

**A.M. Owens, CPA, APC  
10225 NE Garibaldi Loop  
Bainbridge Island, WA 98110  
619-698-2401**

April 28, 2026

**CONFIDENTIAL**

CYGNET THEATRE COMPANY  
2880 ROOSEVELT RD  
SAN DIEGO, CA 92110

Dear CLIENT:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)  
California Exempt Organization Annual Information Return (Form 199)  
Annual Registration Renewal Fee Report (Form RRF-1)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your Form 990 for the year ended 6/30/25 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

A.M. Owens, CPA, APC  
10225 NE Garibaldi Loop  
Bainbridge Island, WA 98110

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

**California Form 199 Filing Instructions**

Your Form 199 for the tax year ended 6/30/25 shows no balance due.

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of Form 199 to the California Franchise Tax Board it will delay processing of your return. Initial and date the copy, and retain it for your records.

Your electronically filed return is not complete without your signature. Form 8453-EO, California e-file Return Authorization for Exempt Organizations, should be signed and dated by an authorized officer of the corporation and returned to A.M. Owens, CPA, APC before the electronic file is transmitted to the California Franchise Tax Board.

If you scheduled an electronic funds withdrawal and wish to cancel it, you must call the California Franchise Tax Board at (916) 845-0353 at least two working days prior to the date of withdrawal.

**California Form RRF-1 Filing Instructions**

Your Form RRF-1 for the tax year ended 6/30/25 shows a balance due of \$400. The return should be signed and dated on Page 1 by an officer representing the organization. Include a check payable to the Department of Justice in the amount of \$400. Write "E.I.N. 57-1146474, RRF-1 Balance Due for the year ended 6/30/25" on the check. Mail the return by May 15, 2026 to:

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

A copy of the federal return should be attached and sent with the registration renewal.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

A.M. Owens, CPA, APC

Form **8879-TE**

**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 20 25

**Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2024**

Department of the Treasury  
Internal Revenue Service

Name of filer

**CYGNET THEATRE COMPANY**

EIN or SSN

**57-1146474**

Name and title of officer or person subject to tax **WILLIAM SCHMIDT  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>7,598,190</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_ (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize A.M. Owens, CPA, APC to enter my PIN 38149 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 04/28/26

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**33653554642**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Alicia M. Owens Date 04/28/26

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2024)

DAA

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CYGNET THEATRE COMPANY</b>		<b>D</b> Employer identification number <b>57-1146474</b>
	Doing business as		<b>E</b> Telephone number <b>619-574-0059</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>2880 ROOSEVELT RD</b>		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>SAN DIEGO CA 92110</b>		<b>G</b> Gross receipts\$ <b>7,815,541</b>
<b>F</b> Name and address of principal officer: <b>BARBARA BOLT</b> <b>4891 PACIFIC HIGHWAY, SUITE 115</b> <b>SAN DIEGO CA 92110</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.CYGNETTREATRE.COM</b>		<b>L</b> Year of formation: <b>2002</b> <b>M</b> State of legal domicile: <b>CA</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>181</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>250</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,770,342</b>	<b>6,069,331</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,556,992</b>	<b>1,473,596</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>5,587</b>	<b>33,537</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-12,608</b>	<b>21,726</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,320,313</b>	<b>7,598,190</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0</b>	<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,175,093</b>	<b>2,474,323</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>528,365</b>	<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,211,929</b>	<b>1,341,084</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,387,022</b>	<b>3,815,407</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-66,709</b>	<b>3,782,783</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,141,270</b>	<b>6,274,973</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,253,550</b>	<b>1,528,313</b>
		<b>887,720</b>	<b>4,746,660</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>WILLIAM SCHMIDT</b>		Date	
	Type or print name and title <b>EXECUTIVE DIRECTOR</b>			
<b>Paid Preparer Use Only</b>	Preparer's name <b>Alicia M. Owens</b>	Preparer's signature <b>Alicia M. Owens</b>	Date <b>04/28/26</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01212923</b>
	Firm's name <b>A.M. Owens, CPA, APC</b>	Firm's EIN <b>45-4128534</b>		
	Firm's address <b>10225 NE Garibaldi Loop</b> <b>Bainbridge Island, WA 98110</b>	Phone no. <b>619-698-2401</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part 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:

**See Schedule O**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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?  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 \$ **3,037,762** including grants of \$ ) (Revenue \$ **1,473,596** )

**See Schedule O**

CLIENT COPY

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **3,037,762**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<b>X</b>	
<b>24a</b> 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		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> 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		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> 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		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

Yes No

<b>2a</b>	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	<b>2a</b>	<b>181</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>18</b>	
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>18</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>X</b>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization	<b>X</b>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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 exempt status with respect to such arrangements?		

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <b>CA</b>
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
<b>19</b>	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records. <b>WILLIAM SCHMIDT</b> <b>4891 PACIFIC HIGHWAY SUITE 115</b> <b>SAN DIEGO</b> <b>CA 92110</b> <b>619-574-0059</b>

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS MURRAY ARTISTIC DIRECTOR	40.00 0.00	X						138,369	0	15,000
(2) WILLIAM SCHMIDT EXECUTIVE DIRECTOR	40.00 0.00	X						138,369	0	15,000
(3) BEN AGUILAR TRUSTEE	0.00 0.00	X						0	0	0
(4) BARBARA BOLT PRESIDENT	0.00 0.00	X		X				0	0	0
(5) EDGAR CANADA VICE PRESIDENT	0.00 0.00	X		X				0	0	0
(6) GREGG CANTOR TRUSTEE	0.00 0.00	X						0	0	0
(7) MONIQUE GAFFNEY TRUSTEE	0.00 0.00	X						0	0	0
(8) YOLANDA HOLCOMB TRUSTEE	0.00 0.00	X						0	0	0
(9) LESSLIE KELLER TREASURER	0.00 0.00	X		X				0	0	0
(10) JOLENE KOESTER TRUSTEE	0.00 0.00	X						0	0	0
(11) LINDA LENHARD SECRETARY	0.00 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ELEANOR LYNCH										
(12) TRUSTEE	0.00	X					0	0	0	
(13) ARTHUR NEUMANN										
(13) TRUSTEE	0.00	X					0	0	0	
(14) TERRY O'DONNELL										
(14) TRUSTEE	0.00	X					0	0	0	
(15) ANISE RITCHIE										
(15) TRUSTEE	0.00	X					0	0	0	
(16) MARY ROBERTS										
(16) TRUSTEE	0.00	X					0	0	0	
(17) CHRISTY WHITE										
(17) TRUSTEE	0.00	X					0	0	0	
(18) BARBARA ZELL										
(18) TRUSTEE	0.00	X					0	0	0	
(19)										
<b>1b Subtotal</b>							<b>276,738</b>		<b>30,000</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>276,738</b>		<b>30,000</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	161,308				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,908,023				
	g Noncash contributions included in lines 1a-1f	1g \$	3,383				
	<b>h Total. Add lines 1a-1f</b>		<b>6,069,331</b>				
<b>Program Service Revenue</b>	2a <b>TICKET SALES</b>	Business Code	1,344,359	1,344,359			
	b <b>CONCESSION AND OTHER</b>		129,237	129,237			
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>		<b>1,473,596</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		33,536	33,536			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a	3,384			
		(ii) Other					
	b Less: cost or other basis and sales exps.	7b	3,383				
	c Gain or (loss)	7c	1				
d Net gain or (loss)			1	1			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	235,694					
b Less: direct expenses	8b	213,968					
c Net income or (loss) from fundraising events			21,726				
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	11a	Business Code					
	b						
	c						
	d All other revenue						
	<b>e Total. Add lines 11a-11d</b>						
<b>12 Total revenue. See instructions</b>			<b>7,598,190</b>	<b>1,507,133</b>	<b>0</b>	<b>0</b>	

