## **Main Information Sheet**

For calendar year 2016 or tax year beginning ar	nd ending								
Name:MOTUS THEATERName line 2:4519 8TH ST UNIT CAddress:4519 8TH ST UNIT CCity, State, and Zip Code:BOULDER CO 80304	EIN:         90-0716569           Telephone No:         303-440-3682								
Email address   Web site address   Name of officer signing return   Name of officer/trustee/fiduciary signing return   File of officer/trustee/fiduciary signing return   Group exemption number   Check if exemption application is pending   Check if exemption application is pending   Cash:   X   Accounting method									
<ul> <li>Type of exempt organization:</li> <li>Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)</li> <li>Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ)</li> <li>Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)</li> <li>Exempt organization with unrelated business income (Form 990-T)</li> </ul>									
Preparer ID: Preparer name: <u>CARL GENTZEL CPA</u> Firm's name: <u>FLATIRONS TAX SERVICE INC</u> Address: <u>PO BOX 2129</u> City, State, ZIP Code: MCKINNEY TX 75070-	Time in this return: $227$ minutes         Date: $06/05/2018$ PTIN: $P00037390$ Self-employed: $\Box$ Firm's EIN: $26-1586753$ Phone: $469-631-0472$								

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

**Open to Public** Inenection

	rnal Revenu	the Treasury ue Service	Go to www.irs.gov/Form990 for instructions and the la	atest	information.	Inspection
Α			endar year, or tax year beginning , a	and e	nding	
В	Check if a	applicable:	C Name of organization MOTUS THEATER		D Employer iden	tification number
	Address of	change	Doing business as			
			Number and street (or P.O. box if mail is not delivered to street address) Room/su	uite	90-0716569	
	Name ch	ange	4519 8TH ST UNIT C		E Telephone num	ber
	Initial retu	urn	City or town State ZIP code	e		
	Final rature	the residue to d	BOULDER CO 80304		303-440-368	32
	Final return	n/terminated	Foreign country name Foreign province/state/county Foreign	postal	code	
	Amended	d return			G Gross receipts	\$ 232105.
П	Applicatio	on pending	F Name and address of principal officer: KIRSTEN WILSON		H(a) Is this a group return for sub	oordinates? Yes X No
	ripplicatio	pending	4519 8TH ST UN BOULDER CO 80304			
					H(b) Are all subordinates inc	
1	Tax-exem	pt status:	X       501(c)(3)       501(c)       (       )       ■ (insert no.)       4947(a)(1) or	527	If "No," attach a list. (se	e instructions)
J	Website	: 🔳 htt	p://motustheater.org		H(c) Group exemption numb	oer 🖻
к	Form of o	rganization:	X Corporation Trust Association Other		r of formation:	State of legal domicile: CO
_				Lica		
	Part I		mmary			
ଗତ	1	-			ATION OF THEATER	R TO
NOW.			ITATE DIALOGUE ON CURRENT CRITICAL ISSUES USE			
RM3		TO BUI	ILD ALLIANCES ACROSS DIVERSE SEGMENTS OF OUR	СОМ	MMUNITY	
9//(8	2	Check tl	his box 🔳 if the organization discontinued its operations or disp	pose	d of more than 25% of i	its net assets.
05	3	Number	of voting members of the governing body (Part VI, line 1a)			7
මේ	4	Number	of independent voting members of the governing body (Part VI, line	e 1b)	4	7
üles	5		mber of individuals employed in calendar year 2017 (Part V, line 2a	,		2
iwi	6		mber of volunteers (estimate if necessary)			35
₹ N©(i	- 7a		related business revenue from Part VIII, column (C), line 12.			
7	b		elated business taxable income from Form 990-T, line 34			
		Thet unit		<u>· ·</u>	Prior Year	Current Year
	8	Contribu	utions and grants (Part VIII, line 1h)		190306	
nue	9		n service revenue (Part VIII, line 2g)		14145	
Meľ	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		38	
j Ng	a				30	
	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).		0.0.4.4.0.0	0.001.05
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).		204489	. 232105
	13		and similar amounts paid (Part IX, column (A), lines 1–3)			
	14		paid to or for members (Part IX, column (A), line 4)			
993	15		other compensation, employee benefits (Part IX, column (A), lines 5–10).		66014	. 59443
SUS	16a		ional fundraising fees (Part IX, column (A), line 11e)			
)QIX	b		ndraising expenses (Part IX, column (D), line 25) ■10803.			
لاتا	17		kpenses (Part IX, column (A), lines 11a–11d, 11f–24e)		136782	
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25).		202796	. 178083
	19	Revenue	e less expenses. Subtract line 18 from line 12		1693	
- 2011	88 80 9				Beginning of Current Year	r End of Year
N)mene	20	Total as	sets (Part X, line 16)		103514	. 156794.
4 W &	21	Total lial	bilities (Part X, line 26)		3034	. 2292.
Ň.	22	Net asse	ets or fund balances. Subtract line 21 from line 20		100480	. 154502
Ρ	art II	Sig	nature Block			
	•		y, I declare that I have examined this return, including accompanying schedules and sta		· · · · · ·	5
anc	d belief, it i	is true, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information	n of wh		•
Si	gn				06/05/2	2018
	ere		Signature of officer		Date	
пе	ere		Kirsten Wilson H	Pres	sident	
			Type or print name and title			
		Print	Type preparer's name Preparer's signature		Date	PTIN
Pa	aid				Check	
Pr	eparer	. CAR	RL GENTZEL CPA		00/00/2010	nployed P00037390
	se Only		's name 📕 FLATIRONS TAX SERVICE INC		Firm's EIN 📕 2 6 -	-1586753
			's address ■ PO BOX 2129 MCKINNEY I	FX 7	75070 Phone no. 469	9-631-0472
Ma	av the IC		ss this return with the preparer shown above? (see instructions) .			X Yes No
.vic			ution Act Nation and the concrete instructions			

