EXTENDED TO MAY 16, 2022

Form **990**

Check if

Address change

Name change

Initial return

Final return

Amende return

Applica-tion pending

Activities & Governance

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2021 A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, D Employer identification number C Name of organization DAYTON PERFORMING ARTS ALLIANCE 31-6000101 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 126 N. MAIN STREET 210 937-2243521 6,325,936. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 45402 DAYTON, OH H(a) Is this a group return F Name and address of principal officer: TERI WARWICK Yes X No for subordinates? 126 N. MAIN ST, SUITE 210, DAYTON, 45402 H(b) Are all subordinates included? Yes No 1 Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) ____ 4947(a)(1) or __ 527 If "No," attach a list. See instructions J Website: WWW.DAYTONPERFORMINGARTS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1933 M State of legal domicile: OH Part I Summary Briefly describe the organization's mission or most significant activities: TO TRANSFORM LIVES THROUGH THE TO BE OUR COMMUNITY'S INDISPENSABLE POWER OF MUSIC AND DANCE. 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 37 Number of voting members of the governing body (Part VI, line 1a) 37 Number of independent voting members of the governing body (Part VI, line 1b) 4 248 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 200 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 5,473,350. 5,613,236. Contributions and grants (Part VIII, line 1h) 2,330,622. 427,257. Program service revenue (Part VIII, line 2g) 54,265. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 33,703. -6,965. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 175,933. 7,970,596 6,130,805. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

		Total Total Total and throod the bage TT (made oqual tare This bold the bag)		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S)	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,514,361.	3,202,269.
ğ	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Exper	b	Total fundraising expenses (Part IX, column (D), line 25) 395,625.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,190,973.	1,846,780.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,705,334.	5,049,049.
	19	Revenue less expenses. Subtract line 18 from line 12	265,262.	1,081,756.
Ces			Beginning of Current Year	End of Year
sets	20 21 22	Total assets (Part X, line 16)	9,470,121.	10,536,333.
t As	21	Total liabilities (Part X, line 26)	1,866,748.	293,162.
		Net assets or fund balances. Subtract line 21 from line 20	7,603,373.	10,243,171.
Pá	nt II	Signature Block		
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than office) is based on all information of which preparer has any knowledge. Signature of officer Sign TERI WARWICK, Here Type or print name and title Date Print/Type preparer's name Preparer's signature MARY T. COLEGATE CPA01/21/22 self-employed Paid MARY T. COLEGATE CPA P00197566 Firm's name BRADY, WARE & SCHOENFELD, Preparer Firm's EIN **→** 35-1476702 Firm's address 3601 RIGBY ROAD SUITE 400 Use Only Phone no. (937) 223-5247 DAYTON, OH 45342 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

Form **8868** (Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	is form, visit www.irs.gov/e-file-providers/e-file-for-charit			a orallo o	410 0.004, 0.110		
Automa	tic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).				
All corpora	ations required to file an income tax return other than Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	os, REMIC	Ss, and trusts		
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	ridentification nu	mber (TIN)	
DAYTON PERFORMING ARTS ALLIANCE 31-6000							
File by the due date for filing your eturn. See	Number, street, and room or suite no. If a P.O. box, so 126 N. MAIN STREET, NO. 210)					
nstructions.	City, town or post office, state, and ZIP code. For a for DAYTON , OH 45402	oreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1	
Application	on	Return	Application			Return	
ls For		Code	ls For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-	BL	02	Form 1041-A			- 08	
Form 4720	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990-	PF	04	Form 5227			10	
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-	T (trust other than above)	06	Form 8870			12	
Teleph	oks are in the care of 126 N. MAIN STR one No. 937-224-3521 rganization does not have an office or place of business of or a Group Return, enter the organization's four digit of the group, check this box	s in the Ur Group Exe	Fax No. inted States, check this box interpretion Number (GEN)	If this is fo	r the whole group		
the ▶[▶	quest an automatic 6-month extension of time until	anization'	s return for:		npt organization r ·	eturn for	
	is application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	or 6069,	enter the tentative tax, less	3a	 \$	0.	
	is application is for Forms 990-PF, 990-T, 4720, or 6069	. enter an	v refundable credits and		-		
	mated tax payments made. Include any prior year overp			3b	l	0.	
	ance due. Subtract line 3b from line 3a. Include your pa			 	<u> </u>		
	g EFTPS (Electronic Federal Tax Payment System). See			3с	l _{\$}	0.	
	f you are going to make an electronic funds withdrawal						
	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868	(Rev. 1-2020)	

023841 04-01-20

	990 (2020) DAYTON PERFORMING ARTS ALLIANCE 31-6000101 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO TRANSFORM LIVES THROUGH THE POWER OF MUSIC AND DANCE. TO BE OUR
	COMMUNITY'S INDISPENSABLE SOURCE FOR TRADITIONAL, DIVERSE AND INNOVATIVE EXPERIENCES IN BALLET, OPERA, AND ORCHESTRAL MUSIC.
	INNOVATIVE EXPERIENCES IN BALLET, OFERA, AND ORCHESTRAL MOSIC:
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,954,078 · including grants of \$) (Revenue \$ 137,072 ·
	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 83 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 PHILARMONIC ORCHESTRA IS ONE OF 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 LISENER'S IMAGINATION WITH HIS
	UNIQUE PROGRAMMING, IN-DEPTH COMMENTS, EASY-GOING STYLE, AND INFECTIOUS
4b.	(Code:) (Expenses \$ 661,345. including grants of \$) (Revenue \$ 53,046.
	DAYTON BALLET - THE SECOND 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 BALLET
	PROUDLY PRESENTED ITS 83RD SEASON OF PERFORMANCES WITH THE 2020-2021
	SEASON. DAYTON BALLET IS KNOWN NATIONALLY AS "THE COMPANY OF
	PREMIERS", BEING ONE OF THE TOP THREE DANCE COMPANIES IN THE NATION THAT PRODUCES AND PRESENTS NEW WORK, AS WELL AS THE ONLY DANCE COMPANY
	TO ESTABLISH A FUND DESIGNATED SPECIFICALLY TO CREATE NEW FULL-LENGTH
	21ST CENTURY BALLETS. UNDER THE LEADERSHIP OF ARTISTIC DIRECTOR KAREN
	RUSSO BURKE, DAYTON BALLET HOSTS A SEASON OF FOUR TO FIVE PERFORMANCES
	THAT INCLUDES FAMILIAR TRADITIONAL STORY BALLETS, SUCH AS CINDERELLA,
40	(Code:) (Expenses \$ 596,953 · including grants of \$) (Revenue \$ 44,082 ·
70	DAYTON OPERA - FROM THE FIRST MEETINGS OF ITS FOUNDERS IN THE FALL OF
	1960, DAYTON OPERA HAS ENRICHED THE CULTURAL LIFE OF THE MIAMI VALLEY.
	DAYTON OPERA'S NEARLY 60-YEAR HISTORY BEGAN WHEN DAYTON OPERA PERFORMED
	ITS FIRST SEASON IN 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 PREVIOUS
	LEADERSHIP OF ARTISTIC DIRECTOR THOMAS BANKSTON AND INCOMING ARTISTIC
	DIRECTOR KATHLEEN CLAWSON, DAYTON OPERA PRESENTS FOUR TO FIVE
	PRODUCTIONS EACH SEASON, FROM ENGAGING OPERAS FROM THE CLASSIC
	PEDERTOTRE SUCH AS THE BARBER OF SEVILLE AND MADAME BUTTERFLY. TO

4d Other program services (Describe on Schedule O.)

