For calend	ar year 2017 or tax year beginning	and ending							
Name: Name line 2: Address: City, State, and Zip Code:	MOTUS THEATER  4519 8TH ST UNIT C BOULDER CO 80304		90-0716569 303-440-3682						
Email address  Web site address  Fiduciary name, if applicable  Name of officer signing return  Title of officer/trustee/fiduciary signing return  Group exemption number  Check if exemption application is pending  Accounting method  List states desired  In the p://motustheater.org  Kirsten Wilson  President  Cash: X Accrual: Other: Specify:									
Organization exempt u (Form 990) Organization exempt u with gross receipts less Private foundation or s									
Firm's name: $\underline{FLB}$	RL GENTZEL CPA ATIRONS TAX SERVICE INC BOX 2129 KINNEY TX 75070-	Self-employed:	$\begin{array}{c} \underline{316}  \text{minutes} \\ \underline{08/10/2019} \\ \underline{P00037390} \\ \underline{\\ 26-1586753} \\ \underline{469-631-0472} \end{array}$						

Department of the Treasury Internal Revenue Service

# **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 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection
inspection

Α	For the	2018 cal	endar year, or tax	year beginnin	g		, and	dending					
В	Check if a	applicable:	C Name of organiza	tion MOTUS	S THEATE	lR.			D Employe	r identifica	ation numbe	r	
	Address of	change	Doing business as	3					1				
$\overline{\Box}$			Number and stree	t (or P.O. box if m	ail is not delive	ered to street address	) Room/suite	)	90-07165	569			
ᆜ	Name ch	ange	4519 8TH ST	UNIT C					E Telephone	e number			
Ш	Initial retu	ırn	City or town			State	ZIP code		303-440-	-3602			
П	Final return	/terminated	BOULDER CO	80304					303-440-	-3002			
二			Foreign country r	name	Foreign provin	ce/state/county	Foreign pos	stal code					
Ш	Amended	l return						1	<b>G</b> Gross red	eipts \$	20	4780	•—
	Application	n pending	F Name and addres	s of principal offic	er: KIRSTE	N WILSON		H(a) Is t	his a group return	for subordin	ates?	Yes >	X No
			4519 8TH ST	UN BOULD	ER	CO 80304			re all subordinat			Yes	No
	-			1			(1) D 50	□ `´.,	"No," attach a li				
		pt status:	X 501(c)(3)	501(c) (	) 🔳 (inse	rt no.) 4947(a)	(1) or 52			•	•		
<u>J</u>	Website	: Ahtt	p://motusth	eater.org				<b>H(c)</b> G	roup exemption	number -			
K	orm of o	rganization:	X Corporation	Trust	Association	Other	L'	Year of form	nation: 2011	M Sta	te of legal do	micile:	CO
	Part I	Sui	mmary				•						
	1		escribe the orgai	nization's mis	sion or mos	t significant activ	vities: CR	REATION	N OF THE	ATER T	0		
80		-	TATE DIALOG			-							
			LD ALLIANCE										
64	_		his box ■ if							/ of ito n			
	2									1 1	iei asseis.		0
ම කේ	3		of voting member	•		•	,			3			9
8	4		of independent							4			9
į	5		mber of individua			•				5			3
Ę	6		mber of voluntee							6			35
$\otimes$	7a		related business			* * *				7a			
	b	Net unre	elated business t	axable incom	e from Forn	<u>n 990-T, line 38 .</u>		<del></del>		7b			
	_								Prior Year		Curren		
9	8		utions and grants							286.			1262.
	9		n service revenue			22	760.		10	<u>443.</u>			
	10		ent income (Part							59.			75.
	11		venue (Part VIII,										
	12	Total rev	enue—add lines 8	through 11 (mu	ust equal Pai	rt VIII, column (A),	line 12)		232	232105.		204	1780.
	13	Grants a	and similar amou	nts paid (Part	IX, column	(A), lines 1-3).							
	14	Benefits	paid to or for me	embers (Part I	X, column	(A), line 4)							
S.	15	Salaries,	other compensation	on, employee b	enefits (Parl	t IX, column (A), lir	nes 5–10) .		59	443.		116	649.
WS.	16a	Professi	ional fundraising	fees (Part IX,	column (A)	, line 11e)							
<u></u>	b	Total fur	ndraising expense	es (Part IX, co	olumn (D), I	ine 25) ■	16946.						
ű	17	Other ex	kpenses (Part IX,	column (A), I	ines 11a-1	1d, 11f-24e)			118	640.		85	522.
	18	Total ex	penses. Add line:	s 13–17 (mus	t equal Par	t IX, column (A),	line 25) .		178	083.		202	2171.
	19	Revenu	e less expenses.	Subtract line	18 from lin	e 12			54	022.		2	2609.
2000	3		•						ning of Curren	t Year	End of	f Year	
sw/ws	20	Total as	sets (Part X, line	16)					156	794.		165	323.
A 100	21	Total lial	bilities (Part X, Iir	ne 26)					2	292.		8	3212.
	22		ets or fund balan						154	502.			7111.
P	art II		nature Block										
			y, I declare that I have	examined this re	turn, including	accompanying sched	ules and stater	ments, and	to the best of m	y knowledo	ge		
and	belief, it i	s true, corre	ect, and complete. Dec	claration of prepar	er (other than	officer) is based on al	I information of	which prep	oarer has any kn	owledge.			
Sig	nn								08/1	0/201	9		
He	_		Signature of officer						Date				
116	: I <del>C</del>		Kirsten Wil	son			Pr	esider	nt				
			Type or print name ar	nd title									
		Prin	t/Type preparer's nam	е	Prepa	rer's signature		Da			PTIN		
Pa	id			ID 3		GD1777				Check	lif   rod   D O O O	2720	۸ ۸
Pr	eparer	. <u>Caf</u>	RL GENTZEL C			L GENTZEL CI	ر	08,	7 10 7 20 13	self-employ		2/39	U
Us	e Only	/ Firm	's name ■FLAT	'IRONS TAX	SERVIC	E INC			Firm's EIN	26-15	86753		
			's address ■ PO B	OX 2129		MCKINNEY	TX	75070	Phone no.	469-6	31-0472		
			ss this return with				\				X Ye		No