Form 9	90 (2017)	MOTUS THEATER 9	0-0716569	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		. X
1	Briefly d	describe the organization's mission:		
		EATE ORIGINAL THEATER TO FACILITATE DIALOGUE ON CURRENT CRITICAL S WE AIM TO USE THE POWER OF ART TO BUILD ALLIANCES ACROSS		
		SE SEGMENTS OF OUR BOULDER COLORADO COMMUNITY		
2		organization undertake any significant program services during the year which were not listed on		
		r Form 990 or 990-EZ?	Yes	X No
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services	s?	Yes	X No
4		' describe these changes on Schedule O.		l by
4		e the organization's program service accomplishments for each of its three largest program services, es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo		
		l expenses, and revenue, if any, for each program service reported.		,
4a	(Code:	) (Expenses \$ 41200. including grants of \$ ) (Revenue \$	3.9	382)
ти				
	A MULT	TI-MEDIA MUSICAL THEATER PERFORMANCE EXPLORING THE IMMIGRATION		
	HISTOR	RY IN THE UNITED STATES		
4b	(Code:	) (Expenses \$35283. including grants of \$) (Revenue \$	35	310 <b>.)</b>
		NFORCEMENT LEADERS READ DO YOU KOW WHO I AM FORMANCE IN WHICH LAW ENFORCEMENT LEADERS OF BOULDER COUNTY READ		
		IOGRAPHICAL MONOLOGUES FROM THE MOTUS PRODUCTION DO YOU KNOW WHO		
	I AM A	AND ONE MONOLOGUE FROM SALSA LOTERIA		
4c	(Code:	) (Expenses \$ 10922. including grants of \$ ) (Revenue \$	11	445.)
	· ·	LOTERIA		/
	AN AUT	TOBIOGRAPHICAL MONOLOGUE PERFORMANCE EXPLORING THE LIFE STRENGTH		
	AND RE	ESILIENCE OF LATINA IMMIGRANTS FROM THE BOULDER COMMUNITY		
4d	•	rogram services. (Describe in Schedule O.)	)	
4e	(Expens Total pro	ses \$ 38378.including grants of \$ ) (Revenue \$ogram service expenses■ 125783.	)	

Form 990 (2017) MOTUS THEATER
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
~	complete Schedule A	1	Х	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	2	Х	V
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
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		х
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? <i>If "Yes," complete Schedule D, Part VII.</i>	11b		Х
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.	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		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . 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>	<u>11e</u> 11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Λ
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x

Form **990** (2017)

Par	t IV Checklist of Required Schedules (continued)			<u> </u>
			es N	0
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Х	
-	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			
22	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X	
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		1	—
_0	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	- 14		—
	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			
	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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	Λ	—
	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	Х	
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? <i>If "Yes," complete Schedule L, Part IV</i>	00-	37	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	28c 29	X	_
30	Did the organization receive more than \$25,000 in hor-cash combinations in <i>Tes, complete Schedule W</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23	Λ	—
	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?			
33	If "Yes," complete Schedule N, Part II	32	X	—
00	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	
	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			
36	entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		—
30	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 in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.		X	
		⊢orm 9	90 (201	(7)

(2017)

Form 990 (2017)

MOTUS THEATER

		L656	9 P	age <b>5</b>
Par			ſ	
	Check il Schedule O contains a response or note to any line in this Part V		•	
			Yes	No
1a		Regarding Other IRS Filings and Tax Compliance       Ia       16         vedule O. contains a response or note to any line in this Part V.       Ia       16         orms W-2G induced in line 1a. Enter -0- if not applicable       Ib       Ib         orms W-2G induced in line 1a. Enter -0- if not applicable       Ib       Ic         omply with backup withholding rules for reportable payments to vendors and reportable       Ic       Ic         miloss to prize winners?		
b		-		
С		10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		X
b				
5a	(FBAR). Was the organization a party to a prohibited tay shelter transaction at any time during the tay year?	50		Х
b				Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			21
6a	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
b		7b		
С		70		
d		70		
u e		70		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	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?			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:			
a b				
b 11	Section 501(c)(12) organizations. Enter:	-		
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b				
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		_
_	Note. 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			
-				
C 1/2	Enter the amount of reserves on hand	14-		v
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Х
U	$\pi$ res, has the at one report these payments: if no, provide all explaination in schedule U	140		

