			** PUBLIC DISCLOSURE COPY *		
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2022
Dena	rtment o	f the Treasury	Do not enter social security numbers on this form as it may	-	Open to Public
Intern	al Rever	nue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
<u>A F</u>	or the			JUN 30, 2023	
	heck if pplicable	e: C Name o	forganization	D Employer identificat	tion number
	Addres	SS Davt	on Performing Arts Alliance		
	Name chang		usiness as	31-6000101	L
	Initial return	Number	r and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	
	Final return/ termin		N. Main St 210	937-224-35	
	ated Ameno	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,519,897.
	_return ∖Applic	Dayi	on, OH 45402 nd address of principal officer: Patrick Nugent	H(a) Is this a group retu	
	⊥tion pendir	¹⁹ 126 N	•, Main Street 210, Dayton, OH 45402	for subordinates? H(b) Are all subordinates inclu	
ΙT	ax-exe			527 If "No," attach a lis	
JV	Vebsit	te: dayt	onperformingarts.org	H(c) Group exemption r	
		organization:	X Corporation Trust Association Other L Y	'ear of formation: 1933 M S	State of legal domicile: OH
Pa	rt I	Summary			
e			be the organization's mission or most significant activities: Dayton P		
anc			ntegrated organization encompassing Da		
Governance	_	Check this bo		1 1	
Š					<u> </u>
8			dependent voting members of the governing body (Part VI, line 1b)		317
Activities &			of individuals employed in calendar year 2022 (Part V, line 2a) of volunteers (estimate if necessary)		200
itivi			d business revenue from Part VIII, column (C), line 12		0.
Ac			business taxable income from Form 990-T, Part I, line 11		0.
		riot annoiatea		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	6,419,529.	6,687,154.
Revenue			ce revenue (Part VIII, line 2g)	1,731,219.	2,433,754.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	44,331.	32,393.
Ж	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,387.	25,198.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,232,466.	9,178,499.
			milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
			to or for members (Part IX, column (A), line 4)	0.	0.
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	4,099,061.	4,714,795.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 692,028.	60,000.	78,781.
Exp				2,966,468.	3,589,406.
_			es (Part IX, column (A), lines 11a-11d, 11f-24e) es. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,125,529.	8,382,982.
			expenses. Subtract line 18 from line 12	1,106,937.	795,517.
or				Beginning of Current Year	End of Year
t Assets or d Balances	20	Total assets (F	Part X, line 16)	11,357,195.	12,930,094.
ASS d Ba	21	Total liabilities	s (Part X, line 26)	1,036,288.	999,857.
Eun			fund balances. Subtract line 21 from line 20	10,320,907.	11,930,237.
	rt II	Signature			
			I declare that I have examined this return, including accompanying schedules and sta		lowledge and belief, it is
true,	correc		,Declaration of preparer (other than officer) is based on all information of which prep		/2024
Sign		Signature of or		Date	
Sigr Her		÷	Nugent, President & CEO		
	0	Type or print n			
		Print/Type pre	parer's name Preparer's signature	Date Check] PTIN
Paid		Paula H	ume Paula Hume aula L Hume, Cl		P00537516
Prep	arer	Firm's name	Barnes, Dennig & Co., LTD	Firm's EIN 31 -	-1119890
Use	Only	Firm's address	150 East Fourth Street		
			Cincinnati, OH 45202	Phone no. (51:	3)241-8313
			s return with the preparer shown above? See instructions		
23200	01 12-10 S		For Paperwork Reduction Act Notice, see the separate instructions. dule 0 for Organization Mission Statem	ent Continuatio	Form 990 (2022)

May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-13-22	LHA For Paperwo	ork Redu	uction Act Notice, see the	e separate instr	uctions.		F		
See	Schedule O	for	Organization	Mission	Statement	Continuatio	n		

		age
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	Dayton Performing Arts Alliance is an integrated organization	
	encompassing Dayton Ballet, Opera and Philharmonic. We remain the	
	only organization in the nation to include all three art forms. Our	
	fundamental conviction is that the arts are for everyone. Our driving	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-		
	prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	7 N.
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	6
4a	(Code:) (Expenses \$ 2,689,968. including grants of \$) (Revenue \$ 907,38	.0.
	Dayton Philharmonic - Founded in 1933, the Dayton Philharmonic	
	Orchestra (DPO) has a distinguished place as one of the Miami Valley's	
	oldest and longest standing cultural institutions. A regional	
	orchestra with 76 contracted musicians and rich in artistic tradition,	
	the Philharmonic is proud to call the world class, state of the art	
	Benjamin and Marion Schuster Performing Arts Center its home. The	
	Dayton Philharmonic Orchestra is one of the three crowning jewels,	
	alongside Dayton Ballet and Dayton Opera, in a ground-breaking and	
	innovative merger initiated in 2012, forging three art forms into one	
	organization named The Dayton Performing Arts Alliance. DPO Artistic	
	Director and Conductor Neal Gittleman inspires each listener's	
	imagination with his unique programming, in-depth comments, easy-going	-
4b	(Code:) (Expenses \$1,549,053. including grants of \$) (Revenue \$922,41	
	Dayton Ballet - The third oldest ballet company in the United States,	
	Dayton Ballet is known for its innovative and collaborative endeavors.	
	As a dance company committed to producing and presenting new work as	
	well as promoting ballets by evolving choreographers, the Dayton Balle	+
	proudly presented it 85th season of performances with the 2022-2023	
	season. Dayton Ballet hosts a season of four to five performances tha	+
	includes familiar traditional story ballets, such as Cinderella, Peter	
	Pan, Romeo and Juliet and Swan Lake, the classic family friendly holiday staple the Nutcracker and new and innovative works. Recent	
	favorites have included Halloween-themed Legend of Sleepy Hollow and	
	Dracula: Bloodlines. The historic 1,139 seat Victoria Theatre and th	
	state-of-the-art 2,300 seat Schuster Center are both home to the Dayto	
4c	(Code:) (Expenses \$ 1,055,450. including grants of \$) (Revenue \$ 254,92 Dayton Opera - The Dayton Opera performed its first season in	9.
	1961-1962. In 2003, Dayton Opera moved to its new home at the	
	State-of-the-art Benjamin and Marian Schuster Performing Arts Center,	
	enabling the company to produce bigger and better productions in an	
	acoustically superior theatre. Under the leadership of Artistic	
	Director Kathleen Clawson, Dayton Opera presents four to five	
	productions each season, from engaging operas from the classic	
	repertoire, such as The Barber of Seville and Madame Butterfly and	
	producing groundbreaking new works, such as the Consul and Dead Man	
	Walking, created by thought-provoking 20th century composers to grand	
	sweeping operatic events, from Aida to La Boheme to Carmen. In 2023,	
	the first performance of Wagner in Dayton in a half century drew large	
<u>م</u>		. /
40	Other program services (Describe on Schedule O.)	
	(Expenses \$ 879,659. including grants of \$) (Revenue \$ 374,225.)	
4e	Total program service expenses 6,174,130.	
	Form 990	(202
32002	2 12-13-22 See Schedule O for Continuation(s)	
	2	
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<u>Form 990 (</u>			Performing	Arts	Alliance
Part IV	Checklist of R	lequired Sc	hedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,		- 11	
••	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI	114		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
232003	12-13-22	Form	33U ((2022)