**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 response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 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, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,124,341	1,644,587	127,564	352,190
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,577	41,480	3,215	8,882
9 Other employee benefits	105,941	82,013	6,364	17,564
10 Payroll taxes	190,464	147,450	11,437	31,577
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	22,672	11,359	8,881	2,432
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	4,273	4,273		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	333,673	287,480	1,596	44,597
13 Office expenses	70,561	51,965	10,151	8,445
14 Information technology				
15 Royalties				
16 Occupancy	276,437	207,514	62,030	6,893
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	8,927		8,927	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,809	49,120	2,310	1,379
23 Insurance	13,301	11,306	1,330	665
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 O.)				
a PRODUCTION EXPENSES	311,780	311,780		
b SERVICE FEES	67,774	67,774		
c CAPITAL CAMPAIGN	52,999			52,999
d COST OF CONCESSIONS	41,874	41,874		
e All other expenses	84,004	77,787	5,475	742
25 Total functional expenses. Add lines 1 through 24e	3,815,407	3,037,762	249,280	528,365
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing	130,128	1	235,192
	2	Savings and temporary cash investments	196,111	2	663,035
	3	Pledges and grants receivable, net		3	2,970,000
	4	Accounts receivable, net	1,325,238	4	189,952
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	7,747	8	4,899
	9	Prepaid expenses and deferred charges	224,407	9	183,704
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,191,145		
	b	Less: accumulated depreciation	10b 1,043,675	10c 134,988	147,470
	11	Investments—publicly traded securities		11	1,716,506
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	122,651	15	164,215
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,141,270	16	6,274,973	
Liabilities	17	Accounts payable and accrued expenses	286,440	17	340,512
	18	Grants payable		18	
	19	Deferred revenue	455,135	19	690,128
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	508,459	23	490,635
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	3,516	25	7,038
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,253,550	26	1,528,313
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	486,401	27	-246,232
	28	Net assets with donor restrictions	401,319	28	4,992,892
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	887,720	32	4,746,660	
33	<b>Total liabilities and net assets/fund balances</b>	2,141,270	33	6,274,973	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,598,190
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,815,407
3	Revenue less expenses. Subtract line 2 from line 1	3	3,782,783
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	887,720
5	Net unrealized gains (losses) on investments	5	76,157
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,746,660

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

Name of the organization

**CYGNET THEATRE COMPANY**

Employer identification number

**57-1146474**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check 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 **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,647,638	1,730,498	2,322,747	1,770,342	6,069,331	13,540,556
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	1,647,638	1,730,498	2,322,747	1,770,342	6,069,331	13,540,556
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,740
6 <b>Public support.</b> Subtract line 5 from line 4						13,527,816

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1,647,638	1,730,498	2,322,747	1,770,342	6,069,331	13,540,556
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						13,540,556
12 Gross receipts from related activities, etc. (see instructions)					12	5,706,806

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13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.91%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	98.48%
16a <b>33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test — 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test — 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on 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**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
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.)		

**Part IV Supporting Organizations (continued)**

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>CYGNET THEATRE COMPANY</b>	Employer identification number <b>57-1146474</b>
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII .....

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment .....
- b** Permanent endowment .....
- c** Term endowment .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> Unrelated organizations? .....		<b>X</b>
<b>(ii)</b> Related organizations? .....		<b>X</b>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		<b>30,125</b>	<b>947</b>	<b>29,178</b>
<b>d</b> Equipment .....		<b>38,885</b>	<b>22,196</b>	<b>16,689</b>
<b>e</b> Other .....		<b>1,122,135</b>	<b>1,020,532</b>	<b>101,603</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				<b>147,470</b>

**Part VII Investments – Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments – Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

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**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LEASE LIABILITY</b>	<b>7,038</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>7,038</b>

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



**Part XIII Supplemental Information** *(continued)*

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**SCHEDULE J**

(Form 990)  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

**CYGNET THEATRE COMPANY**

Employer identification number  
**57-1146474**

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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

**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?

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**

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:

- a** The organization? **5a**
- b** Any related organization? **5b**
- 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:

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	THOMAS MURRAY ARTISTIC DIRECTOR	138,369	0	0	15,000	0	153,369	0
2	WILLIAM SCHMIDT EXECUTIVE DIRECTOR	138,369	0	0	15,000	0	153,369	0
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								



**SCHEDULE O**  
**(Form 990)**  
(Rev. December 2024)

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**CYGNET THEATRE COMPANY**

Employer identification number

**57-1146474**

**Form 990 - Organization's Mission or Most Significant Activities**

Believing in the power of theatre to startle the soul, ignite debate and embrace the diversity of the community in which it serves, Cygnet Theatre Company is fearlessly committed to the dissection, examination and celebration of the human story through the medium of live theatre.

**Form 990 - Organization's Mission**

Believing in the power of theatre to startle the soul, ignite, debate and embrace the diversity of the community in which it serves, the Theatre is fearlessly committed to the dissection, examination and celebration of the human story through the medium of live theatre.

**CYGNET EDUCATION MISSION STATEMENT:**

The foundation of our philosophy and programming is grounded in prioritizing Diversity, Equity, and Inclusion. We are committed to forging long-lasting relationships with communities that are not part of our theatre history and are less visible in our theatre populations. We are dedicated to building a Cygnet Theatre Bridge by investing in the neighborhoods we serve. We are resolved to listen to the narratives of the communities we serve to achieve our goals mutually.

**Form 990, Part I, Line 6**

VOLUNTEERS PROVIDE MANY VALUABLE SERVICES TO THE THEATRE. BOARD MEMBERS PROVIDE MANY HOURS OF SERVICE. IN ADDITION, VOLUNTEERS SERVE AS HOUSE USHERS WHO COME TO EVERY SHOW NIGHT, ABOUT 6-10/PER SHOW, TO HELP SEAT PATRONS.

**Form 990, Part III, Line 4a - First Accomplishment**

The Donald C. & Elizabeth Dickinson Foundation Cygnet Scholarship: The Donald C. & Elizabeth Dickinson Foundation Cygnet Scholarship offers a one-time \$2,500 award to four San Diego high school seniors, helping them pursue theater training programs across the U.S.

This audition-based scholarship involves the following steps:

**Nomination and Preparation:** Participating San Diego high schools nominate 6-10 students from their theater programs who demonstrate skills in singing and acting. These students prepare a 32-bar song and a 90-second, age-appropriate monologue.