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Form 990 (201	7)
Part VI	

Sect	ion A. Governing Body and Management				-					
		i.		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 7								
	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	<b>b</b> Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 7									
2										
	any other officer, director, trustee, or key employee?		2		Х					
3										
	supervision of officers, directors, or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		3 4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization		5		Х					
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									
	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) memb		70							
v	stockholders, or persons other than the governing body?		7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions underta		10		7					
0	the year by the following:	iken dunng								
а	The governing body?		8a	Х						
b	Each committee with authority to act on behalf of the governing body?		8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b		00	Λ						
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		Х					
Saat	ion B. Policies (This Section B requests information about policies not required by the		-		Λ					
Jeci	In D. Policies (This Section D requests miorination about policies not required by the	internal nevenue c	oue.)	Yes	No					
102	Did the organization have local chapters, branches, or affiliates?		10a	103	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of suc		Tou		21					
U	affiliates, and branches to ensure their operations are consistent with the organization's exemption		10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befor		11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ITa	Λ						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		12a	Х						
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		12a	Х						
c c	Did the organization regularly and consistently monitor and enforce compliance with the policy?		120	Λ						
U	describe in Schedule O how this was done		12c	Х						
13	Did the organization have a written whistleblower policy?		13	X						
14	Did the organization have a written document retention and destruction policy?		14	Λ	Х					
			14		Λ					
15	Did the process for determining compensation of the following persons include a review and ap independent persons, comparability data, and contemporaneous substantiation of the deliberati									
~	The organization's CEO, Executive Director, or top management official.		15a	Х						
a b	Other officers or key employees of the organization		15a	X						
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		150	Λ						
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	naomont								
16a	with a taxable entity during the year?	•	16a		v					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev		10a		Х					
b	participation in joint venture arrangements under applicable federal tax law, and take steps to sa									
	the organization's exempt status with respect to such arrangements?	-	16b							
Sect	ion C. Disclosure		100							
<u> </u>	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 (or 1024 if applicable), 990, and	990-T (Section 501/c	)(3)e c	nlv)						
	available for public inspection. Indicate how you made these available. Check all that apply.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	···· <b>y</b> )						
		xplain in Schedule O	)							
19										
	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									
	4519 8TH ST C BOULDER CO 80304									

Form 990 (2017)	MOTUS THEATER 90	0-0716569	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	1	
	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		
4.0			

**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.

.(1). KIRSTEN WILSON       40.       x       x       42500.       0       0         PRESIDENT       1       x       x       42500.       0       0         .(2). MAYA SOL DANSI       1       x       x       0       0       0         .(3). DAVID ENSIGN       4       x       x       0       0       0         .(4). JUAN STEWART       x       x       0       0       0         .(4). JUAN STEWART       x       x       0       0       0         .(5). ARTHUR FIGEL       1       x       x       0       0       0         .(6). AUDREY FISHNAN       2       x       0       0       0       0         .(6). AUDREY FISHNAN       2       x       0       0       0       0         .(7). ALEXIS MILES       1       x       0       0       0       0         .(8). LORENZO GONZAL       1       x       0       0       0       0         .(9). RITA MARTINS R       40       x       31453.       0       0         .(10)	( <b>A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	х,	not ch unles er and Institutional trustee	5	ition	than o oth ust Il-Hinhest company sted	(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
BOARD CHAIR         X         X         X         X         0         0         0           (3) DAVID ENSIGN		40			Х		Х	42500.	0	0
(3) DAVID ENSIGN       4       x       x       x       0       0       0         TREASURER       x       x       x       x       x       0       0       0         (4) JUAN STEWART       1       x       x       x       0       0       0         SECRETARY       x       x       x       0       0       0       0         (5) ARTHUR FIGEL       1       x       0       0       0       0         BOARD MEMBER       x       0       0       0       0       0         (6) AUDREY FISHMAN       2       0       0       0       0       0         BOARD MEMBER       x       0       0       0       0       0       0         (7) ALEXIS MILES       1       x       0       <	(2) MAYA SOL DANSI	1	x		x				0	0
SECRETARY       X       X       X       X       0       0       0         (5) ARTHUR FIGEL       1       x       0       0       0       0         BOARD MEMBER       x       0       0       0       0       0         (6) AUDREY FISHMAN       2       x       0       0       0       0         BOARD MEMBER       x       0       0       0       0       0         (7) ALEXIS MILES       1       0       0       0       0       0         BOARD MEMBER       x       0       0       0       0       0         (8) LORENZO GONZAL       1       0       0       0       0       0         (9) RITA MARTINS R       40       x       31453.       0       0       0         (19)	(3) DAVID ENSIGN	4								
BOARD MEMBER       X       0       0       0       0         (6) AUDREY FISHMAN       2       0       0       0       0         BOARD MEMBER       X       0       0       0       0         (7) ALEXIS MILES       1       0       0       0       0         BOARD MEMBER       X       0       0       0       0         (8) LORENZO GONZAL       1       0       0       0       0         BOARD MEMBER       X       0       0       0       0         (9) RITA MARTINS R       40       X       31453       0       0         (19)		1	х		Х			0	0	0
BOARD MEMBER       X       0       0       0       0         (7) ALEXIS MILES       1       X       0       0       0       0         BOARD MEMBER       X       0       0       0       0       0       0         BOARD MEMBER       X       0       0       0       0       0       0         (8) LORENZO GONZAL       1       X       0       0       0       0       0         BOARD MEMBER       X       X       0       0       0       0       0         (9) RITA MARTINS R       40       X       31453.       0       0       0         (10)		1	x					0	0	0
BOARD MEMBER       X       0       0       0       0         (8) LORENZO GONZAL       1       X       0       0       0       0         BOARD MEMBER       X       0       0       0       0       0       0         (9) RITA MARTINS R       40       X       31453.       0       0       0         (10)       X       31453.       0       0       0       0         (11)		2	x					0	0	0
BOARD MEMBER     X     0     0     0       (9) RITA MARTINS R     40     X     31453.0     0       PRODUCING DIRE     X     31453.0     0     0       (10)     1     1     1     1       (11)     1     1     1     1       (12)     1     1     1     1		1	x					0	0	0
PRODUCING DIRE     X     31453.     0     0       (10)     (11)     (11)     (11)     (11)     (11)     (11)       (12)     (12)     (11)     (11)     (11)     (11)		1	х					0	0	0
(11)     (11)       (12)     (11)		40			Х			31453.	0	0
(12)										
	(11)		-							
<u>(13)</u>	(12)									
	(13)		-							
<u>(14)</u>	(14)		-							

