 2024-05-09

TIN: 23-1715152 OMB No. 1545-0047

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

2022

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection			
	ne of the organization .NUT STREET THEATRE	CORPOR	ATION					Employer ide	entification number
								23-1715152	
Pa		_	ties. Complete if ire not required t	_		n answered "Yes" on Fo part.	orm 990,	Part IV, line 1	17.
1	Indicate whether the	organiza	tion raised funds th	nrough an	y of the f	ollowing activities. Check	all that a	pply.	_
а	Mail solicitations				•	Solicitation of nor	n-governm	ent grants	
b	☐ Internet and ema	il solicitat	tions		1	f Solicitation of gov	ernment g	grants	
С	Phone solicitation	ıs			9	g Special fundraisin	g events		
d	☐ In-person solicita	tions							
2a						vidual (including officers, on with professional fund		vices?	es 🗆 No
b	If "Yes," list the 10 h to be compensated a				ndraisers)	pursuant to agreements	under wh		
(i) I	Name and address of in or entity (fundraise		(ii) Activity	fundrai cust cont	i) Did iser have ody or trol of butions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) siser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Tota	al				.▶				
	List all states in which licensing.	the organ	ization is registere	d or licen	sed to so	licit contributions or has l	oeen notifi	ed it is exempt	from registration or
====	=======================================			:======					
For I	Paperwork Reduction Ad	ct Notice, s	see the Instructions	for Form	990 or 99	O-EZ. Cat. No.	. 50083H	S	chedule G (Form 990) 2022
					—— Ра	age 2 ————			
Sche	edule G (Form 990) 20	22							Page 2
Pa	rt II Fundraisin	g Event	ts. Complete if the	he organ	ization a	answered "Yes" on For	m 990, P	art IV, line 18	, or reported more

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

https://projects.propublica.org/nonprofits/organizations/231715152/202431309349304553/full

gross receipts greater than \$5,000.

4/30/2	25, 10:47 AM	Walnut Street Theat	e Corp - Full Filing - Nonp	rofit Explorer - ProPublica	
		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events
nue		SPRING GALA (event type)	LIFE IS A CABERNET FALL FUNDRAISER (event type)	(total number)	(add col. (a) through col. (c))
Revenue					
	1 Gross receipts	229,950	29,558		259,508
	2 Less: Contributions	172,011	21,831		193,842
	3 Gross income (line 1 minus line 2)	57,939	7,727		65,666
ses	4 Cash prizes				
Expenses	7 Food and beverages	27,233	58		27,291
Ψ	8 Entertainment	10,868	475		11,343
Direct	9 Other direct expenses	16,456			18,878
ш	10 Direct expense summary. Add lines 4 t	·			57,512
	11 Net income summary. Subtract line 10	from line 3, column (d)			8,154
Pa	rt III Gaming. Complete if the orga	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue	on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
es	1 Gross revenue				
Expenses	2 Cash prizes				
が	4 Rent/facility costs				
Direct					
_	5 Other direct expenses	☐ Yes %	☐ Yes %	☐ Yes %	
	6 Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		•	
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)		
9 a b	Enter the state(s) in which the organizati Is the organization licensed to conduct gas If "No," explain:	aming activities in each of	these states?		
10a b					☐ Yes ☐ No
					1
					chedule G (Form 990) 2022

Sche	edule G (Form 990) 2022						ı	Page 3
11	Does the organization conduct ga	ming activities with nonmembers	5?			☐ Yes	□No	
12	Is the organization a grantor, ben formed to administer charitable g			er entity		Yes		
13	Indicate the percentage of gamin	g activity conducted in:				∪ res	∪ NO	
а	The organization's facility .				13a			%
b	An outside facility				13b			%
14	Enter the name and address of th	e person who prepares the organ	nization's gaming/special events	books and re	cords:			
	Name							
15a	Address		m the organization receives gan	ning				
b	If "Yes," enter the amount of gan amount of gaming revenue retain	ning revenue received by the org	anization 🕨 \$					
С	If "Yes," enter name and address	of the third party:						
	Name Name							
	Address							
16	Gaming manager information: Name Gaming manager compensation	* <u></u>						
	Description of services provided	·						
	☐ Director/officer	Employee	☐ Independent conf	ractor				
17 a	Mandatory distributions: Is the organization required underetain the state gaming license?	r state law to make charitable di 	stributions from the gaming prod	ceeds to		Yes	□No	
b	Enter the amount of distributions in the organization's own exempt	•		ns or spent		U les	ONO	
Par		nation. Provide the explanat 5b, 15c, 16, and 17b, as appl						s.
	Return Reference		Explanation					
			<u> </u>	Sched	ule G (F	orm 990) 2	022	
Ac	dditional Data					Return t	to Form	,

