EXTENDED TO MARCH 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending APR 30 2022

B Check if applicable:		C Name of organization			D Employer identification number				
Add		105W1 WW11000 1666671070V							
Ļ	chan	ARENA THEATER ASSOCIATION			4				
char Initia retur		Doing business as				94-3026410			
		Number and street (or P.O. box if mail is not delivered to street address) Room/si			•				
		PO BOX 611			(707) 882-3272				
	ated Amer	City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts \$ 359,758.				
F	returr Appli	FOINT ARENA, CA 95400			H(a) Is this a group return				
tion pend		F Name and address of principal officer: PAUL ANDERSEN			for subordinates? Yes X No				
						H(b) Are all subordinates included? Yes No			
		npt status: \times 501(c)(3) \longrightarrow 501(c) () \blacktriangleleft (insert no.) \longrightarrow 4947(a)(1) or \longrightarrow 527				If "No," attach a list. See instructions H(c) Group exemption number ▶			
		e: ► WWW.ARENATHEATER.ORG Organization: Corporation Trust X Association Other ► L Yea							
Part I		f organization: Corporation Trust X Ass Summary	sociation Other ►	L Year	of formati	formation: 1987 M State of legal domicile: CA			
	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF ARENA THEATER IS							
Activities & Governance	-	D PRESERVE THE HISTORIC ARENA THEATER AS A COMMUNITY RESOURCE FOR							
	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets.							
	3	lumber of voting members of the governing body (Part VI, line 1a)					3	8	
		umber of independent voting members of the governing body (Part VI, line 1b)					4	8	
	5	otal number of individuals employed in calendar year 2021 (Part V, line 2a)					5	11	
ξį	6	Total number of volunteers (estimate if necessary)	otal number of volunteers (estimate if necessary)				6	24	
Ç.	7 a	otal unrelated business revenue from Part VIII, column (C), line 12					7a	0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11					7b	0.	
Revenue					Prio	r Year		Current Year	
	8	ontributions and grants (Part VIII, line 1h)			149,147.			261,637.	
	9	Program service revenue (Part VIII, line 2g)			11,875.		_	67,801.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			345.			1,022.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			24,219.			19,610.	
	12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			185,586.		_	350,070.	
Expenses	13	rants and similar amounts paid (Part IX, column (A), lines 1-3)			0.			0.	
	14	enefits paid to or for members (Part IX, column (A), line 4)					0.	0.	
	15	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			40,872.		-	95,854.	
	16a	ofessional fundraising fees (Part IX, column (A), line 11e)					0.	0.	
	. b	tal fundraising expenses (Part IX, column (D), line 25) 5,668.			80,640.			126 505	
	''	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			121,512.		_	136,595.	
	18	Total expenses. Add lines 13-17 (must equal Part IX						232,449.	
	19	Revenue less expenses. Subtract line 18 from line 1	2		64,074.			117,621.	
Net Assets or	1	otal assets (Part X, line 16)			seginning of Current Year 526,224.			End of Year 633,272.	
SSE	20				69,814.			59,241.	
let /	21	otal liabilities (Part X, line 26) et assets or fund balances. Subtract line 21 from line 20			456,410.			574,031.	
P	22 art II	Net assets or fund balances. Subtract line 21 from line 20							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle								cnowledge and helief it is	
		ct, and complete. Declaration of preparer (other than office					31 mg 1	and bonon, it is	
	,	The second secon	, 10 2 a a a a a a a a a a a a a a a a a a	mon proparor	nuo ung n	go.			
Sign Here		Signature of officer				Date			
		PAUL ANDERSEN, TREASURER							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Chec	k	PTIN	
Paid Preparer		JOSEPH J ARCH	p 3. 0. 0 0.g	0	3/09/23	B if self-	employed	P01213090	
		Firm's name JJACPA, INC.				Firm's EIN		26-4137155	
		Firm's address 1102 s MAIN ST, SUITE 1							
		FORT BRAGG, CA 95437				Phone no.7079646325			
May the IRS discuss this return with the preparer shown above? See instructions								X Yes No	