232003 12-13-22

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Form	990	(2022)
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 Form 990 (2022)
 Dayton Performing Arts Alliance
 31-6000101
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 Part IV
 Checklist of Required Schedules (continued)
 Page 4
 Page 4
 Page 4

			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO					
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	~~~							
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete								
	Schedule J	23	х						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the								
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete								
	Schedule K. If "No," go to line 25a	24a		Х					
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	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and								
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		х					
	Schedule L, Part I								
26									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v					
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>					
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	07		х					
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27							
20	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</i>								
u	"Yes," complete Schedule L, Part IV	28a		х					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X					
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If								
	"Yes," complete Schedule L, Part IV	28c		Х					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation								
	contributions? If "Yes," complete Schedule M	30		X					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete								
	Schedule N, Part II	32		<u> </u>					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77						
0 -	Part V, line 1	34	Х	X					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a							
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h							
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
30		36		х					
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50							
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?								
	Note: All Form 990 filers are required to complete Schedule O								
Par			Х						
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>							
			Yes	No					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 123								
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	X						
232004	12-13-22	Form	990	(2022)					

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Form	990 (2022) Dayton Performing Arts Alliance	31-6000	101	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 317			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		x
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
ou			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	one or gifte			
b		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).		00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	viene provided to the power?	70		x
			7a		
			7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.		x
	to file Form 8282?	1 1	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f	NT /	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fc		7g	N/	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-			
		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	77 / 7			
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter:	1 1			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:	1 1			
	Gross income from members or shareholders N/A	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	-		
	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 yearN/A	12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b	4		
с	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)
	5				. /

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a Enter the number of voting members of the governing body at the end of the tax year 1 31 if there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body degate trade attribute or initial canonities, explain on Schedule 0. 31 b Enter the number of voting members included on initial, above, who are independent differences (netroits, numbers, or key employees than a family relationship or a business relationship with any other differe, director, number, or key employees to a management changes relationship with any other differe, director, number, or key employees on a management changes to its governing documents since the prior Ferm 990 was filed? 2 3 Did the organization delegate control over management durines customarily performed by or under the direct supervision of offices, gives environg to a management changes to its governing documents since the prior Ferm 990 was filed? 2 4 Did the organization have members, stockholders, or other persons with had the governing bod? 8 4 5 Did the organization have members, stockholders, or other persons with a data subsection specific diverse and a significant diversion of the organization and the subsection of the organization in the analytic diversion of the organization and the subsection of the organization in the advection of the organization in the advection of the organization and the advection of the organization in		tion A. Governing Body and Management			
1a Enter the number of voting members of the governing body of the float year 1a 31 1b The sear envirol information is noting only among members of the governing body of the governing body? 2 2 Dot the organization near governing body of the governing body of the governing body? 3 2 Dot the organization near governing body? 3 3 Dot the organization near governing body? 3 4 Dot the organization near governing body? 3 5 Dot the organization near governing body? 3 4 Dot the organization near governing body? 3 5 Dot the organization near governing body? 3 6 Dot the organization near governing body? 3 7 Bot the organization near governing body? 3	000			Vac	No
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 Dayton Performing Arts Alliance
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 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

31-6000101 Page 6

Part VII	Compensation of C	Officers Directors	Trustees Key	v Employees	Highest	Compensated
	Employees, and Inc			y Employees,	ingricot	Compendated
	Employees, and m	dependent oontrac	51013			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average			(Pos	C) itior			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box			person is both an a director/trustee)			compensation	compensation	amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	officer 0		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Patrick Nugent	40.00									
President & CEO				Х				200,258.	0.	0.
(2) Neal Gittleman	40.00									
Artistic Director & Conductor - DPO					Х			167,057.	0.	5,721.
(3) Teri Warwick	40.00									
Chief Financial Officer				Х				140,879.	0.	7,437.
(4) Kathleen Clawson	40.00									
Artistic Director - Dayton Opera						X		116,337.	0.	586.
(5) Ed Tomme	5.00									
Chair		х		Х				0.	0.	0.
(6) Joe Zehenny	5.00								•	•
Vice Chair		Х		Х				0.	0.	0.
(7) Joe Gruenberg	5.00								•	•
Treasurer		Х		Х				0.	0.	0.
(8) Tom Burkhardt	1.00								•	•
Assistant Treasurer	1 00	Х		Х		-		0.	0.	0.
(9) Suzi Mikutis	1.00								•	0
Secretary	1 00	Х		Х		-		0.	0.	0.
(10) Patricia McDonald	1.00								0	0
Assistant Secretary	1 00	X		Х				0.	0.	0.
(11) Vernon Fernandes	1.00								0	0
Chair Emeritus	1 00	Х		Х		-		0.	0.	0.
(12) Ron Anderson	1.00	x						0.	0.	0
Trustee	1.00	A				<u> </u>		0.	0.	0.
(13) Amber Begley Trustee	L.00	x						0.	0.	0.
(14) David Crusey	1.00	^				-		0.	0.	0.
Trustee	1.00	x						0.	0.	0.
(15) Allyson Danis	1.00	Δ						0.	0.	0.
Trustee	1.00	x						0.	0.	0.
(16) Larry Forman	1.00					-			0.	<u>v</u> .
Trustee		х						0.	0.	0.
(17) Rachel Goodspeed	1.00					-				U
Trustee		x						0.	0.	0.
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, (confined) Name and tile Name and tile Name and tile Peoplon	Form 990 (2022) Dayton Pe	erformin	ng	Ar	ts	A	11:	ia	ince	31-6000	101 Pa	age 8
Name and tite Average hours to week (stat ary operation bours to bours to bours to bours to bours	Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghest	t C	ompensated Employee	s (continued)		
Name at 00.000 house pare house pare (0.11) house pare (0.12) house	(A)	(B)							(D)	(E)	(F)	
Notify per type: Interview in the person is both and type: Compensation from related organizations in the person person is the person	Name and title	, s	(do					ne		Reportable	Estimate	ed
Image: Second			box	, unles	ss per	son is	s both	an		•		of
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(11) Klaberly Jones 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00	v						0	0		0
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(24) Barbara O'Hara 1.00 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	-		х						0.	0.		0.
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IATSE LOCAL #66 Stagehands Labor 460,769. PO BOX 75, Dayton, OH 45401 Stagehands Labor 460,769. Image: Comparison of the contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Image: Comparison of the comparis		addraaa										n
PO BOX 75, Dayton, OH 45401 Stagehands Labor 460,769. Image: Contract of the second state o		auuress						_	Description of s		ompensatio	
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\$100,000 of compensation from the organization 1 See Part VII, Section A Continuation sheets Form 990 (2022)												
\$100,000 of compensation from the organization 1 See Part VII, Section A Continuation sheets Form 990 (2022)	2 Total number of independent contractors (in	ncludina but n	ot lin	niter	to t	thos	e list	 ed	above) who received mo	ore than		
	\$100,000 of compensation from the organiz	zation				1					- 000	
	-	A CONT	τIJ	ua	ιı	on	sı	ıe	ELS		Form ອອບ (;	2022)

