# Form **990**

В

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Check if applicable:

For the 2021 calendar year, or tax year beginning

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 for instructions and the latest information.

, 2021, and ending

Open to Public Inspection

, 20

D Employer identification number

	Ad	ddress change		Center for the Arts			04906		
	Na	ame change	P.O. Box 58	0047		<b>E</b> Telepho	ne numb	er	
	In	itial return	Livingston, MT 5	9047		(406	6) 22	22-1420	
	Fir	nal return/terminated							
	ıA	mended return				<b>G</b> Gross re			,837.
	Αţ	pplication pending	<b>F</b> Name and address of principal	officer: Erika Adams	` '	Is this a group return			
			Same As C Above		H(b)	Are all subordinates If "No," attach a list.	included See inst	? Yes	No
I		exempt status:	X 501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1) o	r 527				
J	We	bsite: ► ww	w.theshanecenter			Group exemption nu			
K		n of organization:	X Corporation Trust	Association Other ► L	Year of formation:	2002 <b>M</b> s	tate of le	gal domicile: MT	1
Pa	rt I	Summar							
	1			on or most significant activities: Th					<u>nter</u>
ce		<u>for the</u>	Arts is to streng	gthen community through	n participa	ation_in_t	ne a	rts	
nar									
Governance	2	Check this bo	ox ► if the organization	n discontinued its operations or dis	posed of more t	han 25% of its	net ass	sets.	
				ning body (Part VI, line 1a)			3		12
Activities &	4			s of the governing body (Part VI, lin			4		12
itie	5			calendar year 2021 (Part V, line 2			5		15
ctiv	6			necessary)			6		100
A				Part VIII, column (C), line 12 from Form 990-T, Part I, line 11			7a 7b		0.
	D	Net unrelated	Dusiness taxable income	moni i onii 390-i, Fait i, iiile i i		Prior Year	70	Current Yo	
	8	Contributions	and grants (Part VIII line	1h)		1,172,6	10		, 993.
Revenue	9			2g)			50.		,507.
ven	10			A), lines 3, 4, and 7d)			32.	31	142.
Re	11			nes 5, 6d, 8c, 9c, 10c, and 11e)		14,4		14	,310.
	12			(must equal Part VIII, column (A),		1,187,3			,952.
	13	Grants and si	imilar amounts paid (Part I	X, column (A), lines 1-3)		·			
	14	Benefits paid	to or for members (Part I)	(, column (A), line 4)					
S	15	Salaries, other	er compensation, employee	e benefits (Part IX, column (A), line	s 5-10)	89,0	32.	299	,063.
1Se:	16 a	Professional	fundraising fees (Part IX, o	column (A), line 11e)					
Expenses	b	Total fundrais	sing expenses (Part IX, col	umn (D), line 25) ►	25,032.				
Û	17	Other expens	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)		55,6	76.	165	,053.
	18	Total expense	es. Add lines 13-17 (must e	equal Part IX, column (A), line 25).		144,7			,116.
	19	Revenue less	expenses. Subtract line 1	8 from line 12		1,042,6			,836.
P S					Be	eginning of Curren		End of Ye	
Assets or I Balances	20		• • •			3,735,0		3,819	
t As id B	21	Total liabilitie	es (Part X, line 26)			53,4	60.	32	,460.
Net, Fund		Net assets or	fund balances. Subtract li	ne 21 from line 20		3,681,5	93.	3,787	,429.
Pa	rt II	Signatur	e Block						
Unde	er penal	Ities of perjury, I de	eclare that I have examined this retu	rn, including accompanying schedules and stat all information of which preparer has any knowl	ements, and to the be	est of my knowledge	and belie	f, it is true, correct	, and
		N							
c:		Signatu	ire of officer			Date			
Sig He	JN re	Enil	lra Adama		E		) i m		
110			ka Adams print name and title		<u>E</u> ,	xecutive I	)11.		
		Print/Type p	preparer's name	Preparer's signature	Date	Check 2	ζ if F	PTIN	
Pai	id	Rosie	Barndt CPA PC	Rosie Barndt CPA PC		self-employe		P01366717	
	iu epare			CPA PC	ı	23 3рібус	13		
Üs	e On	ily Firm's addre		STREET		Firm's EIN	821	.279005	
		5 addire	-	59718		Phone no.		090411	
May	/ the	IRS discuss th	•	shown above? See instructions				X Yes	No