Form 990 (2018) MOTUS THEATER 90-0716569 Statement of Program Service Accomplishments Part III Briefly describe the organization's mission: TO CREATE ORIGINAL THEATER TO FACILITATE DIALOGUE ON CURRENT CRITICAL ISSUES WE AIM TO USE THE POWER OF ART TO BUILD ALLIANCES ACROSS DIVERSE SEGMENTS OF OUR BOULDER COLORADO COMMUNITY 2 Did the organization undertake any significant program services during the year which were not listed on If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program 3 Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by 4 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. ) (Expenses \$ 87850. including grants of \$ ) (Revenue \$ 87878.) (Code: 4a THIS PROGRAM USES AUTOBIOGRAPHICAL MONOLOGUES WRITTEN BY DREAMers and DACA RECIPIENTS AND UNDOCUMENTED YOUNG ADULTS TO BRING IMPACTFUL THEATER PERFORMANCES TO BOULDER COUNTY THE PROJECT ALSO INCLUDES THE FIRST SEASON OF A NATIONAL PODCAST AND PERFORMANCES WHERE ALIENS READ THE STORIES OF UNDOCUMENTED LEADERS THIS PROGRAM IS CALLED UNDOCUAMERICA 4b (Code: ) (Expenses \$ 4870. including grants of \$ ) (Revenue \$ 4912.) LAW ENFORCEMENT READING IN 2017 MOTUS PRESENTED AN UNPRECEDENTED PERFORMANCE IN WHICH LAW ENFORCEMENT LEADERS OF BOULDER COUNTY STOOD IN SOLIDARITY WITH AND READ STORIES BY DACA RECIPIENTS FROM THE DENVER METRO AREA THE PERFORMANCE WAS PROFESSIONALLY FILMED AND EDITED INTO A MOVIE IN 2018 MOTUS ORGANIZED PREMIERS OF THE MOVIE IN ENGLISH AND SPANISH ACROSS ) (Expenses \$ 1958. including grants of \$ ) (Revenue \$ 2050.) MARTIN LUTHER KING IN HONOR OF MLK JR DAY IN 2018 AWARD-WINNING AFRICAN AMERICAN AND FEMINIST SLAM POET DOMINIQUE CHRISTINA READ A SELECTION OF HER POWERFUL POETRY TO INSPIRE REFLECTION AND CONVERSATION ABOUT THE US HISTORY OF RACIAL VIOLENCE AND THE URGENCY OF RACIAL JUSTICE THE OPENING PERFORMANCE WAS BY NANCY SHARP