368,990.)

556,703 • including grants of \$

yearses ► 3,769,079 • Total program service expenses

Form 990 (2020)

GROUNDBREAKING NEW WORKS, SUCH AS THE CONSUL AND DEAD MAN WALKING,

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			₩.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			177
	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	4.5		Х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	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,			<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	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	04		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1 47

	Cita Officialist of Frequency Continuous		Yes	NI-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No X
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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		l	i
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			٠.,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		1 37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	(2000 to be 1/2	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	 	<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 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	X	<u> </u>
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	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٦,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	╁≏
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule 0	38	X	<u> </u>
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ļ
		Digital was	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable)		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
		Forn	n 990	(2020

Form	990 (2020) DAYTON PERFORMING ARTS ALLIANCE 31-6000	101	P	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 248			E
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> X</u>
þ	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		x
	to file Form 8282?	7c		Δ
đ	If "Yes," indicate the number of Forms 8282 filed during the year			X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
_	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
40 40	Section 501(c)(7) organizations. Enter:			
10	Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.		0.00	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		[
-	excess parachute payment(s) during the year?	15		X
	If "Yes," see 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	3 00,000,000,000	X
_	If "Yes," complete Form 4720, Schedule O.			
		Forn	n 990	(2020)

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Form 990 (2020) DAYTON PERFORMING ARTS ALLIANCE 31-6000101 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sac	tion A. Governing Body and Management			1000000
Sec	Holl A. Governing Body and management		Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year			
Id	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
L	Enter the number of voting members included on line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		X
_	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, trustees, or key employees to a management company or other person?	з		Х
_	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6		Х
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		Х
	more members of the governing body?	10		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8		8a	X	
а	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	00	**	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	1 9		1 43
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Voc	Na
		10a	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	IVA		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		1
	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	118		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b		12b	7.7	├
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
	in Schedule O how this was done	12c	X	├
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	-22	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Х	
	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization	15b	4	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			X
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	-01		
	exempt status with respect to such arrangements?	16b	<u> </u>	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OH	71- '	A	1-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(s)s only	/) ava	iable
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TERI WARWICK - 937-224-3521			
	126 N. MAIN STREET, SUITE 210, DAYTON, OH 45402			(2020

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

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

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither the organization	on nor any related	orga	ıniza			nper	nsat			
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do not c		Position not check more than one , unless person is both an				Reportable	Reportable	Estimated
	hours per	box,	, unle: cer an	ss pei d a di	rson i irecto	is bot or/trus	n an tee)	compensation from	compensation from related	amount of other
	week (list anv	-						the	organizations	compensation
	hours for	direc				2		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensati		(W-2/1099-MISC)		organization
	organizations	l trus	nal tr		loyee	E D				and related
	below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NEAL GITTLEMAN	40.00									4 - 000
MUSIC DIRECTOR & ARTISTIC					X			154,926.	0.	15,889.
(2) TERI WARWICK	40.00									- 000
CHIEF FINANCIAL OFFICER				Х		<u> </u>		124,815.	0.	5,030.
(3) PATRICIA MCDONALD	40.00									204
INTERIM PRESIDENT & CEO				Х				65,500.	0.	204.
(4) VERNON FERNANDES	5.00								_	
CHAIR		X		X		$ldsymbol{f eta}$		0.	0.	0.
(5) ED TOMME	5.00			l				_		
VICE CHAIR		X		X		Ц.	<u> </u>	0.	0.	0.
(6) JOHN BERAN	5.00						ļ	l ,		,
CHAIR EMERITUS		X	ļ	X	<u> </u>	<u> </u>		0.	0.	0.
(7) JOE ZEHENNY	5.00	l		١					۱ ,	_
TREASURER		X	<u> </u>	X	L	ـــ		0.	0.	0.
(8) JOE GRUENBERG	1.00	١.,		,,		l		_	0.	0.
ASSISTANT TREASURER	4 00	X	ļ	X	L	 		0.	U •	V •
(9) SUZI MIKUTIS	1.00	۱.,	İ	١,,				٥.	0.	0.
SECRETARY	1 00	X	L	X	 	ــ		U •	U .	0.
(10) WRAY BLATTNER	1.00	١.,	ļ	177				o.	٥.	0.
ASSISTANT SECRETARY	1 00	X	<u> </u>	X	_		<u> </u>	U •		0.
(11) RON ANDERSON	1.00	x						0.	0.	0.
TRUSTEE	1.00	┢	-	┝	-	┼		V •	<u>.</u>	<u> </u>
(12) VICKI BRAUN	1.00	$ _{\mathbf{x}}$					1	0.	l o.	0.
TRUSTEE	1.00		ļ	├	\vdash	╁	-	•		<u> </u>
(13) THOMAS BURKHERDT	1.00	x						0.	0.	0.
TRUSTEE	1.00	╇	-	╁	├	╫	\vdash	V .		
(14) KAYLEIGH PRATT-CLARK	1.00	x						0.	0.	0.
TRUSTEE (15) DAVID CRUSEY	1.00	╬	\vdash	┢	 -	╁──	\vdash	Y •		
TRUSTEE	1.00	$ _{\mathbf{x}} $						0.	0.	0.
(16) DAN DAVIS	1.00	+==	+-	\vdash	\vdash	+-	\vdash			
TRUSTEE	2.00	$ \mathbf{x} $	1					0.	0.	0.
(17) LARRY FORMAN	1.00	ᢡ	T		t	\dagger	T			
TRUSTEE		x	1		1			0.	0.	0.
			1	_	_		1		<u> </u>	Eorm 990 (2020)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	anı	d Hi	ghe	st C	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	, da	not ch	Pos	ition	thon	ana	Reportable	Reportable	Estimated
	hours per	box	, unles	s pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	er an	dad	lirecto	or/trus	itee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir				ated		organization	(W-2/1099-MISC)	from the
	related	stee (ruste			Suad		(W-2/1099-MISC)		organization
	organizations below	al tru	onalt		Hoye	E S				and related
	line)	Individual trustee or director	institutional trustee	fficer	Key employee	Highest compensated employee	ormer			organizations
(18) RACHEL GOODSPEED	1.00	=	=	<u> </u>	3	I	Œ.			
TRUSTEE		Х				1		0.	0.	0.
(19) DEBORAH GROSS	1.00					1				
TRUSTEE		х			1			0.	0.	0.
(20) DENISE HALE	1.00					1				
TRUSTEE		Х						0.	0.	0.
(21) MARGARETE JENNINGS	1.00		П							
TRUSTEE		Х						0.	0.	0.
(22) DAN KENNEDY	1.00		П			·				
TRUSTEE		Х	LI					0.	0.	0.
(23) DEBBIE LIEBERMAN	1.00								_	_
TRUSTEE		Х			<u> </u>			0.	0.	0.
(24) JEAN LOVE	1.00	l							_	
TRUSTEE	4 00	Х				$oxed{\bot}$	 	0.	0.	0.
(25) MIKE MARTIN	1.00	١.,							_	,
TRUSTEE	1 00	X			├	-	├	0.	0.	0.
(26) STEPHEN MCHUGH	1.00	x						0.	0.	0.
TRUSTEE	<u> </u>			<u> </u>	<u></u>	<u> </u>	L	345,241.	0.	21,123.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part V								345,241.	0.	21,123.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n							hor			
	ot mateu to ti	1056	usie	:u a	IJĠν	e) w	1101	eceived more man who	3,000 of reportable	2
compensation from the organization	<u></u>									Yes No
3 Did the organization list any former officer,	director, trust	ee. l	cev e	emp	love	e. o	r hic	nhest compensated emi	olovee on	
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$15	•		-							4 X
5 Did any person listed on line 1a receive or										
rendered to the organization? If "Yes," com										5 X
Section B. Independent Contractors										
Complete this table for your five highest co	mpensated in	dep	ende	nt c	cont	racte	ors 1	that received more than	\$100,000 of compens	ation from
the organization. Report compensation for	the calendar y	ear	endi	ng v	with	or w	/ithi	n the organization's tax	year.	
(A)								(B)		(C)
Name and business	address							Description of s		Compensation
IATSE LOCAL #66							1	STAGEHANDS U	NION	150 600
PO BOX 75, DAYTON, OH 45	401							LABOR		153,682.