Part	Ш	Statement of Program Service A							
		Check if Schedule O contains a response	or note to any	line in this Pa	rt III				
1	-	y describe the organization's mission:							
	<u>The</u>	mission of the Shane Lalan	<u>i Center</u>	for the A	<u>rts is to </u>	strengthen o	commun:	<u>ity</u>	
	thr	ough participation in the a	rts						
		e organization undertake any significant progra					_	_	7
		990 or 990-EZ?					· · · ·   '	Yes X	No
		s," describe these new services on Schedule C						_	7
		ne organization cease conducting, or make	significant cha	nges in how it	conducts, any p	rogram services?.		Yes X	No
		s," describe these changes on Schedule O.							
4	Descr Section	ribe the organization's program service acc	omplishments	for each of its	three largest pro	ogram services, as	measured	d by exp	enses.
	and re	on 501(c)(3) and 501(c)(4) organizations ar evenue, if any, for each program service re	ported.	eport the arriot	int or grants and	anocations to oth	513, the to	nai expe	11303,
4 a	(Code	e:) (Expenses \$162,	382. includ	ng grants of	\$	) (Revenue	\$	52,	495.)
	Ven	ue - The Shane Lalani Cente							
		nts. Our beautiful historic							
		e public venue rental space							
		ebrate monumental moments,							
		ne Center facilitates appro							
		ition, the Shane Center is							
		al music and book store, da							
		m, young artist's classroom							apher.
4 b	(Code	e:) (Expenses \$ 77,	918. includ	ng grants of	\$	) (Revenue	\$	33,	357.)
	Pro	duction - The Shane Lalani						a .	
		eptional community theatre							
		ticipants. We typically pr						oeauti	lful
		seat Dulcie Theatre each s							
	sup	ported by approximately 7,4	00 audien	ce member	s. The Sh	ane Center's	atter	ndance	has
		torically grown around 15%							
		port and talented volunteer							
	adj	usted programing included 3	producti	ons, with	approxima	tely 1,700 a	udien	ce	
	meml	bers, over 28 performances,	and 100	volunteer	participa	nts. We also	prese	ented	an
	out	<u>door concert series with ap</u>	<u>proximat</u> e	ly 200 at	tendees				
									. — — — —
4 c	(Code	e:) (Expenses \$76,	456. includ	ng grants of	\$	) (Revenue	\$	13,	<u>450.</u> )
	<u>Edu</u>	cation - The Shane Lalani C	enter for	the Arts	' Educatio	n Programmir	ng regu	ularly	7
	ser	ves more than 350 student p	<u>articipa</u> n	ts and bo	<u>asts over</u>	4,500 audier	nce mer	nbers	<u>each</u>
	yea:	<u>r. We host an intensive tw</u>	o-week su	mmer thea	<u>tre worksh</u>	op for kids	ages (	6 <u>- 17</u>	<u>that</u>
		<u>minates in a full musical p</u>						cludes	3
	Dev.	<u>ised Theatre Initiative a f</u>	ree_six-w	<u>eek after</u>	<u>school</u> pr	ogram to end	gage		
		temporary social issues for							
	<u>Act</u>	<u>ors Workshop, serving over</u>	100_stude	nts, and	380 perfor	mance attend	dees.		. — — — —
		program services (Describe on Schedule (		<b>A</b>				-	
	(Expe		g grants of		) (Re	evenue \$		)	
4 e	Total	program service expenses ►	316,756.						

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	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	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
Ł	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.	11 b		X
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
C	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

# Form 990 (2021) The Shane Lalani Center for the Arts Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
;	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Χ
(	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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			. L
1 :	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
I	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
RΔΔ			990 (	′2021\

Form 990 (2021) The Shane Lalani Center for the Arts

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

			Yes	No
28	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 15			
ı	of If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ı	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 8	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)?	4 a		Х
	o 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>5</b> -	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a 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?	6 a		Х
	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			21
7	not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
ć	a 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?	7 a		Х
	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		Х
(	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	7~		
ı	as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 g		
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h		
Ū	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	-		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ı	a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
ı	<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			
(	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
ı	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	16		Х
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 12 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** Enter the number of voting members included on line 1a, above, who are independent..... 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ...... Χ 2 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?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 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 Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Χ 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? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **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 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None 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 X Upon request X Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records Erika Adams P.O. Box 58 Livingston MT 59047 (406) 222-1420