4d	Other program serv	vices. (Describ	e in Schedule O.)		
	(Expenses \$	30319.	including grants of \$	) (Revenue \$	)
4e	Total program servi	ice expenses	124997.		
					Form <b>990</b> (201
					,

	•		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	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Λ
7	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		
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		Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III			37
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		Х
9	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 temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Χ
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		Χ
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
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>	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		
h	Schedule D, Parts XI and XII	12a		Х
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Χ
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	45		37
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		Х
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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		Χ
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		Χ
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		Χ
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX column (A) line 12 If "Yes" complete Schedule I. Parts I and II	21		v

Par	t 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		Х
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
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
<b>27</b> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			1
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h		24b		$\overline{}$
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			l
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			1
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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			Х
	VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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		.	
	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		Х	
-	gaming (gambling) winnings to prize winners?	1c	2 \$	

Form 9	990 (2018) MOTUS THEATER 90-071	L656	9 <b>F</b>	age \$				
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 3							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	<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)	3a		Х				
3a								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	l _						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<b>C</b> -						
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 h						
7	Organizations that may receive deductible contributions under section 170(c).	6b						
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
а	and services provided to the payor?	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0						
C	required to file Form 8282?	7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year	70						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8		Х				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans	_						
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		Χ				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							

Form 990 (2018) MOTUS THEATER

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI Section A. Governing Body and Management

000.	ion A. doverning Body and Management			<del></del>						
4.			Yes	No						
та	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 9									
	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 in Schedule O.									
b	, ,									
2										
	any other officer, director, trustee, or key employee?									
3										
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ						
6	Did the organization have members or stockholders?	6	Х							
7a	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?	7a	Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7 4	21							
J	stockholders, or persons other than the governing body?	7b	Х							
0	Did the organization contemporaneously document the meetings held or written actions undertaken during	70	Λ							
8										
_	the year by the following:	0-								
a	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
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 in Schedule O	9		X						
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	<u>ode.)</u>								
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ						
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								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Χ							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
	describe in Schedule O how this was done	12c	Χ							
13	Did the organization have a written whistleblower policy?	13		Χ						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by									
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
•	The organization's CEO, Executive Director, or top management official.	15a	V							
a b	Other officers or key employees of the organization	15a								
D		130	Λ							
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10-		7.7						
	with a taxable entity during the year?	16a		X						
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?	16b								
	ion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section	า 501(	(c)							
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.									
	Own website									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olicy,	and							
	financial statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	KIRSTEN WILSON 303-440-368	2								
	4519 8TH ST C BOULDER CO 80304									

Form 990 (2018) MOTUS THEATER 90-0716569 Page **7** 

#### 

#### 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(do not x, un icer a director				oth	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KIRSTEN WILSON	40								
PRESIDENT	40	Х		Х			42000.	0	0
(2) ARTHUR FIGEL	2	Λ		Λ			42000.	0	
CHAIR OF BOD		Х					0	0	0
(3) DAVID ENSIGN	3	21					O O	0	
SECRETARY	<del>-</del>	Х		X			0	0	0
(4) LAUREN CLICK	1						-		
TREASURER		Х		X			0	0	0
(5) JUAN IGNACIO S	1								,
BOARD MEMBER		Χ					0	0	0
(6) AUDREY FISHMAN	2								_
VICE PRESIDENT		Х		Х			0	0	0
(7) ALEXIS MILES	2								
BOARD MEMBER		Χ					0	0	0
(8) LORENZO GONZAL	1								
BOARD MEMBER		Χ					0	0	0
(9) BROOKE JORDAN	1								
BOARD MEMBER		Х					0	0	0
(10) DAVID BRENA	1								
BOARD MEMBER		Χ					0	0	0
(11) RITA MARTINS	40							_	
PRODUCING DIRE		Х					42692.	0	0
(12) LAURA PENICHE	40	1					20602		0
PROJECT ENGAGE		X					20602.	0	0
(13)									
(14)									