**Selection Workshop:** Cygnet Theatre provides a 90-minute workshop to support the student selection process.

**Cygnet Scholarship Day:** All selected students attend Cygnet Scholarship Day, where they perform for a panel of judges. Four scholarship recipients are chosen based on these performances. Scholarship funds are awarded upon proof of enrollment, and recipients are free to use the funds as they see fit.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**CYGNET THEATRE COMPANY**

Employer identification number

**57-1146474**

The Student Matinee Experience: For nearly a decade, Cygnet Theatre has provided San Diego County K-12 students with free matinee performances each season. Cygnet Theatre offers four student matinees per season, which teachers in San Diego County can register their classes to attend. These field trips often introduce students to live theater, expanding their world and cultivating an appreciation for the arts. Each Cygnet production connects with some aspect of the human experience, making it universally relatable.

In-School Pre-Show Workshops: These workshops, aligned with California Common Core and San Diego Unified Visual and Performing Arts standards, help students understand the work involved in producing a professional show. Each workshop includes a vibrant, engaging study guide that enriches the student experience.

Post-Show Talkbacks: After each matinee, actors return to the stage for a discussion, answering students' questions about the play, the profession, and any other topics of interest.

Cygnet Artists in the Schools:

Pre-Professional Program: This eight-week onsite high school residency provides around 72 hours of professional instruction. Students apprentice under theater professionals, focusing on skills in production, organization, and task execution to meet industry demands. At the program's end, students earn a certificate of achievement.

Beyond the Bell After-School Program: Designed for students in grades 4-12, this eight-week program offers training in acting, singing, dancing, and other performance skills. These sessions build confidence, enhance public speaking, and strengthen writing and social skills.

Classroom Unit Program: This six-week, in-class residency culminates in a student presentation. Tailored to complement existing school curricula, the program serves students in grades 4-12, providing a comprehensive theater education experience.

From the Page to the Stage: From the Page to the Stage is a free, 45-minute interactive presentation that brings literature to life, fostering a love of reading. Through live theater, it shows children and adults how stories by authors like Cervantes, Mark Twain, and Charles Schulz transform into musicals. Featuring excerpts from beloved productions such as Big River, Man of La Mancha, Seussical the Musical, Wicked, and You're a Good Man, Charlie Brown, these mini-shows are performed by professional musical theater artists.

This program now reaches diverse audiences at locations including The Salvation Army Kroc Center, parks and recreation centers, military bases, senior centers, schools, and public libraries.

**SCHEDULE O  
(Form 990)**  
(Rev. December 2024)

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**CYGNET THEATRE COMPANY**

Employer identification number

**57-1146474**

Form 990, Part VI, Line 2 - Related Party Information Among Officers  
WILLIAM SCHMIDT THOMAS MURRAY  
EXEC DIR ARTISTIC DIR  
MARRIED

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990  
The auditor was engaged by the Audit sub-committee, initiated by Edgar  
Canada and led by Deb Pettry. Upon recommendation for approval, the audit  
was distributed to the Finance Committee for review and recommendation for  
Board Approval.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy  
OFFICERS AND BOARD MEMBERS ARE REQUIRED TO SIGN A STATEMENT THAT THEY  
UNDERSTAND THE CONFLICT OF INTEREST POLICY AND AGREE TO ABIDE BY THIS  
POLICY. AN ANNUAL VERIFICATION OF COMPLIANCE BY EACH OFFICER AND DIRECTOR  
IS OBTAINED.

Form 990, Part VI, Line 15a - Compensation Process for Top Official  
MANAGEMENT COMPENSATION IS REVIEWED BY THE BOARD OF DIRECTORS ON AN ANNUAL  
BASIS. THE COMPANY USES SURVEY DATA FROM THE THEATRE COMMUNICATIONS GROUP,  
A NATIONWIDE TRADE ORGANIZATION OF NON PROFIT THEATRES, AS WELL AS  
COMPENSATION NORMS TO SET THE COMPENSATION OF MANAGEMENT AND STAFF.

Form 990, Part VI, Line 15b - Compensation Process for Officers  
BOARD OF DIRECTOR REVIEWS AND APPROVES COMPENSATION FOR EXECUTIVE DIRECTOR.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization**  
(Including Information on Listed Property)  
Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2024**

Attachment  
Sequence No. **179**

**CYGNET THEATRE COMPANY**

Identifying number  
**57-1146474**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	52,809

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	52,809
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							<b>25</b>				
<b>26</b> Property used more than 50% in a qualified business use:											
<b>AUTO</b>	05/11/18	100.00%	5,000	5,000	5.0	S/L-					
<b>27</b> Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>				
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>			

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
<b>39</b> Do you treat all use of vehicles by employees as personal use?		X
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions		X

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2024 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2024 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

## Federal Asset Report

### Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	PRIOR YEAR ASSETS	6/01/12	971,910			971,910	30 MO S/L	906,685	32,397
2	IMPROVEMENTS	6/30/16	2,722			2,722	25 MO S/L	871	109
3	COMPUTERS	3/31/16	2,253			2,253	5 MO S/L	2,253	0
4	OFFICE EQUIP	3/31/16	2,437			2,437	7 MO S/L	2,437	0
5	THEATRE EQUIP	3/31/16	17,071			17,071	7 MO S/L	17,071	0
6	AUTO	6/30/16	1,538			1,538	5 MO S/L	1,538	0
7	THEATRE EQUIP	12/31/16	16,447			16,447	7 MO S/L	16,447	0
8	OFFICE EQUIP	12/31/16	3,689			3,689	7 MO S/L	3,689	0
10	COMPUTER EQUIP	9/18/17	1,920			1,920	5 MO S/L	1,920	0
11	EQUIPMENT	2/28/18	7,668			7,668	7 MO S/L	7,084	584
12	IMPROVEMENT	7/17/17	1,011			1,011	5 MO S/L	1,011	0
13	COMPUTER	8/02/18	584			584	5 MO S/L	584	0
14	EQUIPMENT	5/21/19	2,992			2,992	7 MO S/L	2,173	427
15	EQUIPMENT	11/01/18	583			583	7 MO S/L	472	83
16	COMPUTERS	12/31/21	13,627			13,627	3 MO S/L	11,356	2,271
17	OFFICE EQUIP	12/31/21	5,356			5,356	3 MO S/L	4,463	893
18	TABLE SAW	5/05/22	1,902			1,902	7 MO S/L	589	271
19	AIR CONDITIONER COMPRESSOR	8/01/22	6,349			6,349	15 MO S/L	811	424
20	COMPUTER	4/21/23	754			754	3 MO S/L	293	252
21	LIGHTING	4/07/23	9,792			9,792	15 MO S/L	816	653
22	WIRELESS MICS	4/19/23	2,756			2,756	5 MO S/L	642	551
23	THEATRE EQUIPMENT	1/01/24	21,331			21,331	5 MO S/L	2,133	4,266
24	COMPUTERS	1/01/24	2,212			2,212	5 MO S/L	221	443
25	IMPROVEMENTS	1/01/24	23,950			23,950	39 MO S/L	307	614
26	IMPROVEMENTS	5/01/25	6,175			6,175	39 MO S/L	0	26
27	2005 FED F350	10/02/24	5,000			5,000	5 MO S/L	0	750
28	WEBSITE	7/01/24	36,000			36,000	7 MO S/L	0	5,143
29	COMPUTERS	9/01/24	4,164			4,164	3 MO S/L	0	1,157
30	THEATRE EQUIP	10/01/24	13,952			13,952	7 MO S/L	0	1,495
	<b>Total Other Depreciation</b>		<u>1,186,145</u>			<u>1,186,145</u>		<u>985,866</u>	<u>52,809</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,186,145</u>			<u>1,186,145</u>		<u>985,866</u>	<u>52,809</u>
<b>Listed Property:</b>									
9	AUTO	5/11/18	5,000			5,000	5 MO S/L	5,000	0
			<u>5,000</u>			<u>5,000</u>		<u>5,000</u>	<u>0</u>
	<b>Grand Totals</b>		1,191,145			1,191,145		990,866	52,809
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>1,191,145</u>			<u>1,191,145</u>		<u>990,866</u>	<u>52,809</u>