Form 990 (2021)	The	Shane	Lalani	Center	for	the	Arts

45-0490660

Page 7

# 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

(A) Name and title  (B) Average hours per week (list any hours for clated organizations tions below dotted line)  (B) Average hours per week (list any hours for clated 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 organizations (W-2/1099-MISC/1099-NEC)  (W-2/1099-MISC/1099-NEC)  (F) Estimated amount of other compensation from the organizations (W-2/1099-MISC/1099-NEC)  MISC/1099-NEC)
Name and title  Average hours per  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee)  Than one box, unless person is both an officer and a director/trustee and
(1) Erika Adams 40 40
Executive Dir. 0 X 45,413. 0. 1,432.
_(2) Deb Anzack
Director 0 X 0. 0.
(3) Jennifer Arr
<u>Director</u> 0 X 0. 0. 0.
<u>Director</u> 0 X 0. 0. 0.
(5) Colin Davis0.5
Director 0 X 0. 0. 0.
(6) Don Gimbel0.5
Director 0 X 0. 0. 0.
7) Sal Lalani 0.5
Director 0 X 0. 0.
Director 0 X 0. 0. 0.
_(9) Alex Sienkiewicz
Director 0 X 0. 0. 0. (10) Don Viegut 0.5
Director         0 X         0.         0.         0.           (11) Dain Rodwell         1         1         0.         0.         0.
President         0         X         X         0.         0.         0.           (12) Wyeth Windham         1         1         0
Vice President 0 X X X 0. 0. 0.
(13) Sarah Skofield
Secretary 0 X X X 0. 0. 0.
(14) Jerimiah Bates

Treasurer

Tart VII Section A. Officers, Directors, 110		103		•	_	05,	٠	a ringiliose con	ipenisatea Emp	oyees (continued)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box,	er an	ss pe	sition more erson directo	than Highest compensated employee	n an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
<u>(19)</u>										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal 45, 413. 0.  c Total from continuation sheets to Part VII, Section A 0.  d Total (add lines 1b and 1c) 45, 413. 0.  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable com							1,432. 0. 1,432.			
from the organization • 0	10 11030 1	Sicu	abov	<i>(</i> C) v	WIIO	i CCCI	vcu	more than \$100,00	o of reportable comp	
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, truste h <i>individu</i>	e, ke <i>al</i>	y er	nplo	oyee 	e, or	high	nest compensated	employee	Yes No
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00?	If 'Y	∕es,'	com	ıple	te Schedule J for	from	. 4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen	satio	n fro	om :	any I fo	unre	late	ed organization or	individual	
Section B. Independent Contractors	•									
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated indessation for	epend the ca	dent alend	cor dar <u>y</u>	ntrad year	ctors endii	tha ng v	t received more the vith or within the or	nan \$100,000 of ganization's tax year	
<b>(A)</b> Name and business add	ess							(B) Description (	of services	<b>(C)</b> Compensation
Langlas & Associates, Inc. 1019 East Main,	Ste 10:	l Bo	zema	an,	МТ	597	715	Construction		146,519.
2 Total number of independent contractors (including the \$100,000 of compensation from the organization)		ted to	tho	se I	isted	l abo	ve)	who received more	than	
BAA		TFFAO	1081	09/2	22/21					Form <b>990</b> (2021)

		Check if Schedule O contains a	response or note to any	y line in this Part V	III		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, à 10	1 a	Federated campaigns	1a		10101140		512 511
뒫뒫	ı a		1 b				
E or	D	·					
S, C	С	_	1 c				
a ii	d	Related organizations	1 d				
S.E	е	Government grants (contributions)	1 e				
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f 503,993.				
ξō	g	Noncash contributions included in lines 1a-1f.	1g 9,362.				
Ö	h	<b>Total.</b> Add lines 1a-1f		500 000			
	П	Total. Add lines Ta-Ti	Business Code	503,993.			
Œ	_						
₹		<u>Admissions</u>		33,357.	33,357.		
æ	b	<u>Tuition</u>	711300	13,450.	13,450.		
<u>8</u>	С		900099	4,700.			4,700.
2	d	=					-,
Š	е						
Program Service Revenue	_	All other program service revenue.					
g							
م	_	Total. Add lines 2a-2f		51,507.			
	3	Investment income (including dividen	ds, interest, and				
	_	other similar amounts)		142.			142.
	4	Income from investment of tax-exe	'				
	5	Royalties					
		(i) Rea	l (ii) Personal				
	6 a	Gross rents 6a 49,8	380. 4,463.				
	b	Less: rental expenses 6b 50,2					
	С		113. 4,463.				
		Net rental income or (loss)		4,050.			4,050.
		(i) Securit		4,030.			4,030.
	7 a	Gross amount from	(ii) Other				
		sales of assets other than inventory 7a					
	b	Less: cost or other basis					
		and sales expenses 7b					
	С	Gain or (loss) 7c					
	d	Net gain or (loss)	▶				
Other Revenue	8 a	Gross income from fundraising events (not including \$	- 8a 14,610.				
후	h	Less: direct expenses	8b 10,820.				
둦		Net income or (loss) from fundrais	10,020.	3,790.			3,790.
Ų				3,130.			3,130.
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
	L	Less: direct expenses	9b				
	С	Net income or (loss) from gaming	activities				
	10 a	Gross sales of inventory, less returns and allowances	10a 9,242.				
	b	Less: cost of goods sold	10b 2,772.				
	С	Net income or (loss) from sales of		6,470.			6,470.
S			Business Code	2, 2.0			3, 21.01
Miscellaneous Revenue	11 a						
₽ ≱	h						
<u>ē</u> <u>ā</u>							
ව ව	11a b c d	All other revenue					
₹ F							
_	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	▶	569,952.	46,807.	0.	19,152.