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	Performir								31-600	0101
		nplo	yee			lighe	est (Compensated Employe		
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	1-		Pos			1.3	Reportable	Reportable	Estimated
	hours per	(C	necr T	all t	Inat	app I	iy)	compensation from	compensation from related	amount of other
	week					/ee		the	organizations	compensation
	(list any	ector				m ploy		organization	(W-2/1099-MISC)	from the
	hours for	or dire	e			ited e		(W-2/1099-MISC)		organization
	related	ustee	truste		96	bens				and related
	organizations below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
27) Jim Ratti	1.00	_	-		-	-	-			
lrustee		x						0.	0.	0
(28) Burt Saidel	1.00									
rustee		х						0.	0.	0
(29) William Sibbing	1.00									
Trustee		х						0.	0.	0
(30) Carleen Suttman	1.00									
lrustee		Х						0.	0.	0
(31) Rick Thie	1.00									
Trustee		Х						0.	0.	0
(32) Rodney Veal	1.00									
lrustee	1 00	Х						0.	0.	0
(33) Katie Wahl	1.00							0	0	0
Trustee	1.00	Х						0.	0.	0
34) Rev. Joshua Ward Trustee	1.00	x						0.	0.	0
(35) Penny Wolf	1.00	~						0.	0.	0
Trustee	1.00	x						0.	0.	0
								· · ·		
		-								
		1								
		1								

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		(2022) Dayton Perform	ming Arts	s Alliance		31-6000	101 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lin		(D)	(0)	
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				rotarrevende		business revenue	from tax under
							sections 512 - 514
tts Dts	1 a	Federated campaigns					
our ar	k	Membership dues 1b					
o A°°		Fundraising events 1c					
ar		Related organizations 1d					
s, °	e	e Government grants (contributions) 1e 1,	310,913.				
r Si	f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts			376,241.				
off.	Ģ	Noncash contributions included in lines 1a-1f	238,451.				
a C	ł	Total. Add lines 1a-1f		6,687,154.			
			Business Code				
ė	2 8	Performance ticket sal	711130	2,044,952.	2,044,952.		
Program Service Revenue		-1	711130	362,090.			
am Ser		Other program income	713990	21,712.	21,712.		
n n n		Set & costume rental	713990	2,600.	2,600.		
- Lo		Other performance	711130	2,400.	2,400.		
Prc		All other program service revenue		,	,		
				2,433,754.			
	3	Investment income (including dividends, intere		, ,			
	Ŭ			65,775.			65,775.
	4	Income from investment of tax-exempt bond pi					
	5	Royalties	loceeus				
	5	(i) Real	(ii) Personal				
	.						
	6 6						
	k						
	C						
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	1 8		5,000.				
			5,000.				
•	k	Less: cost or other basis	0				
venue		and sales expenses 7b 315, 823.	0.				
eve		Gain or (loss)	5,000.	22,202			22.202
Ĕ		I Net gain or (loss)		-33,382.			-33,382.
Other R	8 8	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses	l				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
			50,773.				
	k	Less: cost of goods sold10b	25,575.		0		
		Net income or (loss) from sales of inventory		25,198.	25,198.		
s			Business Code				
e šou	11 a	ı					
ane	k						
ile sell							
Miscellaneous Revenue	6	All other revenue					
_		• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		9,178,499.	2,458,952.	0.	32,393.
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Form 990 (2022)Dayton Performing Arts AlliancePart IXStatement of Functional Expenses

	Check if Schedule O contains a respons			(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	526,456.	173,210.	252 246	
~	trustees, and key employees	520,450.	1/3,210.	353,246.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	3,476,347.	2,770,565.	296,299.	409,483.
7 8	Other salaries and wages Pension plan accruals and contributions (include	5,470,547.	2,110,303.	250,255.	405,405.
0	section 401(k) and 403(b) employer contributions)	98,223.	81,012.	9,522.	7 689
9	Other employee benefits	321,129.	269,633.	34,463.	7,689. 17,033. 31,234.
9 10	Payroll taxes	292,640.	220,539.	40,867.	31 234
11	Fees for services (nonemployees):	252,010.	220,335.	10,007.	51,254.
'' a					
b		9,697.		9,697.	
c	•	38,500.		38,500.	
d	· · · · · ·				
e		78,781.			78,781.
f	Investment management fees	17,538.		17,538.	
g					
3	column (A), amount, list line 11g expenses on Sch O.)	1,340,685.	1,277,042.	61,906.	1,737.
12	Advertising and promotion	201,382.	120.	201,262.	, -
13	Office expenses	20,740.	7,310.	12,575.	855.
14	Information technology	68,971.	1,122.	64,437.	3,412.
15	Royalties	11,000.	11,000.		
16	Occupancy	182,744.	113,136.	69,608.	
17	Travel	4,049.	2,739.	128.	1,182.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,790.	1,791.	2,288.	711.
20	Interest	7,564.		7,564.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	113,304.	81,949.	31,355.	
23	Insurance	27,838.	12,167.	15,671.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Production expenses	1,059,414.	1,035,913.	13,850.	9,651.
b	All other expenses	289,789.	113,359.	121,472.	54,958.
c	Printing & postage	137,566.	259.	113,656.	23,651.
d	Donor benefits & cultiv	53,835.	1,264.	920.	51,651.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,382,982.	6,174,130.	1,516,824.	692,028.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

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Check if Schedule O contains a response or note to any line in this Part X
Cash - non-interest-bearing
Savings and temporary cash investments
Pledges and grants receivable, net

		cucif field field bearing		······	=,,==	•	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2,642,230.	3	2,316,962.
	4	Accounts receivable, net			153,933.	4	1,159,184.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	_		Γ	89,374.	9	136,016.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,437,669.			
	ь	Less: accumulated depreciation		2,176,200.	291,073.	10c	261,469.
	11	Investments - publicly traded securities			1,916,942.	11	2,113,267.
	12	Investments - other securities. See Part IV, line 1			<u> </u>	12	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		4,864,515.	15	5,601,588.	
	16	Total assets. Add lines 1 through 15 (must equa	11,357,195.	16	12,930,094.		
	17	Accounts payable and accrued expenses			153,091.	17	60,456.
	18		155,051.	18	00,4501		
	19	Grants payable	734,197.	19	674,691.		
	20	Deferred revenue		151,157.	20	074,0511	
	20	Tax-exempt bond liabilities				20	
		Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
oilit		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes		Γ	149,000.	22	150,000.
_	23	Secured mortgages and notes payable to unrela			149,000.	23	130,000.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			0		114 710
		of Schedule D			0.	25	114,710.
	26				1,036,288.	26	999,857.
s		Organizations that follow FASB ASC 958, check	ck nere				
ances	0-	and complete lines 27, 28, 32, and 33.			1,025,902.	07	1 1/0 767
	27						1,149,767.
Β̈́	28	Net assets with donor restrictions			9,295,005.	28	10,780,470.
nn		Organizations that do not follow FASB ASC 95	58, che	ck here			
rΕ		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Ba	30	Paid-in or capital surplus, or land, building, or eq				30	
t A:	31	Retained earnings, endowment, accumulated inc	,		10 200 005	31	
Ne	32	Total net assets or fund balances			10,320,907.	32	11,930,237.
	33	Total liabilities and net assets/fund balances			11,357,195.	33	12,930,094.
							Form 990 (2022)

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(B) End of year

1,341,608.