2 Total number of independent contractors (i	neludina but r	ot li	mita	d to	the	see li	ieto	d above) who received r	nore than	

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\$100,000 of compensation from the organization ▶ 1
SEE PART VII, SECTION A CONTINUATION SHEETS

	PERFORMI								31-600	<u> </u>
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee			ligh	est	Compensated Employ		
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours	Position (check all the						Reportable compensation	Reportable compensation from related	Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) BARBARA O'HARE FRUSTEE	1.00	х						0.	0.	0
(28) TODD PRESS FRUSTEE	1.00	x						0.	0.	0
(29) JIM RATTI TRUSTEE	1.00	x						0.	0.	0
(30) BURT SAIDEL	1.00	X						0.	0.	0
TRUSTEE (31) MATT SCARR	1.00	X	_					0.	0.	0
PRUSTEE (32) WILLIAM SIBBING	1.00	T								
PRUSTEE (33) MELISSA SOIN	1.00	X			<u> </u>			0.	0.	0
PRUSTEE (34) CARLEEN SUTTMAN	1.00	X			L			0.	0.	0
TRUSTEE (35) RICK THIE	1.00	Х						0.	0.	0
TRUSTEE (36) KATIE WAHL	1.00	X						0.	0.	0
TRUSTEE		х						0.	0.	0
(37) CAROL WARNER PRUSTEE	1.00	x						0.	0.	0
(38) PENNY WOLFF PRUSTEE	1.00	x						0.	0.	0
(39) MARCIA WOOD TRUSTEE	1.00	х						0.	0.	C
(40) KAREN WRIGHT TRUSTEE	1.00	x						0.	0.	0
		 				1				
		<u> </u>								
		†		T						
		_				<u> </u>				
140000000000000000000000000000000000000				1	Ц.	<u></u>	<u> </u>			

Fa	8.99	111		or note to any lin	o in this Dort VIII			
			Check if Schedule O contains a response of	or note to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	All other contributions, gifts, grants, and		5,473,350.			
	2		PERFORMNCE TICKT SALES	Business Code 711130	217,123.	217,123.		
Program Service Revenue			OTHER PERFORMANCE REV.	711130 711130	193,057. 17,077.	193,057. 17,077.		
rograi Re		d e						
<u>.</u>			All other program service revenue Total. Add lines 2a-2f		427,257.			
	3	3	Investment income (including dividends, intere other similar amounts)	st, and	32,871.			32,871.
	4 5		Income from investment of tax-exempt bond p Royalties					
	6		Gross rents (i) Real 6a Less: rental expenses 6b	(ii) Personal				
		c Rental income or (loss) 6c d Net rental income or (loss)						
	7	а	Gross amount from sales of assets other than inventory Less: cost or other basis (i) Securities 7a 207,143.	(ii) Other				
Other Revenue		С	and sales expenses 75 185,749. Gain or (loss) 7c 21,394. Net gain or (loss)	.	21,394.			21,394.
Other F		а	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
		С	Less: direct expenses 8b Net income or (loss) from fundraising events Gross income from gaming activities. See					
		b	Part IV, line 19 9a Less: direct expenses 9b Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b	9,382.				
			Net income or (loss) from sales of inventory)	-9,382.	-9,382.		
SI			DEDARE DEG	Business Code	184,252.	104 252		
Miscellaneous Revenue	11		REBATE - BWC RENTAL SETS & COSTUMES	713990 713990	1,063.	184,252. 1,063.		
Rev		c	All other revenue	713990				
Σ			All other revenue Total. Add lines 11a-11d		185,315.			
	12		Total revenue. See instructions	>	6,130,805.	603,190.	0.	
03200	9 12.	-23-	.20					Form 990 (2020)

Form 990 (2020) DAYTON PERFORMING ARTS ALLIANCE Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX	,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	201 100	161 572	200 524	
	trustees, and key employees	371,107.	161,573.	209,534.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 000 405	1 50 000	<u> </u>	242 750
7	Other salaries and wages	2,228,485.	1,768,296.	217,431.	242,758.
8	Pension plan accruals and contributions (include	45 500	45 500		
	section 401(k) and 403(b) employer contributions)	45,509.	45,509.	10 252	20 404
9	Other employee benefits	366,090.	308,436.	18,250.	39,404.
10	Payroll taxes	191,078.	145,824.	26,731.	18,523.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	35,007.		35,007.	
С	Accounting	13,150.		13,150.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	16,360.		16,360.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	485,450.	441,689.	43,761.	
12	Advertising and promotion	67,344.	1,082.	54,262.	12,000.
13	Office expenses	17,045.		17,045.	
14	Information technology	20,078.		20,078.	
15	Royalties	6,600.	6,600.		
16	Occupancy	142,333.	101,809.	40,524.	
17	Travel				
18	Payments of travel or entertainment expenses		;		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,297.		3,297.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	100,511.	87,793.	12,718.	
23	Insurance	25,744.	10,000.	15,744.	
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	636,941.	636,941.		
b	ALL OTHER EXPENSE	157,123.	52,730.	73,274.	31,119.
С	PRINTING & POSTAGE	70,034.	797.	17,416.	51,821.
d	RECRUITING	49,763.		49,763.	
e	A 44				
25	Total functional expenses. Add lines 1 through 24e	5,049,049.	3,769,079.	884,345.	395,625
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)				
03301	0 12-23-20				Form 990 (2020