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.							
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		. ,	3	- p			
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	46,846.	14,054.	18,738.	14,054.			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.			
7	Other salaries and wages	221,921.	162,348.	59,573.	· · ·			
8	Pension plan accruals and contributions (include section 401(k) and 403(b)	·	,	·				
	èmployer contributions)	4,695.	2,988.	1,707.				
9	Other employee benefits							
10	Payroll taxes	25,601.	16,852.	7,444.	1,305.			
11	Fees for services (nonemployees):							
	Management							
	Legal							
	: Accounting	12,563.		12,563.				
	Lobbying							
	Professional fundraising services. See Part IV, line 17							
	Investment management fees							
y	(A), amount, list line 11g expenses on Schedule 0.)							
12	Advertising and promotion	9,673.			9,673.			
13	Office expenses	10,180.	6,719.	3,461.				
14	Information technology							
15	Royalties							
16	Occupancy	23,537.	15,534.	8,003.				
17	Travel	1,555.	1,026.	529.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	1,261.	832.	429.				
20	Interest		0021					
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	43,132.	40,862.	2,270.				
23	Insurance	22,384.	14,773.	7,611.				
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 supplies	31,228.	31,228.					
k	PEducation_supplies	9,540.	9,540.					
(								
(								
•	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	464,116.	316,756.	122,328.	25,032.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following							
	SOP 98-2 (ASC 958-720)							

		Check if Schedule O contains a response or note to	any line	in this Part X				
					(A) Beginning of year		<b>(B)</b> End of year	
	1	Cash – non-interest-bearing			101,962.	1	118,750.	
	2	Savings and temporary cash investments			352,811.	2	278,437.	
	3	Pledges and grants receivable, net			209,751.	3	154,958.	
	4	Accounts receivable, net		4	5,150.			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er officer, I contribut	director,		5		
	6	Loans and other receivables from other disqualified p		<u> </u>				
	0	section 4958(f)(1)), and persons described in section				6		
	7	Notes and loans receivable, net				7		
Ø	8	Inventories for sale or use		L		8		
šet	9	Prepaid expenses and deferred charges		<u> </u>		9		
Assets	-		1 1			9		
ŗ		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		3,949,383.				
	b	Less: accumulated depreciation		686,790.	3,070,529.	10 c	3,262,593.	
	11	Investments — publicly traded securities		-		11		
	12	Investments — other securities. See Part IV, line 11		-		12		
	13	Investments — program-related. See Part IV, line 11.		<b>⊢</b>		13		
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11		-		15	1.	
	16	Total assets. Add lines 1 through 15 (must equal line	3,735,053.	16	3,819,889.			
	17	Accounts payable and accrued expenses			2,606.	17	4,035.	
	18	Grants payable		18				
	19	Deferred revenue	3,425.	19 20	3,425.			
	20	·	Tax-exempt bond liabilities					
ies	21	Escrow or custodial account liability. Complete Part I		L		21		
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 35	5%		22	25,000.	
	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	25,000.	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24		
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		47,429.	25		
	26	Total liabilities. Add lines 17 through 25			53,460.	26	32,460.	
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	<b>≥►</b> ∑	ζ	·		·	
au	27	· · · · · · · · · · · · · · · · · · ·			3,276,799.	27	3,550,020.	
Ba	28	Net assets with donor restrictions			404,794.	28	237,409.	
ā		Organizations that do not follow FASB ASC 958, che	ck here >	. 🗆 🛚				
교		and complete lines 29 through 33.						
Net Assets or Fund Balance	29	Capital stock or trust principal, or current funds				29		
ets	30	Paid-in or capital surplus, or land, building, or equipm	nent fund.			30		
SS	31	Retained earnings, endowment, accumulated income,	, or other	funds		31		
t A	32	Total net assets or fund balances			3,681,593.	32	3,787,429.	
ž	33	Total liabilities and net assets/fund balances			3,735,053.	33	3,819,889.	
RΔ	Δ		TEEA0111L	09/22/21	•		Form <b>990</b> (2021)	