990 (2017)	MOTUS THEAT	ER									90	-0716	5569	) Pa	age <b>8</b>
art VII	Section A. Officers,	Directors, Tr	ustees, Key Er	nplo	yee			Highe	est	Compensated	Employee	s (con	tinue	ed)	
	(A) Name and title		(B) Average hours per week (list any hours for related organizations below dotted line)	Èск,	unles	Posi	ition more	oth		(D) Reportable compensation from the organization (W-2/1099-MISC)	compensa from relat organizati	tion ted ons	an com fr orga and	nount o other pensat om the anizatio d relate	of tion e on ed
				-											
				-											
				-											
				-											
Total fron	n continuation sheets	s to Part VII, S	Section A							73953.					
Total num	ber of individuals (inclu	uding but not li	imited to those								00,000 of				
													3	Yes	No X
the organi	zation and related orga	anizations gre	ater than \$150,	•						•			4		Х
Did any pe	erson listed on line 1a	receive or acc	rue compensati												
				Scrie	uule	JI	5 10	ασπρ	ers			•	J		Х
Complete	this table for your five	highest comp											s tax		
	Name	(A) and business add	ress							<b>(B)</b> Description of ser	vices	Co			
								-							
	art VII Sub-total Total from Total from Total num reportable Did the or employee For any in the organi individual Did any pe for service tion B. Ind Complete compensa	Section A. Officers,         (A) Name and title         Name and title         Sub-total         Sub-total         Total from continuation sheets         Total (add lines 1b and 1c)         Total number of individuals (inclureportable compensation from the         Did the organization list any former         employee on line 1a? If "Yes," c         For any individual listed on line 1         the organization and related orgation         individual         Did any person listed on line 1 and for services rendered to the organization from the organiza	art VII       Section A. Officers, Directors, Tr         (A) Name and title         Name and title         Name and title         Sub-total         Sub-total         Total from continuation sheets to Part VII, S         Total from continuation sheets to Part VII, S         Total number of individuals (including but not I         reportable compensation from the organizations gre         Individual         Id the organization and related organizations gre         Individual         Id any person listed on line 1a, is the sum         the organization and related organizations gre         Individual         Complete this table for your five highest comper         Complete this table for your five highest comper	(A)       (B)         Name and title       Average hours per week (list any pours for related organizations below dotted line)         (B)       (C)         (C)       (C)      <	art VII       Section A. Officers, Directors, Trustees, Key Emplo         (A)       (B)         Name and title       Average hours per week (list any pours for related organizations below dotted line)       (do I Average hours per week (list any pours for related organizations below dotted line)	art VII       Section A. Officers, Directors, Trustees, Key Employees         (A)       (B)         Name and title       Average         Name and title       Average         Name and title       Average         Incertain       Pours per week (list any pours for related organizations below dotted line)       Implicit (de not ch Average         Implicit       Implicit       Implicit         Implicit       Implicit       Implicit	art VII       Section A. Officers, Directors, Trustees, Key Employees, a         (A)       (B)         Name and title       (B)         Sub-total       (B)         Total from continuation sheets to Part VII, Section A       (B)         Sub-total       (B)         Total from continuation sheets to Part VII, Section A       (B)         Total from continuation sheets to Part VII, Section A       (B) </td <td>art VII       Section A. Officers, Directors, Trustees, Key Employees, and I         (A)       (B)         Name and title       (C)         Position       (C)         Name and title       (B)         Werage       hours per werk (list any hours for related organizations below dotted line)         below dotted       (D)         Name and title       (D)         Name and title       (D)         Name and title       (D)         Name and title       (D)         Postion       (D)         Name and title       (D)         Name and title       (D)         Postion       (D)         Interview       (D)         Sub-total       (D)         Sub-total       (D)         Sub-total       (D)         Sub-total       (D)         Total from continuation sheets to Part VII, Section A       (D)         Total number of individuals (including but not limited to those listed above) wh         reportable compensation from the organization       (D)         Did the organization and related organizations greater than \$150,000?       If 'Yes,'' complete Schedule J for such individual         For any individual listed on line 1a, is the sum of reportable compensation and related organizations grea</td> <td>At VII       Section A. Officers, Directors, Trustees, Key Employees, and Higher         (A)       (A)         Name and title       (B)         (A)       (B)         Name and title       (C)         Position of the organization       (C)         Image: Section A. Officers, Directors, Trustees, Key Employees, and Higher         (A)       Name and title         Name and title       (C)         Werage hours per hours for hours hours to make the organization is below dotted         Image: Section A. Officers, Directors, Trustees, Key Employees, and Higher         Image: Section A. Officers, Directors, Trustees, Key Employees, and Higher         Image: Section A. Officers, Directors, Trustees, Key Employees, and Higher         Image: Section A. Officers, Directors, Trustees, Key Employees, and Higher         Image: Section A. Officers, Directors, Trustees, Key employee, or high the organization is tany former officer, director, or trustee, key employee, or high the organization is tany former officer, director, or trustee, key employee, or high the organization and related organization:         Did the organization list any former officer, director, or trustee, key employee, or high the organization and related organization:         Image: Section A. Officers, Complete Schedule J for such individual .         Image: Section A. Officers, Complete Schedule J for such individual .         Image: Section A. Officers, Complete Schedule J for such individual .<!