P	Section A. Officers, Directors, Tr	rustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees	(contin	ued)	
(C) Position													
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Ьκ,	not ch unles e <u>r an</u> Institutional truste	eck S		othan o	1	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS	n co	(F) Estima amoun othe ompens from t organiza and rela rganiza	ated of of er sation the ation ated
(15)													
(18)													
(19)			1										
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total							_	105294.				
c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)								105294.				
2	Total number of individuals (including but not I	limited to those						eiv		00,000 of	ı		
	reportable compensation from the organization											Yes	s No
3	Did the organization list any <b>former</b> officer, die employee on line 1a? <i>If "Yes," complete Sche</i>										3		X
4	For any individual listed on line 1a, is the sum	of reportable co	mpe	nsat	ion	and	dothe	er co	ompensation fro	m			
	the organization and related organizations gre individual						omple 	ete	Schedule J for s	such 	4		Х
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "										5		Х
Sec	tion B. Independent Contractors	ree, complete	00/10	aure	, 0 ,	0, 0	uon p	,0,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			
1	Complete this table for your five highest comp compensation from the organization. Report c year.											ах	
	(A) Name and business add	Iress							(B) Description of ser	vices		(C) ensatio	n
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ited	to th	ose	e list	ed at	ov	e) who received				

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12 Total revenue. See instructions. .

Par	: VIII	Statement of Revenue Check if Schedule O contain	s a response or	note to any line	in this Part VIII			$\square$
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	<u>1a</u>					
	b	Membership dues						
	С	Fundraising events						
	d	Related organizations						
	е	Government grants (contribution						
	f	All other contributions, gifts, gra						
		similar amounts not included ab		•				
	g	Noncash contributions included in I	•	11675.	104060			
	h	Total. Add lines 1a–1f	<u></u>	Business Code	194262.			
	20	DDOCDAM CHOMC/EVENT		busiliess code	0262	0262		
	∠a b	PROGRAM SHOWS/EVENT INVENTORY SALES			9363. 1080.	9363. 1080.		
	C				1000.	1000.		
	d							
	e							
	f	All other program service reven						
	a	<b>Total.</b> Add lines 2a–2f			10443.			
	3	Investment income (including di			10110.			
	_	other similar amounts)			75.	75.		
	4	Income from investment of tax-e						
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory .						
	b	Less: cost or other basis						
		and sales expenses						
	C	Gain or (loss)	•					
	d	Net gain or (loss)		🔳				
(db)	0.	Cross income from fundraising						
	oa	Gross income from fundraising						
3M@		events (not including \$ of contributions reported on line						
Ž		See Part IV, line 18						
he.	b	Less: direct expenses						
Õ	C	Net income or (loss) from fundra						
		Gross income from gaming activ						
		See Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gamir		🔳				
		Gross sales of inventory, less						
		returns and allowances	а					
		Less: cost of goods sold						
	С	Net income or (loss) from sales	of inventory	🔳				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	C	AU						
	d	All other revenue		_				
	е	Total. Add lines 11a-11d		🔰 🛭				

204780.

10518.

Form 990 (2018) **Part IX** 90-0716569 MOTUS THEATER Page **10** 

#### 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	

	Check if Schedule O contains a response of note	to any line in this	Part IX	· · · · · · · · ·	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·	-	·
	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	42000.	35280.	5880.	840.
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	63294.	24534.	26469.	12291.
8	Pension plan accruals and contributions (include	03231.	21001.	20103.	12271.
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3300.	1279.	1380.	641.
10	Payroll taxes	8055.	4591.	2497.	967.
11	Fees for services (non-employees):	8033.	4591.	2497.	967.
a	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
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	5087.	5087.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	17693.	10050.	5436.	2207.
17	Travel	4395.	4395.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	· 122 22	3325.			
_					
b		39291.			
C		7615.		+	
d	All other eveness	8070.	4.5		
	All other expenses	46.	46.	60000	1.001.0
25	Total functional expenses. Add lines 1 through 24e .	202171.	124997.	60228.	16946.
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🔳 if				
	following SOP 98-2 (ASC 958-720)				

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# Form 990 (2018) MOTUS THEATER Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	156794.	1	165323.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
, ,		organizations (see instructions). Complete Part II of Schedule L		6	
) (8) (8)	7	Notes and loans receivable, net		7	
€(	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	156794.	16	165323.
	17	Accounts payable and accrued expenses	2292.	17	8212.
	18	Grants payable		18	
	19	Deferred revenue		19	
	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 current and former officers, directors,			
		trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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		05	
	26	of Schedule D	2292.	25	0010
	20		2292.	26	8212.
		Organizations that follow SFAS 117 (ASC 958), check here ■ X and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	119740.	27	157111.
	28	Temporarily restricted net assets	34762.	28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	154502.	33	157111.
	34	Total liabilities and net assets/fund balances	156794.	34	165323.
_				_	