(A) Beginning of year

1,399,128.

1

1

Form	1990 (2022) Dayton Performing Arts Alliance	31-	6000101	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,178		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,382		
3	Revenue less expenses. Subtract line 2 from line 1	3			17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,320		
5	Net unrealized gains (losses) on investments	5	273	3,08	88.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	54(),7:	25.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	11,930),2	<u>37.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Nam	me of the organization Employer identification number													
		Dayt	on Perform:	ing Arts All:	iance				1-6000101					
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.						
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)								
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(⁻	I)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
		section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
		section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust describe												
9		An agricultural research org	•			-		-	-					
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or					
40	X	university:	II											
10	<u> </u>	An organization that norma activities related to its exem												
		income and unrelated busir	• • •	•	. ,			••						
		See section 509(a)(2). (Con				ses acqui	red by the org	janization a	arter Julie 30, 1973.					
11		An organization organized a		vely to test for public sa	fetv See	section 50)9(a)(4)							
12		An organization organized a	-	•	•			rrv out the	purposes of one or					
		more publicly supported or	-	-	-			•						
		lines 12a through 12d that	-											
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving					
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting					
		organization. You must o	complete Part IV, Se	ctions A and B.										
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	/ing					
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.										
С		Type III functionally inte						ly integrate	ed with,					
		its supported organization		-										
d		Type III non-functionally						-						
		that is not functionally int			•		-	an attentiv	veness					
	_	requirement (see instructi	-	-										
е		Check this box if the orga					Type I, Type	п, туре п						
f	Ento	functionally integrated, or er the number of supported of		<i>y</i> o 11	0 0	ation.								
י מ		vide the following information	•	d organization(s)										
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)					
Tota														

Schedule	A (Form 990)) 2022
Part II	Suppor	t Sc

(Form 990) 2022 Dayton Performing Arts Alliance 31-6000 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support	-			_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	1	1			1	1
	ndar year (or 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 \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Pe	rcentage			1 1	
	Public support percentage for 2022 (I		•	•••		14	%
	Public support percentage from 2021						%
1 6a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	t VI how the organi	zation
	meets the facts-and-circumstances te	e e	•	,	•		
b	10% -facts-and-circumstances test		-				10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu				• • • •		······································
18	Private foundation. If the organization	n ala not check a	100X on line 13, 16	ba, 160, 17a, or 17	D, CHECK THIS BOX a		
						Schedule A	(Form 990) 2022

232022 12-09-22

Dayton Performing Arts Alliance Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5036862.	4787936.	4973350.	3477636.	6687154.	24962938.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	3622240.	2330622.	427,257.	1731219.	2458952.	10570290.
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	•						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0650100	7110550	F 4 0 0 C 0 7	F0000FF	0146106	2552222
	Total. Add lines 1 through 5	8659102.	7118558.	5400607.	5208855.	9146106.	35533228.
7a	Amounts included on lines 1, 2, and	100 000	100 540	1	111 801		
	3 received from disqualified persons	193,322.	188,743.	157,872.	111,781.	277,267.	928,985.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
c	Add lines 7a and 7b	193,322.	188,743.	157,872.	111,781.		928,985.
	Public support. (Subtract line 7c from line 6.)						34604243.
Sec	ction B. Total Support						-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	8659102.	7118558.	5400607.	5208855.	9146106.	35533228.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	47,905.	37,505.	32,871.	55,028.	65,775.	239,084.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	47,905.	37,505.	32,871.	55,028.	65,775.	239,084.
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital	139,448.	51,378.	175,933.	37,387.		404,146.
10	assets (Explain in Part VI.)	8846455.	7207441.	5609411.	5301270.	9211881	36176458.
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the check this box and stop here	0					
Sec	tion C. Computation of Publi	c Support Per					·····
	Public support percentage for 2022 (I		•	olumn (f))		15	95.65 %
	Public support percentage from 2021					16	91.85 %
	tion D. Computation of Inves						<u>)</u>
	Investment income percentage for 20			ne 13. column (f))		17	.66 %
	Investment income percentage from 2					18	.62 %
	33 1/3% support tests - 2022. If the			n line 14 and line			
198		-					X
Ŀ	more than 33 1/3%, check this box ar						
D	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	IT UIU HOL CHECK & I	JUX OF HINE 14, 198	a, of 190, check th	IS DOX AND SEE INS		
23202	3 12-09-22					Schedule A	A 1F ULLI SSULZUZZ

16

1

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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232024 12-09-22

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

Schedule A (Form 990) 2022

Sche	aule A	(Form 990) 2022 Daycon Ferrorming Arcs Arrance	21-00001	OT P	age 5
Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c k	pelow, the governing body of a supported organization?	11a	1	
b	A fan	nily member of a person described on line 11a above?	11b)	
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	110	;	
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
4		he accurring hady, members of the accurring hady, officers acting in their official capacity, or membership of	opo or		

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		

Sec	tion C. Type II Supporting Organizations		
		 Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		

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

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inside the second seco	struction	S).
---	-----------	-----

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization is	the parent of each	of its supported organizations.	Complete line 3 below.
---	--	---------------------	--------------------	---------------------------------	------------------------

С		The organization suppor	ted a governmental ent	ty. Describe in Part VI how	you supported a g	overnmental entity	(see instruction <u>s).</u>
---	--	-------------------------	------------------------	-----------------------------	-------------------	--------------------	-----------------------------

2 Activities Test. Answer lines 2a and 2b below.

supervised, or controlled the supporting organization.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

or management of the supporting organization was vested in the same persons that controlled or managed

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

3b Schedule A (Form 990) 2022

2a

2b

За

Yes No

2

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	edule A (Form 990) 2022 Dayton Performing Arts rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			31-6000101 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyi All other Type III non-functionally integrated supporting organizations mu		•	Part VI). See Instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_				

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

Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

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Part VI	Form 990) 2022 Supplemental Ir	formation p	ovide the evel	nations roquiror	s Alliance	Part II line 17a or	31-600010	
	Part IV, Section A, lir	P	ovide the expla	9h 9c 11a 11	and 11c. Part IV	Section B lines 1	and 2: Part IV, Sect	ion C
	line 1; Part IV, Section A, in	n D. lines 2 and 3	: Part IV. Sectio	on F. lines 1c. 2a	2b. 3a. and 3b: Part 1v,	art V. line 1: Part V	Section B. line 1e:	Part \
	Section D, lines 5, 6,	and 8; and Part V	, Section E, line	es 2, 5, and 6. A	so complete this pa	art for any addition	nal information.	i ait i
	(See instructions.)			, ,		,		
32028 12-09-2	2						Schedule A (Forr	n 990
				21				
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2022

Employer identification number

	Dayton Performing Arts Alliance	31-6000101
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2022)

Dayton Performing Arts Alliance

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 360,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 261,911. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 225,335. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 188,284. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 175,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 130,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Employer identification number

31-6000101

Schedule B (Form 990) (2022)

Name of organization

Part I

Dayton Performing Arts Alliance

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 8 X Person Payroll 98,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 91,681. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll 88,020. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 77,803. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 12 X Person Payroll 62,782. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

10250513 758989 DPA001

Employer identification number

31-6000101

Name of 0	ganzation		
Dayto	n Performing Arts Alliance		31-6000101
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$54,32	Person X Payroll I Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
14		\$51,19	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
<u> 15</u>		\$596,10	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
<u> 16 </u>		\$50,00	0. Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$48,00	(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

Name, address, and ZIP + 4

Name of organization

Employer identification number

(Complete Part II for noncash contributions.)