Pa	rt 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	5	69,9	<del>)</del> 52.
2	Total expenses (must equal Part IX, column (A), line 25).	2	4	64,1	16.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	05,8	36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,6	81,5	93.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,7	87,4	129.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	d on a			
	b Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	te			
(	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?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	<b>a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. За		Х
	<b>b</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				
BAA	TEEA0112L 09/22/21		Form	1 <b>990</b> (	(2021)

### **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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

vame	or the	eorganization					Employer identific	auon number
The	e Si	hane Lalani Center	for the Arts				45-049066	50
Par	tΙ	Reason for Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) See instru	ctions.
The	orga	nization is not a private found	lation because it is: (I	For lines 1 through 12,	check o	nly one	box.)	
1		A church, convention of church	es, or association of ch	nurches described in sect	tion 1 <b>70</b> (	b)(1)(A)(	i).	
2		A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)			
3		A hospital or a cooperative h	ospital service organi	ization described in sec	tion 170	O(b)(1)(A	A)(iii).	
4		A medical research organiza name, city, and state:	tion operated in conju	unction with a hospital o	describe	d in <b>sec</b>	tion 170(b)(1)(A)(iii). E	Enter the hospital's
5		An organization operated for section 170(b)(1)(A)(iv). (Co		ge or university owned	or oper	ated by	a governmental unit d	escribed in
6		A federal, state, or local gove	,	ntal unit described in s	ection 1	<b>70(b)(</b> 1)	(A)(v).	
7	Ш	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	it or from the general pu	blic described
8		A community trust described	in section 170(b)(1)(a	A)(vi). (Complete Part I	l.)			
9	П	An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant coll	ege
	ш	or university or a non-land-gran						
		university:						
10	X	An organization that normally from activities related to its a investment income and unredune 30, 1975. See section 5	exempt functions, sub lated business taxable	ject to certain exception en income (less section	ns; and	(2) no r	nore than 33-1/3% of i	its support from gross
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).	
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in <b>section 509(a)(1)</b> d	or <b>sectio</b>	n 509(a)	)(2). See section 509(a	out the purposes of one a)(3). Check the box on
a	ı 🗌	Type I. A supporting organization organization (s) the power to re	on operated, supervised	d. or controlled by its sur	ported a	rganizati	ion(s), typically by giving	g the supported
		complete Part IV, Sections A	and B.	, ,			11 3 3	
Ł	) <u> </u>	Type II. A supporting organiz management of the supporting must complete Part IV. Secti	organization vested in	ontrolled in connection the same persons that controlled in connection.	with its ontrol or	support manage	ed organization(s), by the supported organization	having control or tion(s). <b>You</b>
c	: 🗌	Type III functionally integrated organization(s) (see instruction		ion operated in connection	n with, a	nd functio	onally integrated with, its	supported
c	i 🗌	Type III non-functionally integrated. The c	rated. A supporting org	anization operated in cor	nection	with its s	supported organization(s	s) that is not
_	. 🖂	instructions). You must com	plete Part IV, Section	s A and D, and Part V.	·			
	: [_	Check this box if the organiz integrated, or Type III non-fu	nctionally integrated:	supporting organizatior	١.			e III functionally
		iter the number of supported of supported of the following information	•					
_		ame of supported organization	(ii) EIN	(iii) Type of organization	Gal	s the	(v) Amount of monetary	(vi) Amount of other
	(1)	ine or supported organization	(1) = 11	(described on lines 1-10 above (see instructions))	organizat in your g docur	ion listed overning	support (see instructions)	support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
<u>-,                                    </u>								

45-0490660

Pai	Support Schedule for (Complete only if you checked organization fails to qualify	the box on line 5,	7, or 8 of Part I or	if the organization	failed to qualify un		VI)
Sec	tion A. Public Support						
beg	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
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	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support		_	_	_		
Cale beg	endar year (or fiscal year Inning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and						▶ □
Sec	tion C. Computation of Pu	blic Support I	Percentage				
14	Public support percentage for 20	021 (line 6, colum	nn (f), divided by I	ine 11, column (f)	))	14	%
15	Public support percentage from	2020 Schedule A	, Part II, line 14.				%
16a	<b>33-1/3% support test—2021.</b> If t and <b>stop here.</b> The organization	he organization o qualifies as a pu	did not check the liblicly supported o	oox on line 13, an organization	nd line 14 is 33-1/3	3% or more, check	this box►
b	<b>33-1/3% support test—2020.</b> If the and <b>stop here.</b> The organization	ne organization d n qualifies as a pu	id not check a boo ublicly supported	on line 13 or 16a or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances to more, and if the organization the organization meets the facts	est—2021. If the omeets the facts-and-circumstand	organization did no and-circumstance ces test. The orga	ot check a box on s test, check this nization qualifies	line 13, 16a, or 1 box and <b>stop here</b> as a publicly supp	6b, and line 14 is 1 e. Explain in Part V ported organization	10% ′I how ►
b	or more, and if the organization organization meets the facts-and	meets the facts-	and-circumstance	s test, check this	box and stop here	<b>e.</b> Explain in Part V	/I how the
18	Private foundation. If the organi	zation did not ch	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	is box and see inst	tructions ►