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Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		. [	
1	Total revenue (must equal Part VIII, column (A), line 12)			2047	780.
2	Total expenses (must equal Part IX, column (A), line 25)	_		2021	171.
3	Revenue less expenses. Subtract line 2 from line 1			26	509.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			1545	502.
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses	_			
8	Prior period adjustments	_			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	)		1571	111.
Part				Г	$\neg$
	Check if Schedule O contains a response or note to any line in this Part XII			. [	<u> </u>
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			Yes	No
2a	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 reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Donsolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the 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 in Schedule O.				
3a	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?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ja		
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
	, pur , in the many transfer to the many transfer t			aan /	(0010)

Form **990** (2018)

#### SCHEDULE A (Form 990 or 990-EZ)

# **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization MOTUS THEATER 90-0716569 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 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 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. C 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Amount of (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)

**Total** 

#### 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.)

	ction A. Public Support Indar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
	Gifts, grants, contributions, and membership fees	(a) 2014	( <b>D)</b> 2010	(6) 2010	(u) 2017	(6) 2010	(i) iolai
1	received. (Do not include any "unusual grants.")	90952.	185994.	190306.	209286.	194262.	870800.
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		14178.	14145.	22760.	10443.	61526.
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	90952.	200172.	204451.	232046.	204705.	932326.
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						932326.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	90952.	200172.	204451.	232046.	204705.	932326.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	13.	33.	38.	59.	75.	218.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	13.	33.	38.	59.	75.	218.
11	Net income from unrelated business						
	activities not included in 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.)	90965.	200205.	204489.	232105.	204780.	932544.
14	First five years. If the Form 990 is for the or	ganization's first,					
	organization, check this box and <b>stop here</b> .	-					🗖
Sec	ction C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8, co			(f))		15	99.98%
16	Public support percentage from 2017 Schedul		•	. , ,		16	99.98%
	etion D. Computation of Investment			<u> </u>			J J • J O /6
17	Investment income percentage for 2018 (line			column (f))		17	0.02%
18	Investment income percentage for <b>2016</b> (line Investment income percentage from <b>2017</b> Scl		=			18	0.02%
	33 1/3% support tests—2018. If the organiza						0.0276
134	not more than 33 1/3%, check this box and <b>st</b>						<b>X</b>
h	33 1/3% support tests—2017. If the organization	-	•		-		
	line 18 is not more than 33 1/3%, check this b						
20	<b>Private foundation.</b> If the organization did no		_	· ·			<del></del>
	ato ioaniaation. ii tiio organization did ne	A SHOOK A DOX OIL	i <del>- 1</del> , 10a, 0i 13	e, or con this box a			

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

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

2018

OMB No. 1545-0047

Name of the organization MOTUS THEATER

Organization type (check one):

**Employer identification number** 

90-0716569

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( $^3$ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 co	vered by the <b>General Rule</b> or a <b>Special Rule</b> .
<b>Note:</b> Only a section 501(c)(7), instructions.	(8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.
Special Rules	
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the y literary, or educational p	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one tear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering tead of the contributor name and address), II, and III.
contributor, during the y contributions totaled mo during the year for an <i>e</i> <b>General Rule</b> applies to	ccribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such pre than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the post this organization because it received nonexclusively religious, charitable, etc., contributions during the year
Caution: An organization that is	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization
MOTUS THEATER

Employer identification number 90-0716569

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	KNIGHT FOUNDATION DONOR ADVISE  1123 SPRUCE ST  BOULDER CO 80302-  Foreign State or Province:  Foreign Country:	\$20 <b>,</b> 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2_	BOULDER ARTS COMMISSION  1100 ARAPAHOE AVE  BOULDER CO 80302-  Foreign State or Province:  Foreign Country:	\$19,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3_	SCIENTIFIC AND CULTURAL FACILI 899 LOGAN ST DENVER CO 80203- Foreign State or Province: Foreign Country:	\$18,471.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	ARTS IN SOCIETY REDLINE 2350 ARAPAHOE ST DENVER CO 80205- Foreign State or Province: Foreign Country:	<b>\$</b> 17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
55_	MARVIN NAIMAN MARGERY FOUNDATI 501 SILVERSIDE RD SUITE 123 WILMINGTON DE 19809- Foreign State or Province: Foreign Country:	\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	COLORADO PLEDGE 1 1123 PEARL ST BOULDER CO 80302- Foreign State or Province: Foreign Country:	\$10,815.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