Software ID: Software Version:

efile Public Visual Render ObjectId: 202431309349304553 - Submission: 2024-05-09 TIN: 23-1715152 **Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public

		he organization REET THEATRE CORPORATION		Employer identificat	ion nu	ımber	
WAL	1401 31	NEET THEATRE CORFORATION		23-1715152			
Pa	rt I	Questions Regarding Compensation		L			
		· · · · · · · · · · · · · · · · · · ·				Yes	No
1a	Checl	k the appropiate box(es) if the organization provided any	of the following to or for a person liste	d on Form			
	990,	Part VII, Section A, line 1a. Complete Part III to provide	any relevant information regarding the	se items.			
		First-class or charter travel	Housing allowance or residence for	personal use			
	\checkmark	Travel for companions	Payments for business use of perso	nal residence			
		Tax idemnification and gross-up payments	Health or social club dues or initiati	on fees			
		Discretionary spending account	Personal services (e.g., maid, chaut	ffeur, chef)			
	**		6.11 20 12 12				
b		y of the boxes on Line 1a are checked, did the organization oursement or provision of all of the expenses described all			1b	Yes	
2		he organization require substantiation prior to reimbursin					
	direct	tors, trustees, officers, including the CEO/Executive Direc	tor, regarding the items checked on Lir	ne 1a?	2	Yes	
_							
3		ate which, if any, of the following the filing organization unization's CEO/Executive Director. Check all that apply. Do		ne			
		by a related organization to establish compensation of th		n Part III.			
	~	Compensation committee	Written employment contract				
		Independent compensation consultant	Witten employment contract				
		Form 990 of other organizations	compensation salvey or stady	tion committee			
		Tomin 550 of other organizations	Approval by the board of compense	icion committee			
4		ng the year, did any person listed on Form 990, Part VII, S ed organization:	Section A, line 1a, with respect to the fi	iling organization or a			
а	Recei	ive a severance payment or change-of-control payment? .			4a		No
b		cipate in, or receive payment from, a supplemental nonqu			4b	Yes	
c		cipate in, or receive payment from, an equity-based comp	·		4c		No
	If "Ye	es" to any of lines 4a-c, list the persons and provide the a	pplicable amounts for each item in Par	t III.			
_	_	501(c)(3), 501(c)(4), and 501(c)(29) organization					
5		ersons listed on Form 990, Part VII, Section A, line 1a, di pensation contingent on the revenues of:	d the organization pay or accrue any				
	•	•			_		
a		organization?			5a 5b		No
b		elated organization?			5D		No
6		ersons listed on Form 990, Part VII, Section A, line 1a, di	d the organization hav or accrue any				
Ü	comp	pensation contingent on the net earnings of:	u the organization pay or accide any				
а	The c	organization?			6a		No
b		related organization?			6b		No
-	•	es," on line 6a or 6b, describe in Part III.					
7		ersons listed on Form 990, Part VII, Section A, line 1a, di	d the organization provide any ponfixe	d			
-		nents not described in lines 5 and 6? If "Yes," describe in			7	Yes	
8		any amounts reported on Form 990, Part VII, paid or acc					
		ect to the initial contract exception described in Regulation rt III			l		
					8		No
9		es" on line 8, did the organization also follow the rebuttab 958-6(c)?			9		
	55.15	(-)					l

Page 2 -

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

Schedule J (Form 990) 2022 Page 2

Cat. No. 50053T Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (C) Retirement and other		(D) Nontaxable benefits	columns	(F) Compensation in		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 BERNARD HAVARD PRESIDENT AND PRODUCING ARTISTIC DIR	(i)	586,042	73,790	112,380	212,362	1,600	986,174	0
	(ii)	0	0	0	0	0	0	0
2 MARK SYLVESTER MANAGING DIRECTOR	(i)	394,343	50,000	39,434	0	17,878	501,655	0
	(ii)	0	0	0	0	0	0	0
3 SIOBHAN RUANE DIRECTOR OF PRODUCTION	(i)	136,000	46,000	0	0	10,271	192,271	0
	(ii)	0	0	0	0	0	0	0
4 TJ SOKSO DIRECTOR OF EDUCATION	(i)	104,000	45,000	0	0	34,076	183,076	0
	(ii)	0	0	0	0	0	0	0
5 MICHAEL ARMENTO CONTROLLER	(i)	120,000	21,000	0	0	35,788	176,788	0
	(ii)	0					0	