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

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

Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·		,			
	lar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	244,940.	119,612.	982.005.	1,172,610.	503,993.	3,023,160.
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.				250.		
3	Gross receipts from activities that are not an unrelated trade	250,861.	163,645.	85,029.	250.	46,807.	546,592.
4	or business under section 513.  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.					8,318.	8,318.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from	495,801.	283,257.	1,067,034.	1,172,860.	559,118.	3,578,070.
b	disqualified persons	102,373.	116,670.	389,389.	831,674.	65,416.	1,505,522.
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	102,373.	116,670.	389,389.	831,674.	65,416.	1,505,522.
	Public support. (Subtract line 7c from line 6.)						2,072,548.
	tion B. Total Support				4 11 2222		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
	Amounts from line 6	495,801.	283,257.	1,067,034.	1,172,860.	559,118.	3,578,070.
	rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	21.	55.	2,917.	32.	142.	3,167.
-	Add lines 10a and 10b	21.	55.	2,917.	32.	142.	3,167.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					10,692.	10,692.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).					20,002	0.
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	495,822.			1,172,892.	569,952.	3,591,929.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pul						
	Public support percentage for 20	•	• • •		•		57.70 %
	Public support percentage from 2					16	60.67 %
	tion D. Computation of Inv						
	Investment income percentage for	•		-	* * * *		0.09 %
	Investment income percentage fi					<u> </u>	0.09 %
	<b>33-1/3%</b> support tests— <b>2021.</b> If t is not more than 33-1/3%, check <b>33-1/3%</b> support tests— <b>2020.</b> If t	this box and <b>stop</b>	here. The organ	nization qualifies a	as a publicly supp	orted organization	ı ► <u>X</u>
	line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box a	nd <b>stop here.</b> Th	e organization qu	alifies as a public	ly supported orgai	nization ►