(-)	(1.)	(.)	( D
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded.
MOIOS	INDAIDA	90	1-0/16369

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MILLENIUM TRUST FOUNDATION  1123 SPRUCE ST  BOULDER CO 80302-  Foreign State or Province:  Foreign Country:	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	AUDREY AND ANDREW FRANKLIN 3761 MOFFIT CT BOULDER CO 80304- Foreign State or Province: Foreign Country:	\$7,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	THE CHINOOK FUND  1031 33RD ST  DENVER CO 80205-  Foreign State or Province:  Foreign Country:	<b>\$</b> 5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SAGE FUND OF BOULDER COUNTY		<b>-</b> [y]
	1123 SPRUCE ST BOULDER CO 80302- Foreign State or Province: Foreign Country:	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	1123 SPRUCE ST  BOULDER CO 80302-  Foreign State or Province:	\$ 5,000.  (c)  Total contributions	Payroll  Noncash  (Complete Part II for
(a)	1123 SPRUCE ST  BOULDER CO 80302-  Foreign State or Province: Foreign Country:  (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	1123 SPRUCE ST  BOULDER CO 80302-  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  NANCY LEE  5 E 22ND ST APT 29D  NEW YORK NY 10010-  Foreign State or Province:	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization MOTUS THEATER

Employer identification number 90-0716569

FORM 990 PART VI SECTION B LINE 11a
A COPY OF FORM 990 IS E-MAILED TO EACH BOARD MEMBER BY THE
TREASURER FOR REVIEW PRIOR TO E-FILING THE RETURN TO THE IRS
FORM 990 PART VI SECTION B LINE 12c
OFFICERS AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY
VIOLATION OF THE CONFLICT OF INTEREST POLICY AT THE
BEGINNING OF THE FISCAL YEAR
FORM 990 PART VI SECTION B LINE 15a AND 15b
THE COMPENSATION IS DETERMINED BY BUDGET LIMITATIONS
FORM 990 PART III LINE 4d
OTHER PROGRAMS THAT REPRESENT THE BOULDER COUNTY
COMMUNITY

# Form 8879-EO

## IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning , 2018, and ending , 20 Do not send to the IRS. Keep for your records.

Department of the Treasury Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service **Employer identification number** Name of exempt organization MOTUS THEATER 90-0716569 Name and title of officer President Kirsten Wilson Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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. 1a Form 990 check here **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12). 2a Form 990-EZ check here ■ **b Total revenue,** if any (Form 990-EZ, line 9) . . . . . . . . . . 3a Form 1120-POL check here ■ **b Total tax** (Form 1120-POL, line 22). . . . . . . . . . . . b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b Form 990-PF check here 5a Form 8868 check here ■ **b Balance Due** (Form 8868, line 3c) . . . . . . . . . . . . . . . **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize FLATIRONS TAX SERVICE INC to enter my PIN 11111 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2018 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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. Officer's signature Date 08/10/2019 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 84283222222 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization 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 ■ CARL GENTZEL CPA Date 08/10/2019

> **ERO Must Retain This Form—See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Name: MOTUS THEATER ID: 90-0716569

Туре	Amount
EDIT CARD	4 841
YROLL LIABILITIES	4,840 3,372
	3,372
	8 <b>,</b> 21:

US 990	Other Functional			2018
		Program	Management	
Description of the Asset	Total 3,325.	Services 3,325.	and General	Fundraising
PRODUCTION/ARTISTI	C 3,325.	3,325.	0 001	
CONTRACT SERVICES	39,291.	36,410.	2,881. 7,615. 8,070.	
BOARD/STAFF DEVELO	PME 7,615.		/,615.	
ADMINISTRATION	8,070.	4.6	8,070.	
RESEARCH/DEVELOPME	ENT 46.	46.	10 566	
	58,347.	39 <b>,</b> 781.	18,566.	