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31-6000101 Page 11 Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 28,477. 87,579. 1 Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3,319,286. 190,029. 2,459,546. 3 3 Pledges and grants receivable, net 31,894. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 24,647. 8 Inventories for sale or use 201,687. 188,950. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 2,244,675. basis. Complete Part VI of Schedule D 10a 280,442. 1,964,233. 363,297. b Less: accumulated depreciation 10b 10c 2,296,854. 1,576,650. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 5,250,170. 3,706,946. 15 Other assets. See Part IV, line 11 15 9,470,121. 10,536,333. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 189,436. 106,723. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 1,377,312. 37,439. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 149,000. 300,000. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 293,162. 1,866,748. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 83,161. -1,815,670. 27 Net assets without donor restrictions 9,419,043. 10,160,010. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here > and complete lines 29 through 33. Capital stock or trust principal, or current funds

Form **990** (2020)

10,243,171.

10,536,333.

30

31

30

31

32

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

7,603,373. 9,470,121.

Form	990 (2020) DAYTON PERFORMING ARTS ALLIANCE	21 0	OCCTOT	Page	<u> 12</u>
	t XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI			L	X
			6 120	, on	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,130 5,049		
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3	1,081		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,603		
5	Net unrealized gains (losses) on investments	5	38:	5,29	9.
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	8	4 4 17 7	\ \ \ \ \ \	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,172	4,/4	. 3 .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		10 04	. 4 17	
	column (B))	10	10,243	5, I/	<u> </u>
Pal	t XIII Financial Statements and Reporting			Г	
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	L	
				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 in Schedule				77
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			\mathbf{x}	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990 (2	2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

2020 2020

Open to Public Inspection

Name of the organization

DAYTON PERFORMING ARTS ALLIANCE

Employer identification number 31-6000101

Ps	rt I	Reason for Public (Charity Status.	All organizations must co	omplete th	is part.) S	ee instructions.			
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	neck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in secti	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	990 or 99	90-EZ).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ction 170	(b)(1)(A)(ii	i).			
4		A medical research organiza						the hospital's name,		
-		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental unit describ	ed in		
_		section 170(b)(1)(A)(iv). (C		,						
6				nental unit described in s	ection 17	O(b)(1)(A)	(v).			
7	一	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Co		,	Ü		· ·			
8		A community trust describe		1)(A)(vi), (Complete Part	11.3					
9	Ħ	An agricultural research org				ed in coniu	nction with a land-grant	college		
9	L	or university or a non-land-g								
		university:	, and conogo of agric			,,	,			
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supr	ort from o	contributio	ns. membership fees, at	nd gross receipts from		
10	لتعتا	activities related to its exer								
		income and unrelated busin								
		See section 509(a)(2). (Cor		(1000 cooling) is				•		
11		An organization organized a		ively to test for public sa	fetv. See s	section 50)9(a)(4).			
12	Ħ	An organization organized a						purposes of one or		
1 4	1	more publicly supported or								
		lines 12a through 12d that								
а	. [Type I. A supporting orga						giving		
	1 1	the supported organization								
		organization. You must o			, ,			,,		
b		Type II. A supporting org			ion with it	s support	ed organization(s), by ha	ving		
•		control or management o								
		organization(s). You mus			·					
	. [Type III functionally inte	•		in connec	tion with,	and functionally integrate	ed with,		
	•	its supported organization								
	ı 🗔	Type III non-functionally						zation(s)		
		that is not functionally int								
		requirement (see instruct								
6		Check this box if the orga	•							
		functionally integrated, or								
1	Ente	er the number of supported o	organizations							
		vide the following information								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(lv) is the orga in your governi	nization listed no document?	(v) Amount of monetary	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
						<u> </u>				
_										
でヘト	~1		 		markan kalendari (1966)		8	ŧ .		

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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				6 A STOR (0.50)		
	governmental unit or publicly			A A BOOK OF			
	supported organization) included						
	on line 1 that exceeds 2% of the				alsteringer		
	amount shown on line 11, column (f)						
_	***************************************						****
_	Public support, Subtract line 5 from line 4.						·
	indar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(a) 2010	(6) 2011	(6) 2010	(4) 2515	(0) 2020	(1,7.0.0
8	Gross income from interest,						
٥	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	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		, etc. (see instruct	ons)			12	
	First 5 years. If the Form 990 is for t	he organization's f				501(c)(3)	
	organization, check this box and sto						>
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
14	Public support percentage for 2020	(line 6, column (f), o	divided by line 11,	column (f))		14	%
	Public support percentage from 201					15	%
168	33 1/3% support test - 2020. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies						
k	33 1/3% support test - 2019. If the	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fac-					VI how the organiza	ation
	meets the facts-and-circumstances t						
k	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets t						_
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Scho	edule A (Form 990	or 990-EZ) 2020

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,349,733.	5,281,901.	5,036,862.	4,787,936.	4,973,350.	24,429,782.
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	2,905,613.	3,201,832.	3,622,240.	2,330,622.	427,257.	12,487,564.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						<u>, i j</u>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	7,255,346.	8,483,733.	8,659,102.	7,118,558.	5,400,607.	36,917,346.
7 <i>a</i>	Amounts included on lines 1, 2, and			400 000	400 840	455 050	040 674
	3 received from disqualified persons	195,964.	204,773.	193,322.	188,743.	157,872.	940,674.
k	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	451,644.	133,473.	282,934.	430,453.		1,542,590.
	Add lines 7a and 7b	647,608.	338,246.	476,256.	619,196.	401,958.	2,483,264.
	Public support. (Subtract line 7c from line 6.)						34,434,082.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	7,255,346.	8,483,733.	8,659,102.	7,118,558.	5,400,607.	36,917,346.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties,	38,511.	49,140.	47,905.	37,505.	32,871.	205,932.
	and income from similar sources Unrelated business taxable income	30,311.	12,110.	2,7,500,	 		
K	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	1					
		38,511.	49,140.	47,905.	37,505.	32,871.	205,932.
	Net income from unrelated business activities not included in line 10b, whether or not the business is	30,311.	237220				
	regularly carried on						
12	Other income. Do not include gain			400 445	E4 0 00 0	155 000	606 560
	or loss from the sale of capital assets (Explain in Part VI.)	77,736.	162,268.		51,378.	175,933.	606,763.
	Total support. (Add lines 9, 10c, 11, and 12.)	7,371,593.	8,695,141.	8,846,455.	7,207,441.	5,609,411.	37,730,041.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section !	501(c)(3) organizat	ion,
	ction C. Computation of Publ					T 1	01 26
	Public support percentage for 2020 (column (f))		15	91.26 <u>%</u> 91.68 %
	Public support percentage from 2019					16	91.68 %
	ction D. Computation of Inve					1 1	.55 %
	Investment income percentage for 20					17	
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	
19	a 33 1/3% support tests - 2020. If the						17 is not
	more than 33 1/3%, check this box a						
l	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			0 or 990-EZ) 2020
0320	23 01-25-21				Scn	edule A (FORM 99)	♥ OI 990~EÆ) ZVZV

