efile	e Pu	ıblic Visı	ual Render	ObjectId: 2023	12369349300326 - S	ubmissio	on: 2023-08	8-24	Т	IN: 73-1280004
	00	20	Re	eturn of Orga	nization Exemp	t From	n Income	Tax	_	OMB No. 1545-0047
Form	ອະ	00	Under section	n 501(c), 527, or 494	7(a)(1) of the Internal Re security numbers on this fo	venue Cod	e (except priv	ate foundati	ons)	2022
		f the Treasury nue Service	•	Go to <u>www.irs.gov/</u>	Form990 for instruction	s and the	latest inform	ation.		Open to Public Inspection
A Fo	or th	e 2022 c	alendar year,	or tax year beginnir	ng 01-01-2022 , and en	ding 12-3	1-2022			
	dress	applicable: change	C Name of organ PRICE TOWER	nization ARTS CENTER INC				D Employe 73-1280		fication number
O Ini	tial re	eturn	Doing business	s as						
_		rn/terminated	Number and st	treet (or P.O. box if mail is	s not delivered to street address	s) Room/su	ite	E Telephone	number	
		ion pending	510 SE DEWEY			,,		(918) 33	6-4949)
			City or town, s BARTLESVILLE		and ZIP or foreign postal code			G Gross rec	eipts \$ 6	96.876
				address of principal of	ficer:		H(a) Is this			
			BRAD DOENG PO BOX 2464 BARTLESVILL				subore H(b) Are al includ		es	□Yes ☑No □Yes □No
I Ta>	-exer	mpt status:	S 01(c)(3)	□ 501(c) () ◄ (inse	ert no.) 🗌 4947(a)(1) or	527			st. See	instructions.
J W	ebsi	te:► WW	W.PRICETOWE	R.ORG			H(c) Group	exemption i	number	•
K Forn	n of o	organization:	Corporation	Trust 🗌 Associati	ion 🗍 Other 🕨		L Year of forma	tion: 1998	M State	of legal domicile: OK
Pa	art I	Sum	mary							
	1	Briefly des	cribe the organ	ization's mission or m	ost significant activities: _ AUDIENCES WITH A MUSI					
Ge		DESIGN; A								
nan										
Governance										
3	23		Check this box \blacktriangleright \Box Number of voting members of the governing body (Part VI, line 1a)						3	8
Activities &	4		-		e governing body (Part VI, I				4	8
vitie	5	Total num	ber of individu	als employed in calend	dar year 2022 (Part V, line	2a)			5	7
ctiv	6	Total num	ber of voluntee	ers (estimate if necess	ary)				6	
٩	7a	Total unre	elated business	revenue from Part VII	I, column (C), line 12 .				7a	0
	b	Net unrel	ated business t	axable income from Fo	orm 990-T, Part I, line 11			• •	7b	
							Pric	or Year		Current Year
91	8		-	(Part VIII, line 1h)		• •		260,67	-	344,861
Revenue	9 10	-			s 3, 4, and 7d)	• •		99,07		181,612 1,346
å					6d, 8c, 9c, 10c, and 11e)	•		33,04		168,101
					equal Part VIII, column (A),	line 12)		395,52		695,920
				5	mn (A), lines 1–3)	,				0
	14	Benefits p	oaid to or for m	embers (Part IX, colur	nn (A), line 4)					0
8	15	Salaries,	other compens	ation, employee benef	its (Part IX, column (A), lin	es 5–10)		213,92	21	230,164
Expenses	16a	a Professio	nal fundraising	fees (Part IX, column	(A), line 11e)					0
kpe	b	Total fundr	aising expenses (I	Part IX, column (D), line	25) 5,074					
Ω	17	Other exp	enses (Part IX,	column (A), lines 11a	-11d, 11f-24e)	•		503,93	39	645,694
					Part IX, column (A), line 25			717,86		875,858
. 00	19	Revenue	less expenses.	Subtract line 18 from	line 12	• •	D	-322,33		-179,938
Net Assets or Fund Balances							Beginning	of Current Ye	аг	End of Year
sse Bala	20	Total asse	ets (Part X, line	16)				2,762,38	32	2,904,174
et A	21	Total liabi	lities (Part X, li	ne 26)				280,42	28	609,156
ZĽ	22	Net asset	s or fund balan	ces. Subtract line 21 f	rom line 20			2,481,95	54	2,295,018
Pa	rt II	Signa	ature Block							