45-0490660

# Part IV | Supporting Organizations

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

# **Section A. All Supporting Organizations**

			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.	1		
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	2		
	described in section 509(a)(1) or (2).			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
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.	3b		
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.	3c		
<b>4</b> a	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>4</b> a		
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.	4b		
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.	4c		
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).	5a		
b	• Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
	If 'Yes,' provide detail in <b>Part VI.</b>	9a		
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> .	9b		
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>	9с		
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)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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Pa	rt IV	Supporting C	Organizations	(continue	ed)							.,	
11	Has	the organization a	ccepted a gift or o	contribution	n from any	of the follow	ving pei	rsons?				Yes	No
	<b>a</b> A pe	rson who directly or	indirectly controls,	either alon	e or togethe	r with persor	ns descr	ribed on	lines 11b a	and 11c below,			
	-	governing body of									11a		
		mily member of a	•				11 11	.,			11b 11c		
		6 controlled entity of a B. Type I Supr	•		above? If Yes	s' to line 11a, 1	ID, OT IIC	c, proviae	detail in <b>Pai</b>	rt VI.	110		
36	Cuon	b. Type I Supp	orting Organi	Zations								Yes	No
1	Did t	the governing body	, members of the	governing	body, offic	ers acting in	n their	official o	capacity, o	or membership of one		103	
	offic	ers, directors, or tr	rustees at all time	s ḋuring th	ie tax year?	' If 'No.' des	cribe in	n Part V	/I how the	f the organization's supported			
	than	one supported org	ganization, descri	be how the	powers to	appoint and	d/or ren	nove of	ficers, dire	rganization had more ectors, or trustees			
		e allocated among	the supported org	anizations	and what o	conditions o	r restric	ctions, i	if any, app	lied to such powers	1		
2		the organization of	perate for the ben	efit of anv	supported of	organization	other	than the	e supporte	ed organization(s)			
	that	operated, supervise	sed, or controlled	the suppor	ting organiz	zation? <i>If 'Y</i>	es,' exp	plain in	Part VI ho	ow providing such			
		porting organization		ирропеи с	nyanization	i(s) iliai ope	iaicu,	supervis	seu, or co	ntioned the	2		
Se	ction	C. Type II Sup	porting Organ	izations									
												Yes	No
1		e a majority of the or								ors or trustees management of the			
		porting organization									1		
Se	ction	D. All Type III	Supporting Or	ganizati	ons								
1	Did t	the organization pr	rovide to each of i	ts sunnorti	ed organiza	tions by the	e last d	lav of th	ne fifth mo	nth of the		Yes	No
·	orga	nization's tax year	, (i) a written noti	ce describ	ing the type	and amour	nt of su	ipport pi	rovided du	iring the prior tax			
		, (ii) a copy of the nization's governir									1		
2	Were	e any of the organi	ization's officers	directors (	or trustees (	either (i) an	nointed	l or elec	ted by the	sunnorted			
_	orga	nization(s) or (ii) s organization maint	servina on the aov	ernina bod	ly of a supp	orted organ	iization	? If 'No	.' explain	in <b>Part VI</b> how	2		
_						·			-		_		
3		eason of the relation e in the organization											
		mes during the tax is regard.	year? If 'Yes,' de	escribe in l	Part VI the	role the org	anizatio	on's sup	ported org	ganizations played	3		
Se		E. Type III Fun	ctionally Integ	rated Su	pporting	Organiz	ations	<b></b>			1	<u> </u>	
1	Char	ok the hov next to th	ne method that the	organization	used to sa	tisfy the Inter	aral Par	t Tast di	urina the ve	ear (see instructions).			
		The organization s		•		,	grai i ai	i resi ui	uning the ye	ear (See msu ucuons).			
	믐	The organization is			•		Compl	lata <b>lina</b>	2 halaw				
	ᆷ	_	•							overnmental entity (see	instr	uation	c)
	с 📙	THE Organization's	upported a govern	imental el	ility. Descri	De III <b>Fait V</b>	i now y	νου δυρμ	oorteu a g	overninental entity (see	1115111	actions	5).
2	Activ	vities Test. <b>Answe</b>	r lines 2a and 2b	below.								Yes	No
	<b>a</b> Did s	substantially all of	the organization's	activities	during the	tax year dire	ectly fu	rther the	e exempt	purposes of the			
	orga	orted organization(s Inizations and exp	lain how these ac	tivities dire	ectly further	red their exe	empt pu	urposes,	, how the	organization was			
		onsive to those sustantially all of its a		ions, and	how the org	anization d	etermin	ned that	these acti	ivities constituted	2a		
		,		hove cons	stitute activi	ities that hi	ıt for th	ne organ	nization's i	nvolvement, one or			
	more	e of the organization ons for the organization	on's supported ord	anization(	s) would ha	ave been en	gaged i	in? <i>If 'Y</i>	es,' explair	n in <b>Part VI</b> the			
		for the organization		ιαι πο δυρμ	oorteu orga	IIIZaliOII(S)	would I	iave eng	yayeu III li	nese activities	2b		
3	Pare	ent of Supported O	rganizations. <b>Ans</b>	wer lines :	3a and 3b b	elow.							
	<b>a</b> Did t	the organization ha	ave the power to r	egularly a	opoint or ele	ect a majori	ty of th	e office	rs, directo	rs, or trustees of			
	each	of the supported	organizations? If	'Yes' or 'N	o,' provide	details in <b>Pa</b>	art VI.				3a		
	<b>b</b> Did t	he organization exe oorted organization	rcise a substantial ns? <i>If 'Yes,' descri</i>	degree of d be in <b>Part</b>	irection over	r the policies played by to	, progra he orga	ams, and anization	d activities n in this re	of each of its	3b		

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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

1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion 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		

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

BAA Schedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations <i>(cont</i>	inued)	
Sec	tion 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 <b>Part VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Line 6 amount divided by line 5 amount		1.0	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

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.)