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
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		555556
3a		
3b		
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4a	Carackingscone	olanizi Clamini
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4c	New Address of the	
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9b		1
	2000	
9c	1	1
		es Resident/49
	1	1
10a		
10a		
10a 10b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify			art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st comple	te Sections A through E.	
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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
7	Chack here if the current year is the organization's first as a non-function	ally integr	ated Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	mizations _{(continu}	ied)	
Secti	on D - Distributions	Current Year			
	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive)		
Ū	(provide details in Part VI). See instructions.	<u>-</u>		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Line o amount divided by mile o amount	(i)	(ii)		(ĭii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-	TO SEE BUILDING CONTROL			
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		District Contractor		
4	Distributions for 2020 from Section D,				
7	line 7: \$				
	Applied to underdistributions of prior years				zakorzne zada
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.	A CONTRACTOR OF THE PROPERTY O			
5	Remaining underdistributions for years prior to 2020, if				
3	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h				
6	and 4b from line 1. For result greater than zero, explain in				
_	Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j				
7					
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

DAYTON PERFORMING ARTS ALLIANCE

Employer identification number 31-6000101

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	Is or Accounts.Complete if the
CICRES HOWEV	organization answered "Yes" on Form 990, Part IV, line		
*****		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pai	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	, I	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic struc	cture
	listed in the National Register		1 - 4 1
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by t	he organization during the tax
	year▶		
4	Number of states where property subject to conservation ease	ement is located 🕨	_
5	Does the organization have a written policy regarding the period		f
	violations, and enforcement of the conservation easements it i		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conser	vation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
la	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publ		
	service, provide in Part XIII the text of the footnote to its finance		
þ	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea-		cial gain, provide
	the following amounts required to be reported under FASB AS		
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

032051 12-01-20

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

4	Descri	be in P	art XIII	the inter	nded ι	uses of th	ıe orgar	nization'	s endow	ment fu	ınds.
Pai	t VI	Land	, Buil	ldings,	and	Equip	ment.				

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated (d) Book value (a) Cost or other (b) Cost or other Description of property basis (investment) basis (other) depreciation 1a Land **b** Buildings 91,521. 1,692,926. 91,521. c Leasehold improvements 1,973,368. d Equipment 179.786. 179,786. 280. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 DATION FERFO	WHING WILL I	ADDIANCE SI	OCCUPACE Page 5
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or		e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	-of-year market value
1) Financial derivatives			
2) Closely held equity interests	<u></u>		
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o		e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
「otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		Process and decision of the state of the sta	
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) BENEFICIAL INTEREST IN FUN	IDS HELD AT	DAYTON FOUNDATION	2,841,698.
(=)	RETUAL TRUS	TS MANAGED BY JP	
(3) MORGAN CHASE			2,408,472.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	5,250,170.
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