## CA Asset Report

### Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
<b>Other Depreciation:</b>								
1	PRIOR YEAR ASSETS	6/01/12	971,910	971,910	906,685	32,397	32,397	0
2	IMPROVEMENTS	6/30/16	2,722	2,722	871	109	109	0
3	COMPUTERS	3/31/16	2,253	2,253	2,253	0	0	0
4	OFFICE EQUIP	3/31/16	2,437	2,437	2,437	0	0	0
5	THEATRE EQUIP	3/31/16	17,071	17,071	17,071	0	0	0
6	AUTO	6/30/16	1,538	1,538	1,538	0	0	0
7	THEATRE EQUIP	12/31/16	16,447	16,447	16,447	0	0	0
8	OFFICE EQUIP	12/31/16	3,689	3,689	3,689	0	0	0
10	COMPUTER EQUIP	9/18/17	1,920	1,920	1,920	0	0	0
11	EQUIPMENT	2/28/18	7,668	7,668	7,084	584	584	0
12	IMPROVEMENT	7/17/17	1,011	1,011	1,011	0	0	0
13	COMPUTER	8/02/18	584	584	584	0	0	0
14	EQUIPMENT	5/21/19	2,992	2,992	2,173	427	427	0
15	EQUIPMENT	11/01/18	583	583	472	83	83	0
16	COMPUTERS	12/31/21	13,627	13,627	11,356	2,271	2,271	0
17	OFFICE EQUIP	12/31/21	5,356	5,356	4,463	893	893	0
18	TABLE SAW	5/05/22	1,902	1,902	589	271	271	0
19	AIR CONDITIONER COMPRESSOR	8/01/22	6,349	6,349	811	424	424	0
20	COMPUTER	4/21/23	754	754	293	252	252	0
21	LIGHTING	4/07/23	9,792	9,792	816	653	653	0
22	WIRELESS MICS	4/19/23	2,756	2,756	642	551	551	0
23	THEATRE EQUIPMENT	1/01/24	21,331	21,331	2,133	4,266	4,266	0
24	COMPUTERS	1/01/24	2,212	2,212	221	443	443	0
25	IMPROVEMENTS	1/01/24	23,950	23,950	307	614	614	0
26	IMPROVEMENTS	5/01/25	6,175	6,175	0	26	26	0
27	2005 FED F350	10/02/24	5,000	5,000	0	750	750	0
28	WEBSITE	7/01/24	36,000	36,000	0	5,143	5,143	0
29	COMPUTERS	9/01/24	4,164	4,164	0	1,157	1,157	0
30	THEATRE EQUIP	10/01/24	13,952	13,952	0	1,495	1,495	0
<b>Total Other Depreciation</b>			<u>1,186,145</u>	<u>1,186,145</u>	<u>985,866</u>	<u>52,809</u>	<u>52,809</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,186,145</u>	<u>1,186,145</u>	<u>985,866</u>	<u>52,809</u>	<u>52,809</u>	<u>0</u>
<b>Listed Property:</b>								
9	AUTO	5/11/18	5,000	5,000	5,000	0	0	0
			<u>5,000</u>	<u>5,000</u>	<u>5,000</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Grand Totals</b>			<u>1,191,145</u>	<u>1,191,145</u>	<u>990,866</u>	<u>52,809</u>	<u>52,809</u>	<u>0</u>
<b>Less: Dispositions</b>			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Less: Start-up/Org Expense</b>			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>1,191,145</u>	<u>1,191,145</u>	<u>990,866</u>	<u>52,809</u>	<u>52,809</u>	<u>0</u>

## AMT Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>										
1	PRIOR YEAR ASSETS	6/01/12	0				0	0	HY	0
2	IMPROVEMENTS	6/30/16	0				0	0	HY	0
3	COMPUTERS	3/31/16	0				0	0	HY	0
4	OFFICE EQUIP	3/31/16	0				0	0	HY	0
5	THEATRE EQUIP	3/31/16	0				0	0	HY	0
6	AUTO	6/30/16	0				0	0	HY	0
7	THEATRE EQUIP	12/31/16	0				0	0	HY	0
8	OFFICE EQUIP	12/31/16	0				0	0	HY	0
10	COMPUTER EQUIP	9/18/17	0				0	0	HY	0
11	EQUIPMENT	2/28/18	0				0	0	HY	0
12	IMPROVEMENT	7/17/17	0				0	0	HY	0
13	COMPUTER	8/02/18	0				0	0	HY	0
14	EQUIPMENT	5/21/19	0				0	0	HY	0
15	EQUIPMENT	11/01/18	0				0	0	HY	0
16	COMPUTERS	12/31/21	0				0	0	HY	0
17	OFFICE EQUIP	12/31/21	0				0	0	HY	0
18	TABLE SAW	5/05/22	0				0	0	HY	0
19	AIR CONDITIONER COMPRESSOR	8/01/22	0				0	0	HY	0
20	COMPUTER	4/21/23	0				0	0	HY	0
21	LIGHTING	4/07/23	0				0	0	HY	0
22	WIRELESS MICS	4/19/23	0				0	0	HY	0
23	THEATRE EQUIPMENT	1/01/24	0				0	0	HY	0
24	COMPUTERS	1/01/24	0				0	0	HY	0
25	IMPROVEMENTS	1/01/24	0				0	0	HY	0
26	IMPROVEMENTS	5/01/25	0				0	0	HY	0
27	2005 FED F350	10/02/24	0				0	0	HY	0
28	WEBSITE	7/01/24	0				0	0	HY	0
29	COMPUTERS	9/01/24	0				0	0	HY	0
30	THEATRE EQUIP	10/01/24	0				0	0	HY	0
	<b>Total Other Depreciation</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
<b>Listed Property:</b>										
9	AUTO	5/11/18	<u>5,000</u>		X	<u>4,833</u>	5	MQ200DB	<u>167</u>	<u>0</u>
			<u>5,000</u>			<u>4,833</u>			<u>167</u>	<u>0</u>
	<b>Grand Totals</b>		<u>5,000</u>			<u>4,833</u>			<u>167</u>	<u>0</u>
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>5,000</u>			<u>4,833</u>			<u>167</u>	<u>0</u>