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

					2023-05-03	
Sign	Sig	nature of officer			Date	
ere		AD DOENGES PRESIDENT				
	Тур	e or print name and title				
		Print/Type preparer's name	Preparer's signature	Date 2023-08-24	Check 🗌 if	PTIN P00121285
aid		Firm's name FSTOTTS ARCHAMBO	MUEGGENBORG & BARCLAY PC		self-employed	47-1209122
	arer Only					
30	Only	Firm's address > 302 SE OSAGE AVE			Phone no. (918	3) 336-0008
		BARTLESVILLE, OK 7	40033931			
ay th	e IRS disci	uss this return with the preparer sho	own above? See Instructions.			. 🗹 Yes 🗌 No
or Pa	aperwork	Reduction Act Notice, see the se	parate instructions.	Cat. I	No. 11282Y	Form 990 (202
			Page 2			
orm 9	90 (2022)					Page
Part	III Sta	atement of Program Service	Accomplishments			
		eck if Schedule O contains a respons	-			
L		cribe the organization's mission:	,			
) PR	OVIDE LOC	AL, REGIONAL AND NATIONAL AUD	IENCES WITH A MUSEUM DEDIC	CATED TO THE DISPI	AY OF ART, A	RCHITECTURE AND DESIGN;
ND T	O PRESERV	/E AND INTERPRET THE PRICE TOW	ER, FRANK LLOYD WRIGHT'S ON	NLY BUILT SKYSCRA	ΈK.	
2	Did the ord	anization undertake any significant	program services during the ve	ar which were not lis	ted on	
	-	orm 990 or 990-EZ?				🗌 Yes 🔽 No
	•	escribe these new services on Sched				
	Did the org	ganization cease conducting, or mak	e significant changes in how it c	onducts, any progra	m	
	services?					. 🗌 Yes 🗹 No
	If "Yes," de	escribe these changes on Schedule ().			
		ne organization's program service ac				
		1(c)(3) and 501(c)(4) organizations ue, if any, for each program service		unt of grants and all	ocations to oth	hers, the total expenses,
	(Code:) (Expenses \$	828,469 including grants of s) (Revenue \$	181,612)
	OFFERS A V	ER ARTS CENTER PRESERVES AND INTERF ARIETY OF FORMS OF INTERPRETATION F	OR VISITORS TO LEARN FROM WRIG	HT'S DESIGN. ITS ARCH	IVES ARE OPEN	TO THE PUBLIC FOR RESEARCH
	THROUGH T	HE ARCHITECTURE STUDY CENTER. PRIC	E TOWER ARTS CENTER PROVIDES YE	EAR-ROUND EXHIBITIO	NS AND EDUCAT	IONAL PROGRAMS FOR ALL AGES.
łb	(Code:) (Expenses \$	including grants of s	•) (Revenue \$)
	(coue.) (Expenses \$		P) (Revenue ș)
	_					
łc	(Code:) (Expenses \$	including grants of s	5) (Revenue \$)
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
4d	Other proc	gram services (Describe in Schedule	0.)			
	(Expenses	-	ng grants of \$) (Revenue	\$)

4e	Total program service expenses 828,469	F	orm qq	0 (2022
			0111 33	0 (2022
	Page 3			
Form	990 (2022)			Page 3
Pa	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 \Im	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 50	2	Yes	
3	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>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
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</i> ,Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 🗐	9		No
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 50	10	Yes	
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i> 1	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ዄ	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🐿	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🗐	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form **990** (2022)

No

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	Page 4			
Form	990 (2022)			Daga
	t IV Checklist of Required Schedules (continued)			Page 4
			Yes	No
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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		No
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? <i>If</i> " <i>Yes</i> ," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	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		
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28b 28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

https://projects.propublica.org/nonprofits/organizations/731280004/202312369349300326/full

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	A, 3:11 PM Price Tower Arts Center Inc - Full Filing- Nonprofit Explorer - ProPublica			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		F	⁻ orm 99	0 (2022
	Page 5			
orm	990 (2022)			Page .
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	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 account)?	4a		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c 6a		No
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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		No
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		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	4		
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	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			

5/30)/24	3:11	PM

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С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O \cdot .	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		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 990	(2022

	Page 6			
orm	990 (2022)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-		
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	Yes	
Se	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
l0a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
1 1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on	12c		No
3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a		No
		15b		No
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
.0a				••

taxable entity during the year?