X

Schedule B (Form 990) (2022)

Type of contribution

Person Payroll

Noncash

25 2022.05090 DAYTON PERFORMING ARTS AL DPA001_1

40,312.

Total contributions

\$

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No.

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Schedule B (Form 990) (2022)

Name of organization

Dayton Performing Arts Alliance

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 19 X Person Payroll 40,005. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 20 X Person Payroll 40,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person Payroll 39,747. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 X Person Payroll 35,340. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 X Person Payroll 35,186. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 24 X Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Page **2**

Employer identification number

31-6000101

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26		\$27,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27		\$25,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
29		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name address and ZIP + 4	Total contributions	Type of contribution

No.

30

Dayton Performing Arts Alliance

Employer identification number

31-6000101

e of contribution X Person Payroll

Schedule B (Form 990) (2022)

Noncash

(Complete Part II for noncash contributions.)

25,000.

2022.05090 DAYTON PERFORMING ARTS AL DPA001_1

\$

27

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Part I

(a)

No.

Dayton Performing Arts Alliance

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

31 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 32 X Person Payroll 24,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 X Person Payroll 22,798. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 X Person Payroll 21,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 36 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 28 10250513 758989 DPA001

Page 2

Employer identification number

(d)

Type of contribution

31-6000101

(c)

Total contributions

ay co.		
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
37		\$20,00
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
38		\$19,57
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
39		\$19,55
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
40		\$18,55
(a)	(b)	(c)

Dayton Performing Arts Alliance

31-6000101

Person

Employer identification number

(d) Type of contribution

X

Payroll 000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution tions X Person Payroll 575. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution tions X Person Payroll 550. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution tions X Person Payroll 557. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 17,747. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 42 X Person Payroll 17,353. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

Schedule B (Form 990) (2022)

I

Schedule B (Form 990) (2022)

No.

(a)

No.

Schedule B (Form 990) (2022)

Name of organization

Dayton Performing Arts Alliance

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 43 X Person Payroll 17,131. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 44 X Person Payroll 16,347. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 45 X Person Payroll 15,326. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 46 X Person Payroll 15,042. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 47 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 48 X Person Payroll 12,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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10250513 758989 DPA001

Page 2

Employer identification number

31-6000101

Schedule B (Form 990) (2022)

Name of organization

Dayton Performing Arts Alliance

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 49 X Person Payroll 12,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 50 X Person Payroll 11,632. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 51 X Person Payroll 10,160. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 52 X Person Payroll 10,044. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 53 X Person Payroll 10,042. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 54 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

10250513 758989 DPA001

Employer identification number

Page 2

31-6000101

chedule E	3 (Form	990) ((2022)	

Name of organization

S

Part I

Dayton Performing Arts Alliance

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 55 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 56 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 57 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 58 X Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 59 X Person Payroll 9,540. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 60 X Person Payroll 7,822. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Employer identification number

31-6000101

223452 11-15-22

10250513 758989 DPA001

Name of organization

Part I

Dayton Performing Arts **A**11ianaa

(a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 61 Person Payroll 7,600. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 62 Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 63 Person Payroll 7,500. \$ (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 64

Noncash (Complete Part II for noncash contributions.) (d) Type of contribution X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 65 X Person Payroll 7,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 66 Person Payroll 7,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

FELTOTIUT	ING ALLS	AIIIance	
Contributors	(see instructi	ions). Use duplicate copies of Part I if additional space is needed.	

10250513 758989 DPA001

31-6000101

Employer identification number

(d)

(d)

(d)

X

X

X

Schedule B (Form 990) (2022)	
Name of organization	

10250513 758989 DPA001

Part I

(a)

Dayton Performing Arts Alliance

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 67 X Person Payroll 6,800. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 68 X Person Payroll 6,318. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 69 X Person Payroll 6,152. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 70 X Person Payroll Noncash 6,071. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 71 X Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 72 X Person Payroll 5,500. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 34

(d)

Page 2

Employer identification number

31-6000101

(c)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed
(a)	(b)	(0
No.	Name, address, and ZIP + 4	Total con
73		
		-

<u>73</u>		\$ <u>5,375.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$5,336.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$5,164.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$5,160.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 77 </u>		\$ <u>5,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>78</u> 		\$5,069.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
	35		

Name of organization

(d)

Type of contribution

31-6000101

(c)

Total contributions

Page 2

Schedule B (Form 990) (2022)

Dayton Performing Arts Alliance

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 79 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 80 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 81 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 82 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 83 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 84 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

31-6000101

223452 11-15-22

10250513 758989 DPA001

Name of organization

Dayton Performing Arts Alliance

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 85 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 86 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 87 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 88 X Person Payroll Noncash 5,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 89 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 90 X Person Payroll 1,008,354. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

Schedule B (Form 990) (2022)

10250513 758989 DPA001

Employer identification number

Page 2

31-6000101

Schedule B (Form 990) (2022) Name of organization

Dayton Performing Arts Alliance

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 91 Person Payroll 154,319. Noncash Х (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 92 X Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 93 X Person Payroll 7,490. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

10250513 758989 DPA001

Employer identification number

31-6000101

Name of o	rganization		Employ	yer identification number
Dayto	n Performing Arts Alliance		31	-6000101
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
13	Stock donation			
		\$32,8	38.	_04/18/23_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
0.1	stock contribution			
91_		\$154,3	19.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		

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223453 11-15-22

Schedule B (Form 990) (2022)

Page 3

Schedule B (Form 990) (2022)

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Schedule E	B (Form 990) (2022)				Page 4							
Name of or	rganization			Employer identification	ion number							
Davtor	n Performing Arts Allia	nce		31-6000103	1							
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described		7), (8), or (10) that total more than \$1,000								
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,00	e entry. For organ 0 or less for the yea	r. (Enter this info. once.)								
(a) No.	Use duplicate copies of Part III if additional	space is needed. I										
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held								
			_									
		(e) Transfer o	of gift									
	Transferee's name, address, a	nd ZIP + 4	Relat	onship of transferor to transferee								
				•								
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is I	neld							
Part I												
			_									
ŀ	(e) Transfer of gift											
			Deletionskin of two of even to two of our									
ŀ	Transferee's name, address, a		Relat	onship of transferor to transferee								
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is I								
Part I												
			-									
-		of gift										
-	Transferee's name, address, a	nd ZIP + 4	Relat	onship of transferor to transferee								
(a) No.												
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is h	neld							
			_									
			_									
-												
	(e) Transfer of gift											
	Transferee's name, address, a	nd ZIP + 4	Relat	onship of transferor to transferee								
		—										
223454 11-15	j-22			Schedule B (Fo	orm 990) (2022)							