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6 EDWARD GILCHRIST DIRECTOR OF MARKETING	(i)	103,730	50,231	0	0	14,608	168,569	0
	(ii)	0	0	0	0	0	0	0
	Į.	1	ı				Schedule J (Fo	orm 990) 2022

- Page 3

Part III Supplemental Information

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

Return Reference Explanation

PART I, LINE 1A THE ORGANIZATION REIMBURSES THE TRAVEL COSTS FOR THE SPOUSE OF BERNARD HAVARD, PRESIDENT AND PRODUCING ARTISTIC DIRECTOR, WHO ACCOMPANIES MR. HAVARD AS A REPRESENTATIVE OF THE ORGANIZATION, ONLY ON SPECIFIC OCCASIONS WHEN HER SERVICES ARE REQUIRED IN AN OFFICIAL CAPACITY. NONE OF THE REIMBURSEMENTS PAID TO MR. HAVARD ARE RECORDED IN HIS ANNUAL W2 FORM AS THESE PAYMENTS ARE FOR A BONA FIDE BUSINESS PURPOSE.

PART I, LINE 4B BERNARD HAVARD, PRESIDENT AND PRODUCING ARTISTIC DIRECTOR, HAS AN AGREEMENT WITH THE THEATRE THROUGH JUNE 2027. THE AGREEMENT PROVIDES A MONTHLY BENEFIT EQUAL TO ONE MONTH'S COMPENSATION FOR EACH YEAR OF SERVICE WITH A MAXIMUM OF TWENTY-FOUR MONTHS BASED UPON STIPULATIONS DESCRIBED IN THE AGREEMENT. TOTAL BENEFITS ACCRUED WERE \$1,149,102 AND \$936,740 AS OF JUNE 30, 2023 AND 2022, RESPECTIVELY.

PART I, LINE 7 PART II, COLUMN (B)(II) REPORTS DISTCRETIONARY INCENTIVE AMOUNTS THAT WERE APPROVED BY THE BOARD BASED UPON PERFORMANCE.

Schedule J (Form 990) 2022

Additional Data Return to Form

Software ID: Software Version: SCHEDULE M

(Form 990)

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TIN: 23-1715152

OMB No. 1545-0047

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

Noncash Contributions

► Attach to Form 990.

	ment of the Treasury I Revenue Service	g <u>ov/Form</u>	990 for the latest informa	tion.			Open t	o Pub ection	
Name	e of the organization				Emplo	yer identif			
WALN	UT STREET THEATRE CORPORATION				23-17:	15152			
Pa	rt I Types of Property				25 17.	13132			
	1 ypes of 1 toperty	(a)	(b)	(c)			(d)		
			Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		Method on the contract of the	of determi		ts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes				+				
8	Intellectual property								
9	Securities—Publicly traded .								
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation								
	contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other				-				
18 19	Collectibles Food inventory								
20	Drugs and medical supplies .								
21	Taxidermy				+				
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	AUCTION Other ► (ITEM)	Х	110	·		MARKET VA			
26	FOOD Other ► (<u>SUPLIES</u>)	Х	3	7,20	0 FAIR	MARKET VA	LUE		
	Other ► ()								
	Other ▶ ()								
	Number of Forms 8283 received by t	he organiza	ation during the tax year for	contributions					
	for which the organization completed	f Form 828	3, Part IV, Donee Acknowledg	gement	29				0
								Yes	No
30a	During the year, did the organization hold for at least three years from the purposes for the entire holding period.	e date of the	ne initial contribution, and wh	nich isn't required to be us	nrough 2 ed for e	28, that it m xempt •			NI-
L	If "Yes," describe the arrangement i	n Dart II					30a		No
31	,		olicy that requires the review	v of any nonstandard contr	ihution	=?	31		No
	Does the organization hire or use th		,	•		J.	-		-10
	contributions?						32a		No
	If "Yes," describe in Part II. If the organization didn't report an a	amount in a	column (c) for a type of area	arty for which column (a) :	c chack	od			
33	describe in Part II.	amount III (Joidinin (C) for a type of prop	erry for willer column (a) I	s crieck	cu,			
For P	aperwork Reduction Act Notice, see the	Instruction	ns for Form 990.	Cat. No. 512273	l	Schedu	le M (Forn	1 990) ((2022