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

Schedule D (Form 990) 2020

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

1 Total evenue, galms, and other support per audited financial statements	Part XI Reconciliati	on of Revenue per Audited Financial S		Revenue per l	Return.	Tage -
1 Total revenue, gains, and other support per audited financial statements 2 2 385, 299 3 96,000 2 2 9 96,000 2 2 1,172,743 2 2 1,654,042 2 2 1,172,743 2 2 1,654,042 2 1,654,042 2 1,654,042 2 1,654,042 3 3 3 3 3 3 3 3 3	militaria de la companya del companya de la companya del companya de la companya	-				
2 A Not urwelized gains (cases) on investments 2 a 38.5, 29.9 a Not urwelized gains (cases) on investments 3 a 96,000 and 10 certain sections of facilities 2 a 96,000 and 10 certain sections of facilities 2 a 1,654,042. B 2 1,654,042. A concert of facilities 2 a 1,654,042. A concert of facilities 2 a 1,654,042. A concert of facilities 3 a 6,114,445. A concert of facilities 3 a facilities 3 a facilities 3 and 4c. (This must equal Form 590, Part I, line 12) a 16,360. A concert of facilities 3 and 4c. (This must equal Form 590, Part I, line 12) a 6,114,445. A concert of facilities 3 and 4c. (This must equal Form 590, Part I, line 12). A concert of facilities 3 and 4c. (This must equal Form 590, Part I, line 12). A concert of facilities 3 and 4c. (This must equal Form 590, Part I, line 12). A concert of facilities 3 and 4c. (This must equal Form 590, Part I, line 12). A concert of facilities 3 and 4c. (This must equal Form 590, Part I, line 12). A concert of facilities 3 a concert o					T 1	7,768,487
a Net unrealized gains (passes) on investments						
b Donated services and use of facilities 26 26 1,172,743 29 1,654,042 20 1,172,743 20 1,654,042 20 1,654,042 20 1,654,042 20 1,654,042 20 1,654,042 20 1,654,042 20 3 6,114,445			2a	385,299		
c. Recoveries of prior year grants d. Other (Describe in Part XIII) e. Add lines 2a through 2d 3. Subtract line 2e from line 1 4. Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 170 b. Other (Describe in Part XIII) c. Add lines 4a and 4b c. Total revenue. Add lines 3 and 4e, (This must equal Form 990, Part I, line 12) c. Total expenses and losses per audited (financial statements) Compilete if the organization answered "ve" on Form 990, Part IV, line 12a. 1. Total expenses and losses per audited (financial statements) 2. Amounts included on Form 990, Part IV, line 25: a Donated services and use of facilities b. Part XIII (Provisus adjustments) b. Provise of the Compilete in the organization answered in the compilete in the organization answered "ve" on Form 990, Part IV, line 12a. 1. Total expenses and losses per audited (financial statements) 2. Amounts included on Form 990, Part IV, line 25: a Donated services and use of facilities b. Provise of the Compilete in the organization answered in the organization and the compilete in the organization and services and answered in the compilete in the part VIII, line 2b b. Provise of the Compilete in the organization and the organization and the compilete in the part VIII, line 2b b. Chiter (Describe in Part III, line 2b, but not on line 1: a investment expenses not included on Form 990, Part IV, line 18) Part XIII Supplemental Information. Provide fine descriptions required for Part II, lines 2b, and 3c, 2md 3				96,000		
d Other (Describe in Part XIII) 2			2c			
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1 - 1 '	1,172,743	•	
A Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XII) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4a. (This must equal Form 990, Part I, line 12) 5 C, 130, 805. Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Ves" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Ves" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Ves" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Ves" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements with Expenses per Return. Complete if the organization answered "Ves" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements with Expenses per Return. Complete Iven 90, Part IV, line 25: 2	e Add lines 2a through 2	d		***************************************	2e	
a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c, (This must equal Form 990, Part I, line 12) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Longiel of the organization answered "Yes" on Form 990, Part IV, line 12a. Longiel of the organization answered "Yes" on Form 990, Part IV, line 12a. Longiel of the organization answered "Yes" on Form 990, Part IV, line 12a. Longiel of the organization answered "Yes" on Form 990, Part IV, line 12a. Longiel of the organization answered "Yes" on Form 990, Part IV, line 12a. Longiel of the organization answered "Yes" on Form 990, Part IV, line 12b. Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities Longiel of Iven 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities Longiel of Iven 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities Longiel of Iven 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities Longiel of Iven 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities Longiel of Iven 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities Longiel of Iven 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities Longiel of Iven 1 but not on Form 990, Part IV, line 2 but not on line 1: a Investment expenses not included on Form 990, Part IV, line 1 but not not not not not not not not not no	3 Subtract line 2e from li	ne 1			3	6,114,445.
b Other (Describe in Part XIII.) c Add lines 4a and 4b c 16,360. 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses par audited financial Statements With Expenses per Return. Complete if the organization answered 'vee' on Form 990, Part IV, line 12a. 1 Total expenses and losses par audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 7b 4 Amounts included on Form 990, Part IX, line 7b 5 Other (Describe in Part XIII) 4 Amounts included on Form 990, Part IX, line 7b 6 Other (Describe in Part XIII) 7 Eyet XIII Supplemental Information. Provide the descriptions required for Part II, lines 25, but not on line 1: 3 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Frat XIII Supplemental Information. Provide the descriptions required for Part II, lines 25, sand 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE ENDOWMENT FUNDS CONSISTS OF FUNDS UNRESTRICTED FOR GENERAL OPERATIONS AS WELL AS FUNDS TEMPORARILY OR PERMANENTLY RESTRICTED ACCORDING TO DONOR STATED PURPOSES. PART X, LINE 2: THE ALLIANCE HAS ADOPTED ACCOUNTING RULES THAT PRESCRIBE WHEN TO RECOGNIZE, AND HOW TO MEASURE THE FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, ON ITS TAX RETURNS. THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE	4 Amounts included on I	Form 990, Part VIII, line 12, but not on line 1:				
c Add lines 4a and 4b 5 Total reversue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Expert XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete it the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and uses of facilities 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities 2 De Prior year adjustments 2 De Prior year adjustments 2 De Prior year adjustments 2 De De De Prior year adjustments 2 De De Prior year adjustments 2 De De De Prior year de Prior year (November 2) 2 De De Prior year de Prior year (November 2) 2 De De Prior year de Prior year (November 2) 2 De De De Prior year de Prior year (November 2) 2 De De De Prior year de Prior year (November 2) 2 De De De Prior year de Prior year (November 2) 2 De De De Prior year de Prior year (November 2) 2 De	a Investment expenses	not included on Form 990, Part VIII, line 7b	4a	16,360	•	
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Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete it the organization answered 'Yes' on Form 980, Part IV, line 12a. 1 Total expenses and loses per audited financial statements 1 5 , 128 , 689 . 2 Amounts included on line 1 but not on Form 980, Part IX, line 25: a Donated services and use of facilities 2a 96 , 000 . b Prior year adjustments 2b						
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) 2 Add lines 2a through 2d 2 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25; but not on line 1: a investment expenses not included on Form 990, Part IVII, line 7b b Other (Describe in Part XIII) c Add lines 2d and 4b f Total expenses. Add lines 3 and 4e, (This must equal Form 990, Part IV, line 18) 5 Total expenses. Add lines 3 and 4e, (This must equal Form 990, Part IV, line 18) 5 Total expenses. Add lines 3 and 4e, (This must equal Form 990, Part IV, line 18) Pert XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE ENDOWMENT FUNDS CONSISTS OF FUNDS UNRESTRICTED FOR GENERAL OPERATIONS AS WELL AS FUNDS TEMPORARILY OR PERMANENTLY RESTRICTED ACCORDING TO DONOR STATED PURPOSES. PART X, LINE 2: THE ALLIANCE HAS ADOPTED ACCOUNTING RULES THAT PRESCRIBE WHEN TO RECOGNIZE, AND HOW TO MEASURE THE FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, ON ITS TAX RETURNS. THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE	5 Total revenue. Add line	s 3 and 4c. (This must equal Form 990, Part I, line	12.)		_	
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a Donated services and use of facilities 22b 96,000. b Prior year adjustments 22c 2c 2d 2d 2d 2e 2d 2d 2e 2d 2e 2d 2d 2e 2d 2e 2d 2d 2e 2e 96,000. 3 Subtract line 2e from line 1 3 5,032,689. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b 4a 16,360. b Other (Describe in Part XIII). c Add lines 4a and 4b 4c 16,360. 5 Total expenses. Add lines 3 and 4e, (This must equal Form 990, Part I, line 18) 4c 16,360. Fart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE ENDOWMENT FUNDS CONSISTS OF FUNDS UNRESTRICTED FOR GENERAL OPERATIONS AS WELL AS FUNDS TEMPORARILY OR PERMANENTLY RESTRICTED ACCORDING TO DONOR STATED PURPOSES. PART X, LINE 2: THE ALLIANCE HAS ADOPTED ACCOUNTING RULES THAT PRESCRIBE WHEN TO RECOGNIZE, AND HOW TO MEASURE THE FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, ON ITS TAX RETURNS. THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE	•				1	3,148,089
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032054 12-01-20

Schedule D (Form 990) 2020 DATTON PERFORMING ARTS ADDITION 51 0000101 Pages
Part XIII Supplemental Information (continued)
MAXIMUM BENEFIT OF EACH INCOME TAX POSITION THAT IS MORE THAN 50% LIKELY
OF BEING SUSTAINED. TO THE EXTENT THAT ALL OR A PORTION OF THE BENEFITS
OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE
RECOGNIZED FOR THE UNRECOGNIZED BENEFITS ALONG WITH ANY INTEREST AND
PENALTIES THAT WOULD RESULT FROM DISALLOWANCE OF THE POSITION. SHOULD ANY
SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS
OPERATING EXPENSES. BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE
ALLIANCE HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY
POSITION THAT WOULD PLACE THE ALLIANCE'S EXEMPT STATUS IN JEOPARDY AS OF
JUNE 30, 2021.
DADE VIT LINE OD OBUED AD HIGHMENING.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
INCLUDES CHANGE IN BENEFICIAL INTEREST OF \$1,094,529, AND
CHANGE IN DISCOUNT
FOR NET PRESENT VALUE OF PLEDGES OF \$78,214.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
➤ Attach to Form 990.