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Department of the Treasury

Internal Revenue Service

(Form	990)
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Part I

ſ

Supplemental Financial Statements

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

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

OMB No. 1545-0047
2022
2022
Open to Public
Inspection

Employer identification number

31-6000101

Name of the organization

Dayton Performing Arts Alliance Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor a	dvised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the asse	ts held in donor advised f	unds
•	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?	,	, , ,	° — —
Par				
	Purpose(s) of conservation easements held by the organization			,
•	Preservation of land for public use (for example, recrea			istorically important land area
	Protection of natural habitat			ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation co	ntribution in the form of a	conservation essement on the last
2	day of the tax year.	lied conservation co		Held at the End of the Tax Year
•				
a h				
0	Number of conservation easements on a certified historic stri		······	
d	Number of conservation easements included in (c) acquired a	- · · ·		2d
3	historic structure listed in the National Register		or terminated by the ora	
3		eased, extinguished	, or terminated by the org	
	year	amont is located		
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			Yes No
6	violations, and enforcement of the conservation easements it		and onforcing concorr	
6	Staff and volunteer hours devoted to monitoring, inspecting,	nanuling of violation	is, and enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations or	d onforcing conconvation	assempts during the year
'	Amount of expenses incurred in monitoring, inspecting, hand	aning of violations, ar	id enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) abov	a satisfy the require	ments of section $170(h)(A)$	
U	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
5	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical	Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95			palance sheet works
	of art, historical treasures, or other similar assets held for put	<i>,</i>		
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			nce sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	···· · · · · · · · · · · · · · · · · ·			•
2	If the organization received or held works of art, historical tre			
-	the following amounts required to be reported under FASB A			n, provido
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022
	09-01-22			
202001	00-01-22	/1		

2022.05090 DAYTON PERFORMING ARTS AL DPA001_1

Sche	dule D (Form 990) 2022 Dayton	Performing	Arts Allia	ance		31-60	00101	L Pi	age 2				
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	contin	ued)					
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make s	significant	use of its							
	collection items (check all that apply):		•	Ū	•								
а	Public exhibition	d	Loan or exc	hange program									
b	Scholarly research	е		51 5									
c													
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.												
5													
•	to be sold to raise funds rather than to be ma		,	,			Yes		No				
Par	t IV Escrow and Custodial Arrang												
	reported an amount on Form 990, Par		to il tilo organizatio			5, i aitiv, i							
1a	Is the organization an agent, trustee, custodia		ary for contributions	s or other assets not	included								
ia			•				Yes		No				
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a												
D			owing table.				Amount						
-	Designing belongs				1		, arrourn						
	Additions during the year												
	Additions during the year												
e f	Distributions during the year				<u>ie</u> 1f								
20	Ending balance Did the organization include an amount on Fo				···		Yes		No				
	If "Yes," explain the arrangement in Part XIII.				• • • • • • •		_ 165	-					
Par						<u></u>							
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	vears	back				
10	Beginning of year balance	4,957,222.	5,475,520.	4,682,018.		108,434.		,787,					
		1,007,1111	166,786.			581,083.		,342,					
b	Contributions	280 556	,	,	1	-	<u> </u>						
C A	c Net investment earnings, gains, and losses 280,556551,920. 794,882. 27,161. 60,92												
a	Grants or scholarships												
е	Other expenditures for facilities	150 726	122 164	74 601		24 660		00 705					
	and programs	159,736.	133,164.	74,681.		34,660.		82,725.					
Ť	Administrative expenses	E 078 042	4 057 000	E 47E E 00			4	100	424				
g	End of year balance	5,078,042.	4,957,222.		4,0	582,018.	4,	108,	434.				
2	Provide the estimated percentage of the curr) held as:									
a	Board designated or quasi-endowment	1.0000	_%										
b	Permanent endowment 98.0000	%											
С		%											
_	The percentages on lines 2a, 2b, and 2c shou				_								
за	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	id administered for t	ne		ſ	Yes	Na				
	organization by:								No				
	(i) Unrelated organizations						3a(i)	X	v				
	(ii) Related organizations						3a(ii)		x				
b	If "Yes" on line 3a(ii), are the related organization						3b		Ĺ				
	t VI Land, Buildings, and Equipm		vment funds.										
Fai			Dart IV line 11a C	aa Farm 000 Dart V	line 10								
	Complete if the organization answered												
	Description of property	(a) Cost or ot	• •		Accumulat		(d) Bool	< value	е				
		basis (investm	ient) basis	(other) de	epreciatior								
	Land												
	Buildings				100 0								
	Leasehold improvements			7,941.	102,0			5,8					
d	Equipment				894,3		24	5,61	-				
	Other			9,787.	179,7	87.		<u> </u>	0.				
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part ≽	<u>K. column (B), line 10</u>	0c <u>.</u>)				1,40					
						Schedule	D (Form	ı 990)	2022				

(a) Desc			11b. See Form 990, Part X, line 12.	
	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Finar	ncial derivatives			
	ely held equity interests			
3) Othe	r			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Total (Co	I. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part V	III Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	(-)	(
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Co	l. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part I)	C Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	1
	• •	Description		(b) Book value
	Beneficial interest in fur			3,385,915
	<u>Beneficial interest in per</u>	rpetual trusts	5	2,100,963
(3) F	Right of use asset			111 010
	5			114,710
(4)	9			114,710
(5)	2			114,710
(5) (6)	2			114,710
(5) (6) (7)	2			114,710
(5) (6) (7) (8)				114,710
(5) (6) (7) (8) (9)				
(5) (6) (7) (8) (9) Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line	e 15.)		
(5) (6) (7) (8) (9)	olumn (b) must equal Form 990, Part X, col. (B) line			5,601,588
(5) (6) (7) (8) (9) Total. (C(Part X	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"			5,601,588
(5) (6) (7) (8) (9) Total. (Cr Part X 1.	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			5,601,588
(5) (6) (7) (8) (9) Total. (Ca Part X Part X	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes			5 , 601 , 588
(5) (6) (7) (8) (9) Total. (Ca Part X Part X (1) F (2) I	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			5 , 601 , 588
(5) (6) (7) (8) (9) Total. (Ca Part X Part X (1) F (2) I (3)	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes			5 , 601 , 588
(5) (6) (7) (8) (9) Total. (Ca Part X Part X (1) F (2) I (3) (4)	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes			5 , 601 , 588
(5) (6) (7) (8) (9) Total. (Ca Part X Part X (1) (1) (2) (1) (3) (4) (5)	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes			5 , 601 , 588 (b) Book value
(5) (7) (8) (9) Total. (Ca Part X Part X (1) (1) (2) (3) (4) (5) (6)	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes			5 , 601 , 588 (b) Book value
(5) (7) (8) (9) Total. (Ca Part X Part X (1) F (2) I (3) (4) (4) (5) (6) (7)	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes			5 , 601 , 588
(5) (7) (8) (9) Total. (Ca Part X Part X (1) F (2) I (3) (4) (5) (6) (7) (8)	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes			5 , 601 , 588 . 5. (b) Book value
(5) (7) (8) (9) Total. (Ca Part X Part X (1) F (2) I (3) (4) (5) (6) (7) (8) (9)	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	

Dayton Performing Arts Alliance

Schedule D (Form 990) 2022

31-6000101 Page 3

232053 09-01-22

10250513 758989 DPA001

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 Dayton Performing Arts All	iance		31-	6000101	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	turn.		U		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	10,171,	376.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	273,088.			
b	Donated services and use of facilities	2b	196,602.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	540,725.			
е	Add lines 2a through 2d			2e	1,010,	415.
3	Subtract line 2e from line 1			3	9,160,	961.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	17,538.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		538.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5	9,178,	499.	
Ра	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	etur	n.	
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements			tetur	n. 8,562,	046.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:					046.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements					046.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a				046.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b				046.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			8,562,	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	196,602.		<u>8,562,</u> 196,	602.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	196,602.	1	8,562,	602.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	196,602.	1 2e	<u>8,562,</u> 196,	602.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	196,602.	1 2e	<u>8,562,</u> 196,	602.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	196,602.	1 2e	8,562, 196, 8,365,	<u>602.</u> 444.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	196,602. 17,538.	1 2e 3 4c	<u>8,562,</u> <u>196,</u> 8,365, 17,	<u>602.</u> 444. 538.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	196,602. 17,538.	1 2e 3	8,562, 196, 8,365,	<u>602.</u> 444. 538.