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

The Shane Lalani Center for the Arts

				45-0490660
Par	t   Organizations Maintaining Donor	Advised Funds or Othe	r Similar Fund	ds or Accounts.
	Complete if the organization answ	,		
_		(a) Donor advised fu	unds	(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 are the organization's property, subject to the o	rganization's exclusive legal c	ontrol?	Yes No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit cimpermissible private benefit?	s, and donor advisors in writing of the donor or donor advisor,	g that grant funds or for any other p	s can be used only purpose conferring Yes No
Par	Conservation Easements. Complete if the organization answ	ered 'Yes' on Form 990.	Part IV. line	7.
1	Purpose(s) of conservation easements held by			•
	Preservation of land for public use (for example	•	<u></u>	n of a historically important land area
	Protection of natural habitat	•		n of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contr	ibution in the form	of a conservation easement on the
	last day of the tax year.			
	<del>-</del>			Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easem			
	: Number of conservation easements on a certific			
C	Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, and	d not on a histori	c   2 d
3	Number of conservation easements modified, trans			
3	tax year ►	refred, refeded, extinguished, o	terminated by the	e organization during the
4	Number of states where property subject to conserv	vation easement is located ►		
5	Does the organization have a written policy rega		, inspection, hand	dling of violations,
	and enforcement of the conservation easement			
6	Staff and volunteer hours devoted to monitoring, in:	specting, handling of violations,	and enforcing con-	servation easements during the year
_				
7	Amount of expenses incurred in monitoring, inspec	ling, handling of violations, and	enforcing conserva	ation easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the req	uirements of sec	tion 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.			
Par	Organizations Maintaining Collec Complete if the organization answ	tions of Art, Historical Tered 'Yes' on Form 990,	reasures, or Part IV, line	<b>Other Similar Assets.</b> 8.
1 a	If the organization elected, as permitted under l historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	I for public exhibition, education	on, or research in	
k	If the organization elected, as permitted under l historical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, or	research in further	ance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, li			
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, his amounts required to be reported under FASB A	SC 958 relating to these items	ir assets for financ s:	
-	Revenue included on Form 990, Part VIII, line 1			►Ś

▶\$

Part III Organizations Maintaining Coll	ections of Art, HISTO	oricai i reasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition, accession, items (check all that apply):			ake significant use of its	collection
a Public exhibition	<b>—</b>	or exchange program		
<b>b</b> Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's collect Part XIII.	,	ŭ		
5 During the year, did the organization solicit of to be sold to raise funds rather than to be m	aintained as part of the o	rganization's collection?		Yes No
Escrow and Custodial Arrange line 9, or reported an amount o	ments. Complete if t n Form 990, Part X,	the organization and line 21.	swered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, trustee, custod on Form 990, Part X?	ian or other intermediary	for contributions or othe	r assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	and complete the followi	ng table:		
				Amount
<b>c</b> Beginning balance			1с	
<b>d</b> Additions during the year			1 d	
e Distributions during the year				
f Ending balance				
2a Did the organization include an amount on F				Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	. Check here if the explar	nation has been provided	d on Part XIII	
Part V Endowment Funds. Complete i				
(a) Curre	nt year (b) Prior year	r (c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance				
<b>b</b> Contributions				
c Net investment earnings, gains,				
and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the curr	•	ne 1g, column (a)) held a	as:	
a Board designated or quasi-endowment ►	<u> </u>			
· · · · · · · · · · · · · · · · · · ·	00			
c Term endowment ► %	1.1000/			
The percentages on lines 2a, 2b, and 2c should	equal 100%.			
3 a Are there endowment funds not in the possession	on of the organization that a	are held and administered	for the	V N.
organization by:				Yes No
(i) Unrelated organizations				3a(i)
(ii) Related organizations				3a(ii)
<b>b</b> If 'Yes' on line 3a(ii), are the related organiz	· ·			. 3b
4 Describe in Part XIII the intended uses of the		ent iunas.		
Part VI Land, Buildings, and Equipment Complete if the organization an		n 990, Part IV, line	11a. See Form 99	0, 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>1 a</b> Land		36,980.		36,980.
<b>b</b> Buildings		3,681,874.	604,027.	3,077,847.
c Leasehold improvements				, ,
<b>d</b> Equipment		230,529.	82,763.	147,766.
e Other			/.	
Total. Add lines 1a through 1e. (Column (d) must		column (B), line 10c.)		3,262,593.
BAA	,	( ),,		ule D (Form 990) 2021

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b.	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Dart VII   Deconciliation of Evaposes new Audited Financial Statements With Evaposes new	<b>D</b> • 37 / 3
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return. N/A
	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of facilities.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of facilities.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  4 b	2e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  4 b	2e 3

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

BAA Schedule D (Form 990) 2021

## **SCHEDULE O** (Form 990)

# 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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

The Shane Lalani Center for the Arts

Employer identification number 45-0490660

### Form 990, Part VI. Line 11b - Form 990 Review Process

The Finance Committee reviewed the Form 990 with the CPA who prepared the Form.

Then, a copy of the Form 990 was provided to each Board member to review prior to the following Board meeting.

### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Board considers any possible conflicts of interest prior to discussing a transacation that needs Board approval.

## Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

These documents are available upon Board approval.