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57-1146474

## Depreciation Adjustment Report All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

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## Future Depreciation Report    FYE: 6/30/26

### Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	PRIOR YEAR ASSETS	6/01/12	971,910	32,397	0
2	IMPROVEMENTS	6/30/16	2,722	109	0
3	COMPUTERS	3/31/16	2,253	0	0
4	OFFICE EQUIP	3/31/16	2,437	0	0
5	THEATRE EQUIP	3/31/16	17,071	0	0
6	AUTO	6/30/16	1,538	0	0
7	THEATRE EQUIP	12/31/16	16,447	0	0
8	OFFICE EQUIP	12/31/16	3,689	0	0
10	COMPUTER EQUIP	9/18/17	1,920	0	0
11	EQUIPMENT	2/28/18	7,668	0	0
12	IMPROVEMENT	7/17/17	1,011	0	0
13	COMPUTER	8/02/18	584	0	0
14	EQUIPMENT	5/21/19	2,992	392	0
15	EQUIPMENT	11/01/18	583	28	0
16	COMPUTERS	12/31/21	13,627	0	0
17	OFFICE EQUIP	12/31/21	5,356	0	0
18	TABLE SAW	5/05/22	1,902	272	0
19	AIR CONDITIONER COMPRESSOR	8/01/22	6,349	423	0
20	COMPUTER	4/21/23	754	209	0
21	LIGHTING	4/07/23	9,792	653	0
22	WIRELESS MICS	4/19/23	2,756	552	0
23	THEATRE EQUIPMENT	1/01/24	21,331	4,267	0
24	COMPUTERS	1/01/24	2,212	442	0
25	IMPROVEMENTS	1/01/24	23,950	614	0
26	IMPROVEMENTS	5/01/25	6,175	159	0
27	2005 FED F350	10/02/24	5,000	1,000	0
28	WEBSITE	7/01/24	36,000	5,143	0
29	COMPUTERS	9/01/24	4,164	1,388	0
30	THEATRE EQUIP	10/01/24	13,952	1,993	0
	<b>Total Other Depreciation</b>		<u>1,186,145</u>	<u>50,041</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,186,145</u>	<u>50,041</u>	<u>0</u>
<b>Listed Property:</b>					
9	AUTO	5/11/18	5,000	0	0
			<u>5,000</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>1,191,145</u>	<u>50,041</u>	<u>0</u>



<b>Form 990</b>	<b>Two Year Comparison Report</b>	<b>2023 &amp; 2024</b>
For calendar year 2024, or tax year beginning <b>07/01/24</b> , ending <b>06/30/25</b>		

Name **CYGNET THEATRE COMPANY** Taxpayer Identification Number **57-1146474**

		2023	2024	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,638,099	5,908,023	4,269,924
	2. Membership dues and assessments			
	3. Government contributions and grants	132,243	161,308	29,065
	4. Program service revenue	1,556,992	1,473,596	-83,396
	5. Investment income	5,421	33,536	28,115
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	166	1	-165
	8. Net income or (loss) from fundraising events	-12,608	21,726	34,334
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>3,320,313</b>	<b>7,598,190</b>	<b>4,277,877</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	2,175,093	2,474,323	299,230
	17. Professional fundraising fees			
	18. Other professional fees	20,710	26,945	6,235
	19. Occupancy, rent, utilities, and maintenance	252,590	276,437	23,847
	20. Depreciation and Depletion	46,698	52,809	6,111
	21. Other expenses	891,931	984,893	92,962
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>3,387,022</b>	<b>3,815,407</b>	<b>428,385</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-66,709</b>	<b>3,782,783</b>	<b>3,849,492</b>
<b>Other Information</b>	24. Total exempt revenue	3,320,313	7,598,190	4,277,877
	25. Total unrelated revenue			
	26. Total excludable revenue	1,562,579	1,507,133	-55,446
	27. Total assets	2,141,270	6,274,973	4,133,703
	28. Total liabilities	1,253,550	1,528,313	274,763
	29. Retained earnings	887,720	4,746,660	3,858,940
	30. Number of voting members of governing body	17	18	
	31. Number of independent voting members of governing body	15	18	
	32. Number of employees	212	181	
	33. Number of volunteers		250	

Form 990

## Tax Return History

2024

Name

CYGNET THEATRE COMPANY

Employer Identification Number  
57-1146474

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants .....	1,647,638	1,730,498	2,322,747	1,770,342	6,069,331	
Membership dues .....						
Program service revenue .....	30,432	738,660	1,095,390	1,556,992	1,473,596	
Capital gain or loss .....	545	8	-113	166	1	
Investment income .....	292	372	3,092	5,421	33,536	
Fundraising revenue (income/loss) .....		168,957	142,035	-12,608	21,726	
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....	<b>1,678,907</b>	<b>2,638,495</b>	<b>3,563,151</b>	<b>3,320,313</b>	<b>7,598,190</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....	195,447	239,468				
Other compensation .....	487,205	1,619,745	2,060,243	2,175,093	2,474,323	
Professional fees .....	20,044	43,802	19,618	20,710	26,945	
Occupancy costs .....	41,526	144,918	218,569	252,590	276,437	
Depreciation and depletion .....	42,048	44,687	47,154	46,698	52,809	
Other expenses .....	205,783	700,023	772,516	891,931	984,893	
<b>Total expenses</b> .....	<b>992,053</b>	<b>2,792,643</b>	<b>3,118,100</b>	<b>3,387,022</b>	<b>3,815,407</b>	
<b>Excess or (Deficit)</b> .....	<b>686,854</b>	<b>-154,148</b>	<b>445,051</b>	<b>-66,709</b>	<b>3,782,783</b>	
Total exempt revenue .....	1,678,907	2,638,495	3,563,151	3,320,313	7,598,190	
Total unrelated revenue .....						
Total excludable revenue .....	31,269	739,040	1,098,369	1,562,579	1,507,133	
Total Assets .....	1,332,869	1,709,348	2,059,033	2,141,270	6,274,973	
Total Liabilities .....	676,125	1,219,490	1,116,995	1,253,550	1,528,313	
Net Fund Balances .....	656,744	489,858	942,038	887,720	4,746,660	

**Federal Statements****Taxable Interest on Investments**

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST	\$ 12,303					
Total	\$ 12,303					

**Taxable Dividends from Securities**

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
DIVIDENDS	\$ 21,233					
Total	\$ 21,233					

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## Federal Statements

## Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
REPAIRS AND MAINT	\$ 38,432	\$ 37,694	- \$ 738	
SCHOLARSHIPS	20,059	20,059		
VOLUNTEER/STAFF APPREC	8,696	6,547	2,149	
DUES	7,416	5,932	742	742
EQUIPMENT PURCH - GRANTS	5,000	5,000	338	
TAXES, LICENSES & PERMITS	2,893	2,555	1,508	
RIGHT OF USE DEPRECIATION	1,508			
Total	\$ 84,004	\$ 77,787	\$ 5,475	\$ 742

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57-1146474

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
CITY OF SAN DIEGO	\$ 156,308
COUNTY OF SD	5,000
	<u>5,908,023</u>
Total	<u>\$ 6,069,331</u>