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

2020

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

DAYTON PERFORMING ARTS ALLIANCE

Employer identification number 31-6000101

Pa	rt I Questions Regarding Compensation			
			Yes	No
ta	Check the appropriate 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 charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	<u> </u>	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b	<u> </u>	X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1000		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	<u></u>	\bot

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

Schedule J (Form 990) 2020

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.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) NEAL GITTLEMAN	(1)	154,926.	0	0	0	15,889.	170,815.	0
MUSIC DIRECTOR & ARTISTIC	: <u>E</u>		0	0.		0		
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				C L			Schedu	Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

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

Complete if the organizations answered "Tes" on Form 990, Part IV, Illie

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule M (Form 990) 2020

DAYTON PERFORMING ARTS ALLIANCE 31-6000101 Types of Property (a) (b) (c) Noncash contribution Number of Method of determining Check if contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 50,143.SELLING PRICE Securities - Publicly traded X 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 16 Real estate - Commercial 17 Real estate - Other Collectibles 18 19 Food inventory Drugs and medical supplies _____ 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. X 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

032141 11-23-20

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

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Q020
Open to Public Inspection

Name of the organization

DAYTON PERFORMING ARTS ALLIANCE

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

Employer identification number 31-6000101

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

SOURCE FOR TRADITIONAL, DIVERSE AND INNOVATIVE EXPERIENCES IN BALLET,

OPERA, AND ORCHESTRAL MUSIC.

ON MARCH 17, 2020 ALL PRODUCTIONS OF THE DAYTON PERFORMING ARTS

ALLIANCE, COMPRISING DAYTON BALLET, DAYTON OPERA, AND THE DAYTON

PHILHARMONIC, OFFICIALLY CEASED AS THE COVID-19 PANDEMIC RAVAGED OUR

COUNTRY AND THE STATE OF OHIO PROHIBITED PUBLIC GATHERINGS OF MORE THAN

TEN PEOPLE. THE DPAA CANCELLED OVER 55 LIVE PRODUCTIONS, INCLUDING

IN-SCHOOL EDUCATION PROGRAMS THAT WOULD HAVE REACHED OVER 65,000

STUDENTS. THE DPAA SUFFERED LOSSES OF OVER \$5.5 MILLION IN REVENUE

FROM MARCH TO DECEMBER 2020.

THROUGHOUT THE PANDEMIC, THE DPAA EMBRACED NEW TECHNOLOGIES AND

DEVELOPED NEW STREAMING PERFORMANCES FOR AUDIENCE MEMBERS TO VIEW FROM

THE SAFETY OF THEIR OWN HOMES. OVER THE COURSE OF THE PANDEMIC, THE

DPAA DEVELOPED: 1) DPAA VIRTUAL STREAMS, PROGRAMMING FROM ALL THREE ART

FORMS THAT AUDIENCES COULD VIEW VIRTUALLY FROM HOME OVER STREAMING

PLATFORMS, 2) ELEVEN HYBRID LIVE-STREAM PROGRAMS FROM JANUARY THROUGH

JUNE 2021, OFFERING A HYBRID MODEL OF PERFORMANCE WITH LIMITED LIVE

AUDIENCES AND SIMULTANEOUS LIVE STREAMS OF THE PRODUCTIONS AND 3) DPAA

ARTS EXPLORER STREAMS, WHICH INCLUDE MANY OF THE DPAA'S NORMAL

EDUCATION PROGRAMS THAT HAVE BEEN REDESIGNED FOR TEACHERS AND STUDENTS

TO BE STREAMED AT SCHOOL OR IN THE HOME.

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

Schedule O (Form 990 or 990-EZ) 2020

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

ON MARCH 17, 2020 ALL PRODUCTIONS OF THE DAYTON PERFORMING ARTS ALLIANCE, COMPRISING DAYTON BALLET, DAYTON OPERA, AND THE DAYTON PHILHARMONIC, OFFICIALLY CEASED AS THE COVID-19 PANDEMIC RAVAGED OUR COUNTRY AND THE STATE OF OHIO PROHIBITED PUBLIC GATHERINGS OF MORE THAN TEN PEOPLE. THE DPAA CANCELLED OVER 55 LIVE PRODUCTIONS, INCLUDING IN-SCHOOL EDUCATION PROGRAMS THAT WOULD HAVE REACHED OVER 65,000 THE DPAA SUFFERED LOSSES OF OVER \$5.5 MILLION IN REVENUE STUDENTS. FROM MARCH TO DECEMBER 2020.

THROUGHOUT THE PANDEMIC. THE DPAA EMBRACED NEW TECHNOLOGIES AND DEVELOPED NEW STREAMING PERFORMANCES FOR AUDIENCE MEMBERS TO VIEW FROM THE SAFETY OF THEIR OWN HOMES. OVER THE COURSE OF THE PANDEMIC, THE DPAA DEVELOPED: 1) DPAA VIRTUAL STREAMS, PROGRAMMING FROM ALL THREE ART FORMS THAT AUDIENCES COULD VIEW VIRTUALLY FROM HOME OVER STREAMING PLATFORMS, 2) ELEVEN HYBRID LIVE-STREAM PROGRAMS FROM JANUARY THROUGH JUNE 2021, OFFERING A HYBRID MODEL OF PERFORMANCE WITH LIMITED LIVE AUDIENCES AND SIMULTANEOUS LIVE STREAMS OF THE PRODUCTIONS AND 3) DPAA ARTS EXPLORER STREAMS, WHICH INCLUDE MANY OF THE DPAA'S NORMAL EDUCATION PROGRAMS THAT HAVE BEEN REDESIGNED FOR TEACHERS AND STUDENTS TO BE STREAMED AT SCHOOL OR IN THE HOME.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ENTHUSIASM FOR MUSIC. HE SHARES IN THE DPAA'S GOAL TO BE THE INDISPENSIBLE SOURCE FOR TRADITIONAL, DIVERSE AND INNOVATIVE EXPERIENCES IN BALLET, OPERA, AND ORCHESTRAL MUSIC. THE DAYTON PHILHARMONIC PROUDLY PRESENTS A WIDE VARITY OF GENRES THROUGHOUT EACH SEASON, INCLUDING MASTERWORKS, SUPERPOPS, ROCKIN' ORCHESTRA, AND FAMILY Schedule O (Form 990 or 990-EZ) 2020 Page 2 Employer identification number Name of the organization DAYTON PERFORMING ARTS ALLIANCE 31-6000101 PROGRAMS, TOTALING 50-60 STUNNING PERFORMANCES EACH SEASON. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ROMEO AND JULIET, AND SWAN LAKE, THE CLASSIC FAMILY FRIENDLY HOLIDAY STAPLE THE NUTCRACKER AND NEW AND INNOVATIVE WORKS. THE HISTORIC 1,139 SEAT VICTORIA THEATRE AND THE STATE-OF-THE-ART 2,300 SEAT SCHUSTER CENTER ARE BOTH HOME TO THE DAYTON BALLET. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: CREATED BY THOUGHT-PROVOKING 20TH CENTURY COMPOSERS, TO GRAND SWEEPING OPERATIC EVENTS, FROM AIDA TO LA BOHEME TO CARMEN. DAYTON OPERA HAS PROVEN 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: **EDUCATION PROGRAMS** EXPENSES \$ 556,703. INCLUDING GRANTS OF \$ 0. REVENUE \$ 368,990. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEE AND THE EXECUTIVE THE 990 IS ALSO DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF COMMITTEE. TRUSTEES FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EACH FISCAL YEAR THE TRUSTEES ARE GIVEN A COPY OF THE CONFLICT OF INTEREST POLICY AND ASKED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE. THE