38/39

4/30/25, 10:47 AM

Schedule M (Form 990) (2022)

raye 🚣

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B). PART I, COLUMN (B):

Schedule M (Form 990) (2022)

Additional Data

Return to Form

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TIN: 23-1715152 OMB No. 1545-0047

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization WALNUT STREET THEATRE CORPORATION

Employer identification number

23-1715152

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE. AFTER REVIEW THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS. BEFORE FILING, A CONFERENCE CALL IS HELD WITH THE ACCOUNTING FIRM RESPONSIBLE FOR THE PREPARATION OF THE FORM 990 IN ORDER TO ADDRESS ANY QUESTIONS FROM THE BOARD. AFTER BOARD APPROVAL, THE FORM 990 IS FILED ELECTRONICALLY WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	THE THEATRE'S CONFLICT OF INTEREST POLICY SHALL BE PROVIDED TO VOTING MEMBERS AND EMPLOYEES, AND ANY OTHER PERSONS HOLDING POSITIONS OF RESPONSIBILITY AND TRUST ON BEHALF OF THE THEATRE, BEFORE SERVING THE THEATRE. THESE INDIVIDUALS SHALL AGREE TO ABIDE BY THE POLICY AND SHALL DISCLOSE THEIR AFFILIATIONS WITH ANY ORGANIZATION WITH WHICH THE THEATRE DOES BUSINESS BY COMPLETING THE ATTACHED CONFLICT OF INTEREST STATEMENT AND DISCLOSURE FORM. GIVEN THE POTENTIAL FOR MATERIAL CONFLICTS OF INTEREST TO ARISE, THE THEATRE REQUIRES VOTING MEMBERS TO PROVIDE A WRITTEN DISCLOSURE OF AFFILIATIONS BOTH AT THE INCEPTION OF THEIR INITIAL TERM AND ANNUALLY THEREAFTER. EMPLOYEES ALSO ARE REQUESTED TO PROVIDE WRITTEN DISCLOSURE WHEN THEIR EMPLOYMENT WITH THE THEATRE COMMENCES. IN ADDITION, BOTH VOTING MEMBERS AND EMPLOYEES HAVE A CONTINUING OBLIGATION TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST WHENEVER SUCH SITUATIONS ARISE. VOTING MEMBERS AND MEMBERS OF MANAGEMENT SHOULD SUBMIT ALL DISCLOSURES DIRECTLY TO THE CHAIRPERSON OF THE GOVERNANCE COMMITTEE. ALL OTHER EMPLOYEES SHOULD SUBMIT THEIR DISCLOSURES TO THE MANAGING DIRECTOR. THE THEATRE ALSO REQUIRES VOTING MEMBERS AND EMPLOYEES TO ABSTAIN FROM DECISION-MAKING ON ISSUES ABOUT WHICH THEY HAVE POTENTIAL CONFLICTS OF INTEREST. DISCLOSURE, PARTICIPATION AND ABSTENTION SHALL BE RECORDED IN THE MINUTES OF THE MEETING(S) AT WHICH THE ISSUE IS DISCUSSED AND DECIDED.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS DETERMINES COMPENSATION BY: - REVIEW AND RECOMMEND TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR APPROVAL THE PRODUCING ARTISTIC DIRECTOR CONTRACT (MULTI-YEAR) REVIEW THE ORGANIZATION'S STAFF COMPENSATION PROGRAM ANNUALLY, INCLUDING SALARY RANGES FOR PARTICULAR POSITIONS, MERIT PAY AND BENEFITS PROVIDED AND COMMUNICATE THE COMMITTEE'S FINDINGS TO THE EXECUTIVE COMMITTEE COMPARABILITY DATA WAS USED TO DETERMINE THE PRESIDENT'S AND OTHER OFFICERS' COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIALS STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9:	IMPAIRMENT LOSS 345,948.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

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