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## Federal Statements

## Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
RHODA & MIKE AUER	\$	\$
APRIL BLANKFORT		
LISA CAPPER	15,000	
ELLEN CHERIN	18,000	
FLORENCE COHEN		
LARRY COUSINS	5,000	
MARION EGGERTSEN		
BILL & JUDY GARRETT	50,010	
JILL HALL	105,000	
NORMAN HAPKE	13,500	
RONALD HELLER	60,900	
LEONARD HIRSCH		
ADRIAN JAFFER		
KAMAYA JANE		
RALPH JOHNSON	20,000	
CHARLES & DORI KAUFMAN		
JEAN AND GORDON KELLY		
SHEILA LIPINSKY	15,000	
ROBIN LIPMAN	10,000	
ARTHUR & MARILYN NEUMANN	140,000	
CLAUDIA PRESCOTT	40,000	
ROBERT & DORIS REED		
CHRISTA REYNOLDS	10,000	
PAMELA RICHARDS	30,000	
ALLISON ROSSETT	5,000	
GENE SUMM		
PAMELA WAGNER	55,000	
CAREY WALL	15,000	
CHRISTY WHITE	15,000	
BILL MCHARG	50,000	
SHERYL WHITE	15,000	
LINDA LENHARD	35,000	
CITY OF SAN DIEGO	283,551	12,740
BARBARA MALONEY	30,000	
BARBARA ZELL	15,373	
DUGAN LAMOISE	10,194	
THE SHUBERT FOUNDATION	60,000	
COUNTY OF SAN DIEGO	15,000	
RICHARD WISLEY	22,000	
WENDY NASH	22,000	
CHERIE HALLADAY	18,000	
DEE SILVER	75,000	
HERBERT SOLOMON	10,000	
JOLENE KOESTER	10,000	
JOSEPH FISCH	25,000	
KATHLEEN HAYES		
LAURIE GORE	15,000	
MARGARET BOYCE		
BERNARD EGGERTSEN	241,068	
PAULA TALLAL	10,000	
RICHARD BROWN	12,000	
ROBERT WATSON	10,000	
THE DR SEUSS FUND	10,000	
LINDA CANADA	10,000	
CA ARTS COUNCIL		
CONRAD PREBYS FOUNDATION	200,000	
BARBARA OSWALT	13,000	

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## Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts (continued)

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
JEFFREY & JUDY HANDLER	\$ 10,000	\$
JUDEE SEDLER	10,000	
CUSHMAN FOUNDATION		
PNC FOUNDATION	20,000	
DIXIE UNRUH	100,000	
DONALD C & ELIZABETH DICKINSON FOUN	250,000	
MIKE & MIMI MURRAY	10,000	
LISA CAPPER	5,500	
BARBARA ROPER	10,000	
YOLANDA HOLCOMB	5,000	
BLAINE HIBBARD	10,000	
TRUDY MITCHELL	8,012	
SUSAN AUSTIN	30,000	
CHERYL DALEIDEN	10,000	
IVY HASEN	5,850	
SUZANNE HESS	10,000	
JAY HILL	10,000	
JOHN KROLL	10,000	
ELEANOR LYNCH	7,000	
PURLIA JOHNSON	5,000	
VIVIAN RESSLER	10,000	
MASON ROSENTHAL	5,000	
ERICA UELAND	6,000	
Total	<u>\$ 2,386,958</u>	<u>\$ 12,740</u>

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57-1146474

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
TICKET SALES	\$ 1,344,359
CONCESSION AND OTHER	129,237
INTEREST	12,303
DIVIDENDS	21,233
ANNUAL GALA	9,400
CYGNET TRIP	226,294
Total	<u>\$ 1,742,826</u>

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**Form 199 Return Summary**

For calendar year 2024, or tax year beginning 07/01/2024 , and ending 06/30/2025

57-1146474

**CYGNET THEATRE COMPANY**

Gross sales / receipts	<u>1,746,210</u>	
Dues from members		
Contributions / grants	<u>6,069,331</u>	
Total costs	<u>3,383</u>	
Expenses	<u>4,029,375</u>	
Excess / (deficit)		<u><u>3,782,783</u></u>

Total payments	_____
Penalties and interest	_____
Use tax	_____

Balance due	_____
Refund	<u>_____</u>

**Balance Sheet**

	<u>Beginning</u>	<u>Ending</u>	<u>Differences</u>
Assets	<u>2,141,270</u>	<u>6,274,973</u>	
Liabilities	<u>1,253,550</u>	<u>1,528,313</u>	
Net assets	<u>887,720</u>	<u>4,746,660</u>	<u>3,858,940</u>

**Miscellaneous Information**

Amended return  
Return / extended due date 05/15/26

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2024

# California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

CYGNET THEATRE COMPANY

Identifying number

57-1146474

### Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	7,815,541
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	7,812,158
3 Refund (Form 109, line 26)	3	
4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	

### Part II Settle Your Account Electronically for Taxable Year 2024

5  Direct deposit of refund (Form 109 only.)

6  Electronic funds withdrawal      6a Amount \_\_\_\_\_      6b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

### Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

### Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number \_\_\_\_\_

10 Account number \_\_\_\_\_      11 Type of account:  Checking  Savings

### Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here      Signature of officer \_\_\_\_\_      Date \_\_\_\_\_      Title **EXECUTIVE DIRECTOR**

### Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	ALICIA M. OWENS	Date	04/28/26	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's PTIN	P01212923
	Firm's name (or yours if self-employed) and address	A.M. OWENS, CPA, APC 10225 NE GARIBALDI LOOP BAINBRIDGE ISLAND WA				Firm's FEIN	45-4128534		ZIP code	98110

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature		Date		Check if self-employed	<input type="checkbox"/>	Paid preparer's PTIN		
	Firm's name (or yours if self-employed) and address					Firm's FEIN			ZIP code

TAXABLE YEAR **2024** **California Exempt Organization**  
**Annual Information Return**

FORM

**199**

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) **07/01/2024**, and ending (mm/dd/yyyy) **06/30/2025**

Corporation/Organization name <b>CYGNET THEATRE COMPANY</b>		California corporation number <b>2478432</b>
Additional information. See instructions.		FEIN <b>57-1146474</b>
Street address (suite or room) <b>2880 ROOSEVELT RD</b>		PMB no.
City <b>SAN DIEGO</b>	State <b>CA</b>	ZIP code <b>92110</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>B</b> Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>K</b> Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D</b> Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) <input type="checkbox"/>	<b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	<b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series	<b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?	Date filed with IRS