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

Part V, line 4:

	The	endowment	funds	consist	of	funds	unrestricted	for	general	operation
--	-----	-----------	-------	---------	----	-------	--------------	-----	---------	-----------

as well as fund temporary or permanently restricted according to donor

stated purpose.

Part X, Line 2:

The Alliance is exempt from federal income taxes under Section 501(c)(3)

of the Internal Revenue Code and a similar provision of Ohio law. However,

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the Alliance is subject to federal income tax on any unrelated business

taxable income.

1	The	Alliance	ៜ	tax	returns	are	subj	ect	to	review	and	exami	natior	ı b	УY

Schedule D (Form 990) 2022 Dayton Performing Arts Alliance Part XIII Supplemental Information (continued)	31-6000101 F	Page 5
federal, state and local authorities. The Alliance believe	s they have	
appropriate support for tax positions taken, and therefore,	do not have	
any uncertain income tax positions that are material to the	financial	
statements.		
Part XI, Line 2d - Other Adjustments:		
Change in beneficial trust	540,72	25.
·······g· ·························		
	Sabadula D (Faura 00)	0) 2022
232055 00.01.22	Schedule D (Form 990	0) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ental Information Regarding	g Func	Iraisi	ing or Gaming A	ctivi	ties	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" o organization entered more than \$				r 19, c	or if the	2022		
Department of the Treasury		Attach to Form 990						Open to Public		
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instr	uctions	and t	ne latest information	-	Employer i	Inspection er identification number		
Name of the organization		Performing Arts A	11ia:	nce			31-600			
Part I Fundrais		Complete if the organization answ			Form 990 Part IV I					
	complete this par			03 01	11 onn 330, 1 ar 10, 1		. 1 0111 000 1			
 Indicate whether th X Mail solicitat X Internet and X Phone solici X Phone solici X In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, P I highest paid indi	sed funds through any of the follow e X Solici f X Solici g Speci or oral agreement with any individu art VII) or entity in connection with viduals or entities (fundraisers) pure	tation of tation of al fundra al (incluo professi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		XY			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fund have c or cor contrib	ntrol of	(iv) Gross receipts from activity	tò (oi fi	Amount paid retained by undraiser ed in col. (i)			
Veritus Group, LLC	- 1105		Yes	No						
Washington Blvd,, H		Coaching		x	0.		13,800	-13,800.		
Community Counselin	ng Service									
LLC - 527 Madison A	Ave, New	Coaching		x	0.		64,981	-64,981.		
Total							78,781	-78,781.		
Constant and the states in white or licensing.	ich the organizatio	on is registered or licensed to solici	t contrib	utions	or has been notified	it is e	xempt from	registration		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. See Part IV for continuations Schedule G (Form 990) 2022

232081 10-27-22

 Schedule G (Form 990) 2022
 Dayton Performing Arts Alliance
 31-6000101
 Page

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	(a) Event #1	EZ, lines 1 and 6b. List e	(c) Other events	s greater than \$5,000.
						(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anue						
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
(0	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
Ō		Entortoinmont				
	8	Entertainment Other direct expenses				
	10		9 in column (d)			
D		Net income summary. Subtract line 10 from li				
Pa	nrt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
enue		••••	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	4	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			, , , , , , , , , , , , , , , , , , , ,			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
Ľ	• •	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
2220	20 10)-27-22			Scho	dule G (Form 990) 2022
_020					Gene	

Schedule G (Form 990) 2022 Dayton Performing Arts Alliance 31	-6000101 Pag	je 3
11 Does the organization conduct gaming activities with nonmembers?		No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes 🗌	No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III lines 0 0b 10	h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		<u> </u>
Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraises	rs:	
(i) Name of Fundraiser: Veritus Group, LLC		
	571	
(i) Address of Fundraiser: 1105 Washington Blvd,, Belpre, OH 4	5/14	
(i) Name of Fundraiser: Community Counseling Service LLC		
(i) Address of Fundraiser: 527 Madison Ave, New York, NY 10022		
232083 10-27-22 Sch	edule G (Form 990) 2	2022

Schedule C	
Dart IV	Suppla

Failly		(continued)		
				Schedule G (Form 990)
232084 04-01	-22			

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SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	20	
-	-	Compensated Employees		20	22	-
Dene	terrant of the Treesure	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio	1	Employer	identificatio	on nui	mber
		Dayton Performing Arts Alliance	31-	<u>600010</u>	1	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnifie	ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
_				<u>1b</u>		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO/Fuendation but available in Part III.	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	X Form 990 of o	compensation consultant Compensation survey or study ther organizations X	ommittoo			
		ther organizations [A] Approval by the board or compensation c	ommittee			
л	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-			4a		x
b		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?				X
		eive payment from an equity-based compensation arrangement?				x
Ŭ		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
in the to any or miles the persons and provide the applicable amounts for each item in Fart III.						
	Only section 501(d)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	•			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)) 2022

232111 10-18-22

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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(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 that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Patrick Nugent	(i)	200,258.	0.	0.	0.	0.	200,258.	0.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Neal Gittleman	(i)	167,057.	0.	0.	0.	5,721.	172,778.	0.
Artistic Director & Conductor - DPO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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.

Schedule J (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Inspection

ſ ΖU **Open to Public**

Employer identification number

22

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

Department of the Treasury Internal Revenue Service

Name of the organization

 		,	
Attach to	Form 990.		

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

Dayton Performing Arts Alliance

Dayton Performing Arts Alliance 31-60001						101		
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	5	238,451.	Selling Pri	.ce		
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 \ldots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organia						0	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive b	•						
	must hold for at least 3 years from the date of							v
	exempt purposes for the entire holding period'	?				30a		X
b	If "Yes," describe the arrangement in Part II.			f and a second second second floor			v	
31	Does the organization have a gift acceptance p	•	-	-	ions?	31	X	
32a	Does the organization hire or use third parties		•				v	
	contributions?					32a	X	
	If "Yes," describe in Part II.			An and the set of the set	Les el			
33	If the organization didn't report an amount in c	ioiumn (c) foi	r a type of property	r for which column (a) is chec	cked,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization 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.