Schedule O (Form 990 or 990-EZ) 2020

CONFLICT OF INTEREST QUESTIONNAIRES ARE REVIEWED BY THE CHIEF FINANCIAL

Name of the organization DAYTON PERFORMING ARTS ALLIANCE	Employer identification number 31-6000101
OFFICER. TRUSTEES REFRAIN FROM VOTING ON ANY ISSUE WHERE	THEY HAVE
IDENTIFIED A CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15:	
A COMMITTEE OF THREE BOARD OFFICERS PRESENT A PLAN OF COM	PENSATION FOR THE
PRESIDENT/CEO TO THE EXECUTIVE COMMITTEE FOR APPROVAL. T	HE PRESIDENT/CEO
IN CONSULTATION WITH THE EXECUTIVE COMMITTEE SETS THE SAL	ARIES OF THE MUSIC
DIRECTOR AND ARTISTIC DIRECTORS. THE PRESIDENT/CEO DETERM	INES THE SALARIES
OF THE CHIEF FINANCIAL OFFICER AND OTHER KEY EMPLOYEES AN	D STAFF SALARIES.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ALLIANCE MAKES ITS GOVERNING DOCUMENT, CONFLICT OF IN	TEREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	FOR THE SAME
PERIOD AS THE FORM 990 MUST BE MADE AVAILABLE UNDER SECTI	ON 6104.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE IN BENEFICIAL INTERESTS	1,094,529.
CHANGE IN DISCOUNT FOR NET PRESENT VALUE OF PLEDGES	78,214.
TOTAL TO FORM 990, PART XI, LINE 9	1,172,743.
	, , , , , , , , , , , , , , , , , , , ,

SCHEDULE R (Form 990)

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

► Attach to Form 990.

Open to Public Inspection OMB No. 1545-0047 2020

Employer identification number 31-6000101 Direct controlling 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. entity Ξ End-of-year assets e Total income ਉ ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) DAYTON PERFORMING ARTS ALLIANCE Primary activity Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part II Part

SOLUTION OF THE COLUMN							
(a)	(q)	(၁)	(Q)	(e)	(£)	D. Continu	O/b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	controlled	alled
of related organization		foreign country)	section	status (if section	entity	entity?	۸۶
				501(c)(3))		Yes	ν N
DAYTON BALLET FOUNDATION - 31-1041034							
140 N. MAIN STREET							
DAYTON, OH 45402	SUPPORT FOR THE BALLET	OHIO	501(C)(3)	170(B)(1)(A) N/A	N/A		×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2020	(Form 99	0) 2020

Page 2

Schedule R (Form 990) 2020 DAYTON PERFORMING ARTS ALLIANCE

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.

990) 2020	Schedule R (Form 990) 2020	Schec						29				032162 10-28-20
								:				AMAMAMA A

+						+						
												a and a second and
Yes No		assets			or trust)			roreign country)				
Section 512(b)(13) controlled entity?	Percentage ownership	<i>क</i> ∓	of total	Share of total income	Type of entity (C corp, S corp,		Direct controlling entity	Legal domicile (state or	Primary activity	Prin	Z	Name, address, and EIN of related organization
	(F)	(6)		0	(e)		(p)	(၁)	(q)			(a)
ore related	ad one or mo	4, because it ha	art IV, line 3	orm 990, P	ed "Yes" on F	tion answere	he organiza	omplete if t	oration or Trust. C year.	as a Corp	ganizations Taxable	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.
					h							
						·*						
			_									
ownership	ile partner?	amount in box 20 of Schedule K-1 (Form 1065)	Allocations?	end-of-year assets		шсоше	(related, unrelated, excluded from tax under sections 512-514)	excluded fi	entity	(state or foreign country)		of related organization
(j) (k) General or Percentage	General or		(h) Disproportionate	(g) Share of		હ્	(e) nant income	Predomi	(d) Direct controlling	(c) Legal domicile	(b) Primary activity	(a) Name, address, and EIN
14.)	G/	100	177	(17)		97	13		7	(2)	(4)	147

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	oN s
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?	s with one or more rela	ated organizations listed	in Parts IHV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				ta E	×
b Gift, grant, or capital contribution to related organization(s)				1b	×
(σ				10	×
				₽	×
				1e	×
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				1g	×
Purchase of assets from related organization(s)				#	X
				1į	X
_				1j	×
					•
k Lease of facilities, equipment, or other assets from related organization(s)				¥	∢ :
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)	***************************************		=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			ᄩ	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			두	×
o Sharing of paid employees with related organization(s)				10	×
					>
p Reimbursement paid to related organization(s) for expenses				<u>a</u>	4
q Reimbursement paid by related organization(s) for expenses				þ	٧
				÷	<u>×</u>
r Olitel Italister of cash of property to related organization(s)				Т	×
If the answer to any of the above is "Yes." see the instructions for	who must complete th	is line, including covered	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	involved	
(1)					
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(3)		***************************************			
(4)			and the state of t		
(5)					
(9) 032163 10-28-20	09		Schedu	Schedule R (Form 990) 2020	90) 2020

Schedule R (Form 990) 2020 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.

(k) Percentage ownership		:		Schedule R (Form 990) 2020
General or F managing partner?				 Form
Ger 1 pa				
Code V-UBI General or Percentage amount in box 20 partner? ownership (Form 1065) Yes No				Schedi
(h) Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all 501 (c)(3) For orgs.? Ves No				
Ser Sold				
(d) Predominant income related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) (b) (c) (d) (d) Name, address, and EIN Primary activity (state or foreign excluded from tax under country) sections 512-514)				

Schedule R	(Form 990) 2020	DAYTON	PERFORMING	ARTS	ALLIANCE	31-6000101	Page 5
Part VII	(Form 990) 2020 Supplemental Info	rmation					
•	Provide additional inform		nses to questions on S	Schedule R.	See instructions.		
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