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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>1</b>	<b>1,746,210</b>	<b>00</b>
	<b>2</b> Gross dues and assessments from members and affiliates	<b>2</b>		<b>00</b>
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received	<b>3</b>	<b>6,069,331</b>	<b>00</b>
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed. If the result is less than \$50,000, see General Information B.</b>	<b>4</b>	<b>7,815,541</b>	<b>00</b>
	<b>5</b> Cost of goods sold	<b>5</b>		<b>00</b>
	<b>6</b> Cost or other basis, and sales expenses of assets sold	<b>6</b>	<b>3,383</b>	<b>00</b>
	<b>7</b> Total costs. Add line 5 and line 6	<b>7</b>	<b>3,383</b>	<b>00</b>
	<b>8</b> Total gross income. Subtract line 7 from line 4	<b>8</b>	<b>7,812,158</b>	<b>00</b>
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	<b>4,029,375</b>	<b>00</b>
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	<b>3,782,783</b>	<b>00</b>
<b>Payments</b>	<b>11</b> Total payments	<b>11</b>		<b>00</b>
	<b>12</b> Use tax. See General Information K	<b>12</b>		<b>00</b>
	<b>13</b> Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<b>13</b>		<b>00</b>
	<b>14</b> Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<b>14</b>		<b>00</b>
	<b>15</b> Penalties and interest. See General Information J	<b>15</b>		<b>00</b>
	<b>16</b> Balance due. Add line 12 and line 15. Then subtract line 11 from the result	<b>16</b>		<b>00</b>
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Title <b>EXECUTIVE DIRECTOR</b>	Date	Telephone <b>619-574-0059</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature	<b>ALICIA M. OWENS</b>	Date <b>04/28/2026</b>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	<b>A.M. OWENS, CPA, APC</b> <b>10225 NE GARIBALDI LOOP</b> <b>BAINBRIDGE ISLAND, WA 98110</b>		PTIN <b>P01212923</b>
				Firm's FEIN <b>45-4128534</b> Telephone <b>619-698-2401</b>
May the FTB discuss this return with the preparer shown above? See instructions				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CYGNET THEATRE COMPANY

57-1146474

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	1,473,596	00	
	2	Interest	•	2	12,303	00	
	3	Dividends	•	3	21,233	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) <b>SEE STATEMENT 1</b>	•	6	3,384	00	
	7	Other income. Attach schedule <b>SEE STATEMENT 2</b>	•	7	235,694	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	1,746,210	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 3</b>	•	11		00	
	12	Other salaries and wages	•	12	2,124,341	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	8,927	00
		14	Taxes	•	14		00
		15	Rents	•	15	276,437	00
		16	Depreciation and depletion (See instructions)	•	16	52,809	00
		17	Other expenses and disbursements. Attach schedule <b>SEE STATEMENT 4</b>	•	17	1,566,861	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	4,029,375	00

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		326,239	•	898,227
2	Net accounts receivable		1,325,238	•	3,159,952
3	Net notes receivable			•	
4	Inventories		7,747	•	4,899
5	Federal and state government obligations			•	
6	Investments in other bonds			•	
7	Investments in stock <b>STMT 5</b>			•	1,716,506
8	Mortgage loans			•	
9	Other investments. Attach schedule			•	
10	<b>a</b> Depreciable assets	1,125,854		1,191,145	
	<b>b</b> Less accumulated depreciation	990,866	134,988	1,043,675	147,470
11	Land			•	
12	Other assets. Attach schedule <b>STMT 6</b>		347,058	•	347,919
13	<b>Total assets</b>		2,141,270		6,274,973
<b>Liabilities and net worth</b>					
14	Accounts payable		286,440	•	340,512
15	Contributions, gifts, or grants payable			•	
16	Bonds and notes payable			•	
17	Mortgages payable <b>STMT 7</b>		508,459	•	490,635
18	Other liabilities. Attach schedule <b>STMT 8</b>		458,651	•	697,166
19	Capital stock or principal fund			•	
20	Paid-in or capital surplus. Attach reconciliation			•	
21	Retained earnings or income fund		887,720	•	4,746,660
22	<b>Total liabilities and net worth</b>		2,141,270		6,274,973

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	3,858,940	7	Income recorded on books this year not included in this return. Attach schedule <b>SEE STMT 10</b>	•	76,157
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule <b>SEE STMT 11</b>	•	4,273
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8	•	80,430
4	Income not recorded on books this year. Attach schedule <b>SEE STMT 9</b>	•	4,273	10	Net income per return. Subtract line 9 from line 6	•	3,782,783
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5	•	3,863,213				

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

**CYGNET THEATRE COMPANY**

**57-1146474**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

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**Special Rules**

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

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

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

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

Name of organization

CYGNET THEATRE COMPANY

Employer identification number

57-1146474

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF SAN DIEGO 202 C STREET SAN DIEGO CA 92101	\$ 156,308	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CONRAD PREBYS FOUNDATION 1420 KETTNER SAN DIEGO CA 92101	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	CLIENT COPY ..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

Description		How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
150 SHARES	INTEL	Purchase		6/24/25	6/26/25	\$ 3,384	\$ 3,383	\$	\$ 3,383
Total						\$ 3,384	\$ 3,383	0	\$ 3,383

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**Statement 2 - Form 199, Part II, Line 7 - Other Income**

Description	Amount
ANNUAL GALA	\$ 9,400
CYGNET TRIP	226,294
Total	\$ 235,694

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57-1146474

### California Statements

#### Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name	City	State	Zip	Address	Title	Avg Hrs	Compensation Amount
EDGAR CANADA					VICE PRESIDENT		
MONIQUE GAFFNEY					TRUSTEE		
YOLANDA HOLCOMB					TRUSTEE		
LINDA LENHARD					SECRETARY		
BARBARA BOLT				4891 PACIFIC HIGHWAY, SUITE 115	PRESIDENT		
ARTHUR NEUMANN	SAN DIEGO	CA	92110				
ELEANOR LYNCH					TRUSTEE		
ANISE RITCHIE					TRUSTEE		
LESSLIE KELLER					TRUSTEE		
BEN AGUILAR					TREASURER		
TERRY O'DONNELL					TRUSTEE		
MARY ROBERTS					TRUSTEE		
CHRISTY WHITE					TRUSTEE		
GREGG CANTOR					TRUSTEE		
JOLENE KOESTER					TRUSTEE		
BARBARA ZELL					TRUSTEE		
Total							0

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## California Statements

**Statement 4 - Form 199, Part II, Line 17 - Other Expenses**

Description	Amount
	\$
ANNUAL GALA REFUNDS	3,250
CYGNET TRIP	
CYGNET TRIP	210,718
EMPLOYEE BENEFITS	105,941
PAYROLL TAXES	190,464
PAYROLL PROCESSING/401K	14,672
AUDIT	8,000
PRINTING	17,824
POSTAGE	18,721
PRODUCTION EXPENSES	311,780
REPAIRS AND MAINT	38,432
SERVICE FEES	67,774
DUES	7,416
TAXES, LICENSES & PERMITS	2,893
COST OF CONCESSIONS	41,874
CAPITAL CAMPAIGN	52,999
VOLUNTEER/STAFF APPREC	8,696
RIGHT OF USE DEPRECIATION	1,508
401K	53,577
MARKETING AND PROMOTION	333,673
SUPPLIES	34,016
INSURANCE	13,301
INVESTMENT FEES	4,273
EQUIPMENT PURCH - GRANTS	5,000
SCHOLARSHIPS	20,059
Total	<u>\$ 1,566,861</u>

**Statement 5 - Form 199, Schedule L, Line 7 - Investments in Stock**

Description	Beginning of Year	End of Year
US BANK - VARIOUS	\$	\$ 1,716,506
Total	<u>\$ 0</u>	<u>\$ 1,716,506</u>