--</td--><td>art VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest         (A)       (B)         Name and title       (B)         (A)       (B)         (B)       (C)         Position       (C)         (C)       Position         (C)       Position     &lt;</td><td>Art VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated         (A) Name and title       (B) Awrage book of the organizations below doted       (C) (C) control provide the provide the provide the organizations below doted       (D) Reportation the organization         (A) Name and title       (B) Name and title       (D) Name and title       (D) Name and title         (D) Notice for related       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         Sub-total       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name a</td><td>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee         (A) Name and tile       (B) Name and tile       (C) Proposition nows for maked below doted brow doted time)       (C) Proposition Proposi Proposition (C) Proposition (C) Proposition (C</td><td>art VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (con</td><td>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continue         (A)       (B)       (C)       <th< td=""><td>At VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)         (A)       (B)         (B)       (B)         (C)       (B)         (C)       (C)         (C)       (C)</td></th<></td></td>	art VII       Section A. Officers, Directors, Trustees, Key Employees, and I         (A)       (B)         Name and title       (C)         Position       (C)         Name and title       (B)         Werage       hours per werk (list any hours for related organizations below dotted line)         below dotted       (D)         Name and title       (D)         Name and title       (D)         Name and title       (D)         Name and title       (D)         Postion       (D)         Name and title       (D)         Name and title       (D)         Postion       (D)         Interview       (D)         Sub-total       (D)         Sub-total       (D)         Sub-total       (D)         Sub-total       (D)         Total from continuation sheets to Part VII, Section A       (D)         Total number of individuals (including but not limited to those listed above) wh         reportable compensation from the organization       (D)         Did the organization and related organizations greater than \$150,000?       If 'Yes,'' complete Schedule J for such individual         For any individual listed on line 1a, is the sum of reportable compensation and related organizations grea	At VII       Section A. Officers, Directors, Trustees, Key Employees, and Higher         (A)       (A)         Name and title       (B)         (A)       (B)         Name and title       (C)         Position of the organization       (C)         Image: Section A. Officers, Directors, Trustees, Key Employees, and Higher         (A)       Name and title         Name and title       (C)         Werage hours per hours for hours hours to make the organization is below dotted         Image: Section A. Officers, Directors, Trustees, Key Employees, and Higher         Image: Section A. Officers, Directors, Trustees, Key Employees, and Higher         Image: Section A. Officers, Directors, Trustees, Key Employees, and Higher         Image: Section A. Officers, Directors, Trustees, Key Employees, and Higher         Image: Section A. Officers, Directors, Trustees, Key employee, or high the organization is tany former officer, director, or trustee, key employee, or high the organization is tany former officer, director, or trustee, key employee, or high the organization and related organization:         Did the organization list any former officer, director, or trustee, key employee, or high the organization and related organization:         Image: Section A. Officers, Complete Schedule J for such individual .         Image: Section A. Officers, Complete Schedule J for such individual .         Image: Section A. Officers, Complete Schedule J for such individual . </td <td>art VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest         (A)       (B)         Name and title       (B)         (A)       (B)         (B)       (C)         Position       (C)         (C)       Position         (C)       Position     &lt;</td> <td>Art VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated         (A) Name and title       (B) Awrage book of the organizations below doted       (C) (C) control provide the provide the provide the organizations below doted       (D) Reportation the organization         (A) Name and title       (B) Name and title       (D) Name and title       (D) Name and title         (D) Notice for related       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         Sub-total       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name a</td> <td>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee         (A) Name and tile       (B) Name and tile       (C) Proposition nows for maked below doted brow doted time)       (C) Proposition Proposi Proposition (C) Proposition (C) Proposition (C</td> <td>art VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (con</td> <td>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continue         (A)       (B)       (C)       <th< td=""><td>At VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)         (A)       (B)         (B)       (B)         (C)       (B)         (C)       (C)         (C)       (C)</td></th<></td>	art VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest         (A)       (B)         Name and title       (B)         (A)       (B)         (B)       (C)         Position       (C)         (C)       Position         (C)       Position     <	Art VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated         (A) Name and title       (B) Awrage book of the organizations below doted       (C) (C) control provide the provide the provide the organizations below doted       (D) Reportation the organization         (A) Name and title       (B) Name and title       (D) Name and title       (D) Name and title         (D) Notice for related       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name and title         Sub-total       (D) Name and title       (D) Name and title       (D) Name and title       (D) Name a	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee         (A) Name and tile       (B) Name and tile       (C) Proposition nows for maked below doted brow doted time)       (C) Proposition Proposi Proposition (C) Proposition (C) Proposition (C	art VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (con	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continue         (A)       (B)       (C)       (C) <th< td=""><td>At VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)         (A)       (B)         (B)       (B)         (C)       (B)         (C)       (C)         (C)       (C)</td></th<>	At VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)         (A)       (B)         (B)       (B)         (C)       (B)         (C)       (C)         (C)       (C)