Schedule M, Line 32b:

Part 1, Line 32B: The organization uses a bank to process and sell

noncash contributions.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	·EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization	Dayton Performing Arts Alliance		identification number)00101
Form 990, Pa	rt I, Line 1, Description of Organization Miss	ion:	
<u>Philharmonic</u>	. We remain the only organization in the natio	on to i	include
all three ar	t forms. Our fundamental conviction is that the	he arts	s are
for everyone	• Our driving purpose is to inspire people of	<u>all aç</u>	ges and
backgrounds	to fall in love with the performing arts.		
Form 990, Pa	rt III, Line 1, Description of Organization Mis	ssion:	
purpose is to	o inspire people of all ages and backgrounds to	<u>o fall</u>	in
love with the	e performing arts.		
Form 990, Pa	rt III, Line 4a, Program Service Accomplishment	ts:	
style, and in	nfectious enthusiasm for music. He shares in t	the DPA	AA's
goal to be th	ne indispensable source for traditional, divers	se and	
<u>innovative</u> es	xperiences in ballet, opera and orchestral must	ic. Th	le
Dayton Philha	armonic proudly presents a wide variety of gen	res	
throughout ea	ach season, including masterworks, superpops, i	rockin	
orchestra and	d family programs totaling 40-60 stunning perfo	ormance	es each
season.			
Form 990, Pa:	rt III, Line 4b, Program Service Accomplishment	ts:	
Ballet.			
Form 990, Pa:	rt III, Line 4c, Program Service Accomplishment	ts:	
young audiend	ces to the Dayton Opera's own, brand-new produc	ction o	of Das
Rheingold, an	nd the opera saw its most diverse audience even	r with	a
production of	f Charlie Parker's Yardbird. Davton Opera has	nrover	`

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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 10-28-22

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itself as a world-class opera company, attracting richly talented

singers and stage directors from across the country and around the

world.

Form 990, Part III, Line 4d, Other Program Services:

Learning and Community Engagement - Programs in education help build the audiences of the future. DPAA'S programs include two distinguished pre-professional programs: The second-oldest youth orchestra in the United States, The Dayton Philharmonic Youth Orchestra, founded in 1938, and the second-oldest Ballet School in the United States, The Dayton Ballet School, founded in 1927, which includes the pre-professional performance ensemble Dayton Ballet II. A wide range of concert experiences for children and youth immerse them in the joys of Ballet, Opera and Orchestra performance in the concert hall, and traveling programs bring the arts into classrooms and schools across fourteen countries. The Q The Music Program in Dayton Public Schools provides intensive, daily, after-school string and wind ensemble instruction to elementary- and middle-school students that serve low-income neighborhoods and provide a clear and solid path to high school success and college admission.

Expenses \$ 879,659. including grants of \$ 0. Revenue \$ 374,225.

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

The 990 is reviewed by the Finance and Audit Committee and the Executive

Committee. The 990 is also distributed to all members of the Board of

Trustees for review prior to filing.

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

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization Dayton Performing Arts Alliance	Employer identification number 31-6000101
Each fiscal year the trustees are given a copy of the conf	lict of interest
policy and asked to complete a conflict of interest questi	onnaire. The
conflict of interest questionnaires are reviewed by the Ch	ief Financial
Officer. Trustees refrain from voting on any issue where	they have
identified a conflict.	

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

Committee of three board officers present a plan of compensation for the President/CEO to the Executive Committee for approval. The President/CEO in consultation with the Executive Committee sets the salaries of the Music Director and Artistic Directors. The President/CEO determines the salaries of the Chief Financial Officer and other key employees and staff salaries.

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

The Alliance makes its Governing Documents, Conflict of Interest Policy,

and Financial Statement available to the public upon request for the same

period as the Form 990 must be made available under Section 6104.

Form 990, Part IX, Line 11g, Other Fees:

Other professional fees:	
Program service expenses	1,277,042.
Management and general expenses	61,906.
Fundraising expenses	1,737.
Total expenses	1,340,685.
Total Other Fees on Form 990, Part IX, line 11g, Col A	1,340,685.

Form 990, Part XI, line 9,	Changes in Net Assets:
Change in value in benefici	al interest - held at Dayton
232212 10-28-22	Schedule O (Form 990) 2022
	57
250513 758989 DPA001	2022.05090 DAYTON PERFORMING ARTS AL DPA001

Schedule O (Form 990) 2022 Name of the organization Dayton Performing Arts Alliance	Page Employer identification numbe 31-6000101
Foundation	320,576.
Change in value in beneficial interest in perpetual trusts	220,149.
Total to Form 990, Part XI, Line 9	540,725.
Form 990, Part XII, Line 2c:	
The organization has not changed its oversight process or	selection
process related to the review of the financial statements.	
	Schedule O (Form 990) 202

SCHEDULE R	
(Form 990)	

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Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

31-6000101

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

Name of the organization

Dayton Performing Arts Alliance

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
Dayton Ballet Foundation - 31-1041034							
140 N. Main Street							
Dayton, OH 45402	Support for the ballet	Ohio	501(c)(3)	170(B)(1)(A)			Х
	_						
	-						
	-						

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

Schedule R (Form 990) 2022

31-6000101 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	((k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	{											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	ty Share of total share of end-of-year assets		(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?																
		country)		5. 1. 000				Yes	No																
								'																	

Schedule R (Form 990) 2022 Dayton Performing Arts Alliance

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
<u>(3)</u>				
<u>(4)</u>				
(5)				
(6)				

Schedule R (Form 990) 2022 Dayton Performing Arts Alliance

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners so 501(c)(3 orgs.? Yes No	(g) Share of end-of-year assets	(h Dispro tion allocati Yes) ate ons? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes No	(k) Percentage ownership

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

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Tax Returns from Barnes Dennig

Final Audit Report

May 13, 2024

Created:	May 13, 2024
By:	Barnes, Dennig & Co., Ltd.(jgeers@barnesdennig.com)
Status:	ESigned
Transaction ID:	MLGVHY5E73TMNE5MX62MNGHQAW
Documents:	DAYTON PERFORMING ARTS ALLIANCE 2022 FORM 990 CLIENT COPY.pdf
	DAYTON PERFORMING ARTS ALLIANCE 2022 FORM 990 PUBLIC DISCLOSURE.pdf

"Tax Returns from Barnes Dennig" History

- Document emailed to (phume@barnesdennig.com) for signature 5/13/2024 16:16:12 PM Eastern Daylight Time
- Document viewed by (phume@barnesdennig.com)
 5/13/2024 16:19:00 PM Eastern Daylight Time IP address: 216.196.129.5
- Document e-signed by (phume@barnesdennig.com) Signature Date: 5/13/2024 16:19:20 PM Eastern Daylight Time - IP address: 216.196.129.5
- Document emailed to (pnugent@daytonperformingarts.org) for signature 5/13/2024 16:19:20 PM Eastern Daylight Time
- Document viewed by (pnugent@daytonperformingarts.org)
 5/13/2024 16:57:17 PM Eastern Daylight Time IP address: 66.117.201.185
- Document e-signed by (pnugent@daytonperformingarts.org) Signature Date: 5/13/2024 16:57:48 PM Eastern Daylight Time - IP address: 66.117.201.185
- Document Signed 5/13/2024 16:57:48 PM Eastern Daylight Time