**Statement 6 - Form 199, Schedule L, Line 12 - Other Assets**

Description	Beginning of Year	End of Year
DEPOSITS	\$ 24,342	\$ 15,632
457B DEF COMP INVESTMENTS	94,793	141,545
RIGHT OF USE ASSET	3,516	7,038
Prepaid Expenses	224,407	183,704
Total	<u>\$ 347,058</u>	<u>\$ 347,919</u>

## California Statements

### Statement 7 - Form 199, Schedule L, Line 17 - Mortgages Payable

Description	Beginning of Year	End of Year
SBA EDIL LOAN	\$ 508,459	\$ 490,635
Total	\$ 508,459	\$ 490,635

### Statement 8 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year	End of Year
LEASE LIABILITY	\$ 3,516	\$ 7,038
Deferred Revenue	455,135	690,128
Total	\$ 458,651	\$ 697,166

### Statement 9 - Form 199, Schedule M-1, Line 4 - Income Not Recorded on Books

Description	Amount
Investment expenses	\$ 4,273
Total	\$ 4,273

### Statement 10 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

Description	Amount
Net unrealized gains	\$ 76,157
Total	\$ 76,157

### Statement 11 - Form 199, Schedule M-1, Line 8 - Deductions Not Charged Against Book Income

Description	Amount
Investment expenses	\$ 4,273
Total	\$ 4,273

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2024

# California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

**CYGNET THEATRE COMPANY**

Identifying number

**57-1146474**

### Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2
3 Refund (Form 109, line 26)	3
4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4

### Part II Settle Your Account Electronically for Taxable Year 2024

5  Direct deposit of refund (Form 109 only.)

6  Electronic funds withdrawal      6a Amount \_\_\_\_\_      6b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

### Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

### Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number \_\_\_\_\_

10 Account number \_\_\_\_\_      11 Type of account:  Checking  Savings

### Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here      Signature of officer \_\_\_\_\_      Date \_\_\_\_\_      Title **EXECUTIVE DIRECTOR**

### Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	ALICIA M. OWENS	Date	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's PTIN	P01212923
	Firm's name (or yours if self-employed) and address	A.M. OWENS, CPA, APC 10225 NE GARIBALDI LOOP BAINBRIDGE ISLAND WA			Firm's FEIN	45-4128534		ZIP code	98110

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed	<input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	Firm's FEIN	ZIP code		

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W. FORM 199

Corporation name

CYGNET THEATRE COMPANY

California corporation number

2478432

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for Part I. Line 1: Maximum deduction under IRC Section 179 for California. Line 2: Total cost of IRC Section 179 property placed in service. Line 3: Threshold cost of IRC Section 179 property before reduction in limitation. Line 4: Reduction in limitation. Line 5: Dollar limitation for taxable year.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns for Part II: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation. Line 14: SEE STATEMENT 1, 52,809. Line 15: 52,809.

Part III Summary

Table with 3 rows for Part III. Line 16: Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g). Line 17: Total depreciation claimed for federal purposes from federal Form 4562, line 22. Line 18: Depreciation adjustment.

Part IV Amortization

Table with 7 columns for Part IV: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC Section (see instructions), (f) Period or percentage, (g) Amortization for this year. Line 20: Total. Line 21: Total amortization claimed for federal purposes from federal Form 4562, line 44. Line 22: Amortization adjustment.

## California Statements

## Indirect Depreciation

## Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
IMPROVEMENTS	5/01/25	\$ 6,175	\$	S/L	39.00	\$ 26	\$
2005 FED F350	10/02/24	5,000		S/L	5.00	750	
WEBSITE	7/01/24	36,000		S/L	7.00	5,143	
COMPUTERS	9/01/24	4,164		S/L	3.00	1,157	
THEATRE EQUIP	10/01/24	13,952		S/L	7.00	1,495	
PRIOR YEAR ASSETS	6/01/12	971,910	906,685	S/L	30.00	32,397	
IMPROVEMENTS	6/30/16	2,722	871	S/L	25.00	109	
EQUIPMENT	2/28/18	7,668	7,084	S/L	7.00	584	
EQUIPMENT	5/21/19	2,992	2,173	S/L	7.00	427	
EQUIPMENT	11/01/18	583	472	S/L	7.00	83	
COMPUTERS	12/31/21	13,627	11,356	S/L	3.00	2,271	
OFFICE EQUIP	12/31/21	5,356	4,463	S/L	3.00	893	
TABLE SAW	5/05/22	1,902	589	S/L	7.00	271	
AIR CONDITIONER COMPRESSOR	8/01/22	6,349	811	S/L	15.00	424	
COMPUTER	4/21/23	754	293	S/L	3.00	252	
LIGHTING	4/07/23	9,792	816	S/L	15.00	653	
WIRELESS MICS	4/19/23	2,756	642	S/L	5.00	551	
THEATRE EQUIPMENT	1/01/24	21,331	2,133	S/L	5.00	4,266	

## Indirect Depreciation

## Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
COMPUTERS	1/01/24	\$ 2,212	\$ 221	S/L	5.00	\$ 443	\$
IMPROVEMENTS	1/01/24	23,950	307	S/L	39.00	614	
Total		\$ 1,139,195	\$ 938,916			\$ 52,809	\$ 0

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MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
www.oag.ca.gov/charities

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

<p><b>CYGNET THEATRE COMPANY</b> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used <b>2880 ROOSEVELT RD</b></p> <p>Address (Number and Street) <b>SAN DIEGO CA 92110</b></p> <p>City or Town, State, and ZIP Code <b>619-574-0059</b></p> <p>Telephone Number <b>BSCHMIDT@CYGNETTREATRE.COM</b></p> <p>E-mail Address</p>	<p>Check if:</p> <p><input checked="" type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <hr/> <p>State Charity Registration Number <b>121145</b></p> <p>Corporation or Organization No. <b>2478432</b></p> <p>Federal Employer ID No. <b>57-1146474</b></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/24 ending 06/30/25) list:

**Total Revenue \$** 7,598,190 **Noncash Contributions \$** 3,383 **Total Assets \$** 6,274,973  
(including noncash contributions)

**Program Expenses \$** 3,037,762 **Total Expenses \$** 3,815,407

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		<b>X</b>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		<b>X</b>
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		<b>X</b>
5. During this reporting period, did the organization receive any governmental funding?	<b>X</b>	
<b>STMT 1</b>		
6. During this reporting period, did the organization hold a raffle for charitable purposes?		<b>X</b>
7. Does the organization conduct a vehicle donation program?		<b>X</b>
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<b>X</b>	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		<b>X</b>

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

<b>WILLIAM SCHMIDT</b>	<b>EXECUTIVE DIRECTOR</b>		
Signature of Authorized Agent	Printed Name	Title	Date

**Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding**Description

CITY OF SAN DIEGO ARTS COMMISSION FOR ARTS AND CULTURE  
SAN DIEGO, CA 92101  
LETICIA FRANCO 619-236-6778  
\$156,308

County of San Diego  
County Administration Center  
1600 Pacific Highway, Rm 166  
San Diego, CA, 92101  
(619) 531-5413  
\$5,000

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