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

Form 99						90-07	16569 Page <b>9</b>
Part	VIII	Statement of Revenue Check if Schedule O contains a response	e or note to any line	in this Part VIII			
		Check in Ochedule O contains a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffis, Grants and Other Similar Amounts	1a b c d e f g h	Federated campaignsMembership duesFundraising eventsFundraising eventsRelated organizationsGovernment grants (contributions)All other contributions, gifts, grants, andsimilar amounts not included aboveNoncash contributions included in lines 1a-1f:Total. Add lines 1a-1f	1a       1b       1c       1d       1e       1f     209286.       \$    3059.	209286.			
Program Service Revenue	2a b c d e f g	PROGRAM SHOWS/EVENT INVENTORY SALES All other program service revenue Total. Add lines 2a–2f	Business Code	21400. 1360. 22760.	21400. 1360.		
	3 4 5	Investment income (including dividends, inter- other similar amounts)	erest, and 	59.	59.		
	b	Gross rents					
Other Revenue	8a b c 9a b c 10a	Gross income from fundraising events (not including \$	b a b				
		Less: cost of goods sold	b ■ Business Code				
	D C d e 12	All other revenue		232105.	22819.		Form <b>990</b> (2017)

following SOP 98-2 (ASC 958-720) .

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 . (C) (A) (B) (D) Do not include amounts reported on lines 6b, 7b, Management and Total expenses Program service Fundraising 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 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, 42500. 31450. 9775. 1275. Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . 7 Other salaries and wages . . . . . . . . . . . . 9375. 2719. 4219. 2437. Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) . . 9 3600 2664. 828 108. 10 3968 2619. 1071 278. 11 Fees for services (non-employees): b С d e Professional fundraising services. See Part IV, line 17 . . f Investment management fees . . . . . . . . . . . Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion . . . . . . . . . . . . 12 17813. 17813 13 Office expenses . . . . . . . . . . . . . . . . . 14 15 15147 10603 16 3484 1060 17 1300 1300 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . 19 Conferences, conventions, and meetings . . . . 20 21 22 Depreciation, depletion, and amortization . . . . 23 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.) 9545. a see stmt b 65196. \_\_\_\_\_ 509. С \_\_\_\_\_ d 752 \_\_\_\_\_ e All other expenses 8378 8378 \_\_\_\_\_ Total functional expenses. Add lines 1 through 24e . 178083 125783 41497 10803. 25 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

Part X	Bala	ance She	et
Form 990 (201	7)	MOTUS	THE

		Check if Schedule O contains a response or note to any line in this Part >	κ		🔲
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	103514.	1	156794.
	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			
귀음		organizations (see instructions). Complete Part II of Schedule L		6	
88	7	Notes and loans receivable, net		7	
Ŵ	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)	103514.	16	156794.
	17	Accounts payable and accrued expenses	3034.	17	2292.
	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	
60	22	Loans and other payables to current and former officers, directors,			
litic		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
Lî	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		25	
	26	Total liabilities. Add lines 17 through 25	3034.	26	2292.
8		Organizations that follow SFAS 117 (ASC 958), check here ■ X and complete lines 27 through 29, and lines 33 and 34.			
INC	27	Unrestricted net assets	63900.	27	119740.
3alé	28	Temporarily restricted net assets	31580.	28	34762.
	29	Permanently restricted net assets	5000.	29	
or Fun	-	Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			
0 Ø				00	
80(	30 21	Capital stock or trust principal, or current funds		30	
N.	31 32	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
lêt	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	100480.	32 33	154502.
<u> </u>	33 34	Total liabilities and net assets/fund balances	103514.	33 34	156794.
	34		103314.	J4	130/94.

Form 990 (2017)

Form 990 (2017)	MOTUS	THEATER
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Par	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)		2323	105.
2	Total expenses (must equal Part IX, column (A), line 25)		1780	383.
3	Revenue less expenses. Subtract line 2 from line 1		54(	022.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1004	480.
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))		154	502.
Part			i	
	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: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
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
D.	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	20		
	separate basis, consolidated basis, or both:			
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 OMP Circular A 1222	0		
	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	~		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 (2017)

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.

Open to Public

OMB No. 1545-0047

			чN	
Ins	pe	cti	on	1

	t of the Treasury			to Form 990 or Form s				Open to Public
	venue Service	Go to	o www.irs.gov/Form	1990 for instructions a	nd the late	est inform		Inspection
	ne organization						Employer identificatio	n number
	THEATER			anizatione must	malata H		90 - 0716569	
Part I				ganizations must cor For lines 1 through 12				
1 ne orga		•		of churches described	,		/	
2			*	Attach Schedule E (Fo		• • •		
3				ization described in s				
4	•	•		unction with a hospital				Enter the
4		e, city, and state		unction with a nospital	uescribe			J. LINEI ME
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)							
6	A federal, state	, or local govern	nment or governme	ntal unit described in	section -	170(b)(1)(	(A)(v).	
7			receives a substant )(A)(vi). (Complete	ial part of its support f Part II.)	rom a gov	vernmenta	al unit or from the ge	eneral public
8	A community tr	ust described ir	section 170(b)(1)	)(A)(vi). (Complete Pa	urt II.)			
9	An agricultural	research organ	ization described ir	section 170(b)(1)(A)	(ix) opera	ated in cor	njunction with a land	d-grant college
_	university:			lture (see instructions	, 			U
10 X	receipts from a	ctivities related	to its exempt functi	han 33 1/3% of its sup ons—subject to certai	n excepti	ons, and (	(2) no more than 33	1/3% of its
				ated business taxable See section 509(a)(				inesses
11	An organization	n organized and	operated exclusive	ely to test for public sa	afety. See	section	509(a)(4).	
12				ely for the benefit of, to				
				lescribed in <b>section 5</b> ribes the type of supp				
<b>a</b> [			•	pervised, or controlled			•	
a	the supporte	d organization		ularly appoint or elect				
b	Type II. A su	upporting organ	ization supervised	or controlled in connec				
F	organizatior	n(s). <b>You must</b> e	complete Part IV, S		•		C C	
c	its supported	d organization(s	s) (see instructions)	organization operated	e Part IV,	Sections	A, D, and E.	-
d				orting organization ope				
				ation generally must satisfied to the second s				attentiveness
е				ritten determination fr				Type III
L	functionally	integrated, or T	ype III non-function	ally integrated suppor			51 / 51 /	
			organizations	· · · · · · · · · · ·				· · []
	Provide the folic Name of supported of		ii) EIN	rted organization(s). (iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of
(-)		J	(,	(described on lines 1-10	listed in you	ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

# Schedule A (Form 990 or 990-EZ) 2017 MOTUS THEATER Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🛛 🗖	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) 2017	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	72115.	90952.	185994.	190306.	209286.	748653.
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.	51083.
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	72115.	90952.	200172.	204451.	232046.	799736.
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 . $% \left( {{\left[ {{\left[ {{\left[ {\left[ {\left[ {\left[ {\left[ {\left[ {\left[ $						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						799736.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🛛 🗖	(1)	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) 2017	<b>(f)</b> Total
9	Amounts from line 6	72115.	90952.	200172.	204451.	232046.	799736.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	13.	13.	33.	38.	59.	156.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	13.	13.	33.	38.	59.	156.
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.)	72128.	90965.	200205.	204489.	232105.	799892.
14	First five years. If the Form 990 is for the or	-					-
	organization, check this box and stop here .						🗖 🛄
Sec	ction C. Computation of Public Sup					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2017 (line 8, c					15	99.98%
16	Public support percentage from 2016 Sched					16	99.98%
	tion D. Computation of Investmen						0.00
17	Investment income percentage for 2017 (line		-			17	0.02%
18	Investment income percentage from 2016 Se					18	0.02%
19a							
	not more than 33 1/3%, check this box and s				-		🖿 X
b	<b>33 1/3% support tests—2016.</b> If the organiz						
•••	line 18 is not more than 33 1/3%, check this	-	-				
20	Private foundation. If the organization did r	ot check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	3	🔳 🔛

Schedule A (Form 990 or 990-EZ) 2017

Schedule B (Form 990, 990-EZ, or 990-PF) Attach to Form 990, Form 990-EZ, or Form 990-PF.		OMB No. 1545-
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	49 .
Name of the organization	1	Employer identification number
MOTUS THEATER		90-0716569
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\underline{X}$ 501(c)( $3$ ) (enter number) organization	

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

4947(a)(1) nonexempt charitable trust treated as a private foundation	
501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>Coneral Pule</b> or a <b>Special Pule</b>	
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .	

501(c)(3) exempt private foundation

527 political organization

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

#### General Rule

Form 990-PF

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

#### **Special Rules**

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

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

**Caution:** An organization that isn'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).

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

Employer identification number 90-0716569

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1.	BOULDER COUNTY ARTS ALLIANCE 400 7TH ST SW WASHINGTON DC 20506- Foreign State or Province: Foreign Country:	\$31,979	PersonXPayrollImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	BOULDER ARTS COMMISSION 1001 ARAPAHOE AVE BOULDER CO 80302- Foreign State or Province: Foreign Country:	\$20,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	MARGERY GOLDMAN 1043 PINE ST BOULDER CO 80302- Foreign State or Province: Foreign Country:	\$12,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	BOULDER COUNTY COMMISSIONERS PO BOX 471 BOULDER CO 80306- Foreign State or Province: Foreign Country:	\$10,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	AUDREY ANDREW FRANKLIN 3761 MOFFIT CT BOULDER CO 80304- Foreign State or Province: Foreign Country:	\$9,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	KEVIN LUFF FAMILY FOUNDATION 850 6TH ST BOULDER CO 80302-	\$8,000.	Person X Payroll Noncash		

Foreign State or Province:

Foreign Country:

(Complete Part II for

noncash contributions.)

Name of organization MOTUS THEATER

Employer identification number 90-0716569

110105			0710309			
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) (c) Name, address, and ZIP + 4 Total contributions		(d) Type of contribution			
7	SCIENTIFIC CULTURAL FACILITIES         899 LOGAN ST         DENVER       CO 80203-         Foreign State or Province:         Foreign Country:	\$7,144.	PersonXPayrollImage: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	BROOKE JORDAN GRANNY FUND 3069 5TH ST BOULDER CO 80304- Foreign State or Province: Foreign Country:	\$7,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	COLORADO CREATIVE INDUSTRIES 1625 BROADWAY STE 2700 DENVER CO 80202- Foreign State or Province: Foreign Country:	<b>\$</b> 6,500.	PersonXPayrollImage: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	CHINOOK FUND         1031 33RD ST         DENVER       CO 80202-         Foreign State or Province:         Foreign Country:	<b>\$</b> 5,500.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	COMMUNITY TRUST OF THE COMMUNI1123 SPRUCE STBOULDERCO 80302-Foreign State or Province: Foreign Country:	\$5,250.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	HUMAN RELATIONS COMMISSION BOU         2160 SPRUCE SR         BOULDER       CO 80302-         Foreign State or Province:         Foreign Country:	\$5,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 2

Employer identification number

Name of organization MOTUS THEATER

90-0716569

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13	LYLE D HAMILTON 2005 WEST CENTENNIAL DR LOUISVILLE CO 80027- Foreign State or Province: Foreign Country:	\$5,000.	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		
14	NANCY LEE 5 EAST 22ND ST APT 29 D NEW YORK NY 10010- Foreign State or Province: Foreign Country:	\$5,000.	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		
15	SAGE FUND OF COMMUNITY FOUNDAT 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.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Complete to provide information for respons Form 990 or 990-EZ or to provide any a Attach to Form 990 or 9	ses to specific questions on additional information. 990-EZ.	OMB No. 1545-0047
Internal Revenue Service Name of the organization MOTUS THEATER		Employer	identification number
	VI GEOTION D IINE 11-	J90=07.	10309
	VI SECTION B LINE 11a		
TREASURER FOR	REVIEW PRIOR TO E-FILING TH	provide information for responses to specific questions on 990-EZ or to provide any additional information.   ■ Attach to Form 990 or 990-EZ.   to www.irs.gov/Form990 for the latest information.     Employer identification number 90-0716569     N B LINE 11a     MAILED TO EACH BOARD MEMBER BY THE     COR TO E-FILING THE RETURN TO THE IRS   I B LINE 12c   RRS ARE REQUIRED TO DISCLOSE ANY   TO F INTERST POLICY AT THE YEAR   YEAR   TERMINED BY BUDGET LIMITATIONS	
FORM 990 PART	VI SECTION B LINE 12c		
OFFICERS AND B	OARD MEMBERS ARE REQUIRED T	O DISCLOSE ANY	
VIOLATION OF T	HE CONFLICT OF INTERST POLI	CY AT THE	
BEGINNING OF T	HE FISCAL YEAR		
FORM 990 PART	VI LINE 15a AND 15b		
THE COMPENSATI	ON WAS DETERMINED BY BUDGET	LIMITATIONS	
FORM 990 PART	III LINE 4d		
OTHER PROGRAMS	THAT REPRESENT BOULDER COL	ORADO COMMUNITY	

Form 8879-EO

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

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning	, 2017, and ending	, 20		
Do not send to the IRS. Keep for your records.				
Go to www.irs.gov/Form8879E	O for the latest information.			

Name of e	xempt organization
MOTUS	THEATER

Name and title of officer

Department of the Treasury Internal Revenue Service

Employer identification number

90-0716569

Kirsten	Wilson	President		
Part I	Type of	Return and Return Information (Whole Dollars Only)		
If you chec form was b	ck the box o plank, then l	return for which you are using this Form 8879-EO and enter the applicable amount, if any n line <b>1a</b> , <b>2a</b> , <b>3a</b> , <b>4a</b> , or <b>5a</b> , below, and the amount on that line for the return being filed w eave line <b>1b</b> , <b>2b</b> , <b>3b</b> , <b>4b</b> , or <b>5b</b> , whichever is applicable, blank (do not enter -0-). But, if yo enter -0- on the applicable line below. <b>Do not</b> complete more than one line in Part I.	ith this	return.
1a Form	990 check ł	nere 🛛 🛛 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	232,105
2a Form	990-EZ che	ck here 📓 🔄 b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form	1120-POL (	check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a Form	990-PF che	ck here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8	8868 check	here <b>B Balance Due</b> (Form 8868, line 3c)	5b	
Part II	Declara	tion and Signature Authorization of Officer		
correct, and electronic re organization transmission the U.S. Tre institution ad and the fina Agent at 1-8 involved in t resolve issu electronic re <b>Officer's F</b>	I complete. I eturn. I conse n's return to ti n, (b) the rea easury and its ccount indica incial instituti 388-353-4537 the processin les related to eturn and, if a <b>PIN: check</b>	ad accompanying schedules and statements and to the best of my knowledge and belief, they are tru- further declare that the amount in Part I above is the amount shown on the copy of the organization's and to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the son for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I as designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial ted in the tax preparation software for payment of the organization's federal taxes owed on this return on to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financia 7 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial in g of the electronic payment of taxes to receive confidential information necessary to answer inquiries the payment. I have selected a personal identification number (PIN) as my signature for the organiz- topplicable, the organization's consent to electronic funds withdrawal. <b>ONE BOX ONLY</b> <u>111</u> <u>ERO firm name</u> to enter my PIN 111 <u>Enter five numb</u> de net payment	the d the uthorize cial m, I nstitutions s and ation's 11 as m pers, but	y signature
is	s being filed	do not enter all nization's tax year 2017 electronically filed return. If I have indicated within this return that I with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also ned ERO to enter my PIN on the return's disclosure consent screen.	a copy of t	
fi	iled return.	of the organization, I will enter my PIN as my signature on the organization's tax year 20 If I have indicated within this return that a copy of the return is being filed with a state age part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent s	ncy(ies) reg	
Officer's signa	ature 🖻	<b>Date</b> ■ 06/05/2018		
Part III		ation and Authentication		
		er your six-digit electronic filing identification		]
number (E	FIN) followe	ed by your five-digit self-selected PIN. 84283222222	enter all zeros	
indicated a	above. I con	e numeric entry is my PIN, which is my signature on the 2017 electronically filed return for firm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , M Authorized IRS <i>e-file</i> Providers for Business Returns.		
ERO's signatu	ure 🖻 🔄	Date ■ 06/11/2018		
		FDO Must Datain This Forms - One had been there		
		ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So		

For Paperwork Reduction Act Notice, see back of form. BCA

US 990 Other Functional Expenses: Page 10, Line 24 20				
		Program	Management	
Description of the Asset	Total	Services	and General	Fundraising
PRODUCTION/ARTISTIC	9,545.	9,545.		
CONTRACT SERVICES	65,196.	47,070.	12,481.	5,645.
BOARD/STAFF DEVELOP	ME 509.	,	509.	,
CHARITY	752.		752.	
ADMINISTRATION	8,378.		8,378.	
	84,380.	56,615.	22,120.	5,645.
	01,000.		22,120.	5,015.