Price Tower Arts Center Inc - Full Filing- Nonprofit Explorer - ProPublica

16a

No

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?	16h

Se	ection C. Disclosure	
17	List the states with which a copy of this Form 990 is required to be filed	
	ОК	
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-Å, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	🗌 Own website 🗌 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: DONNA KEFFER PO BOX 2464 BARTLESVILLE, OK 74005 (918) 336-4949	
		Form 990 (2022)
	Page 7	
Form	990 (2022)	Page 7
Pa	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emploand Independent Contractors	loyees,
	Check if Schedule O contains a response or note to any line in this Part VII	🛛
6	ection 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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list	one	(C) ition (do not ch box, unless pe ficer and a dire	neck ersor	n is	both a	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) DANIEL ADAMS TRUSTEE		х		х				0	0	0
(2) CHARLIE DANIELS SECRETARY		х		x				0	0	0
(3) BRAD DOENGES PRESIDENT		х		x				0	0	0
(4) MARK HASKELL TREASURER		х		x				0	0	0
(5) SCOTT HOLTZ TRUSTEE		х						0	0	0
(6) SHERYL KAUFMAN TRUSTEE		х						0	0	0
(7) SANDRA KENT TRUSTEE		x						0	0	0

, , , , , , , , , , , , , , , , , , ,		I			ter me		<u>e</u>	, 1101			11010			
3) SCOTT SABINE			x								0		0	
RUSTEE		-	~								Ŭ		Ŭ	
						_								
						_								
														• (202
													Form 99	U (202
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m 990 (2022)														Daga
	Divertere	Turetooo	Kay Er			. d 11	a la a				Ema		tinued)	Page
Part VII Section A. Officers	s, Directors	, Trustees	, key Er	пріоу	ees, ar	ап	gne	est C	om	pensated	Emp	loyees (cor	itinueu)	
(A)	(B)			(C)				I		(D)		(E)	(F)
Name and title	Averag	e Positi	on (do no	t check	(more	than	one		Rep	ortable		eportable	Estim	ated
		unless pe and a d				cer	er compensation from the				npensation om related	amount o compen		
	week (li any hou	irc				-		org	aniz	ation (W-	orc	anizations	from	
	for relat		Tractitud	ional	Key employee Officer	Highest compensated employee	Former	MIC	2/:	1099-	(V	V-2/1099-	organizat	
	organizat below do	tted	Institut Trustee	ional	en	les:	me	MIS	SC/1	099-NEC)	MISC	C/1099-NEC)	relat organiz	
	line)	e a		'	ldt	ee o	~						or game	
		° ₫			o ye	m								
		ste			¢	pen								
		Φ				sat								
						ed								
								İ.						
								1						
								-						
										_				
Sub-Total							•							
c Total from continuation she	ets to Part V	ll, Section	Α				•							
Total (add lines 1b and 1c)						•	•							
Total number of individuals (including but	not limited	to those	listed a	bove) v	vho r	ecei	ved m	nore	than \$100	,000			
of reportable compensation	from the orga	anization 🕨												
							-		-				Yes	No
Did the organization list any	former offic	or director	r tructor	kovo	mplovo	0 or	hick	last c	0.000-	nencated of	mploy	ee on		
line 1a? If "Yes," complete S								-	unt.					
ine ia. ii res, complete s				•			•					3		No

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
		4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		
	services rendered to the organization?If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors				
 Complete this table for your five highest compensated independ from the organization. Report compensation for the calendar ye 				pensation
(A) Name and business address	-	Desc	(B) cription of services	(C) Compensation
2 Total number of independent contractors (including but not limiter compensation from the organization ►	d to those listed abo	ve) who received m	ore than \$100,000	
				Form 990 (2022)
	Page 9			
Form 990 (2022)				Page 9
Part VIII Statement of Revenue				
Check if Schedule O contains a response or note to an	y line in this Part VIII (A)	 (B)	 (C)	U
	Total revenue	Related or exempt function	Unrelated business revenue	Revenue excluded from tax under sections
Federated campaigns 1a		revenue		512 - 514
Contributions, Sifts, Grants, and Membership dues 1b				
and Membership dues <u>1b</u> DtherAmt				
Similar Affiolingdraising events <u>1c</u>				
d Related organizations 1d				
e Government grants (contributions) 1e				
16,100				
f All other contributions, gifts, grants, and similar amounts not included above 1f				
328,761				
g Noncash contributions included in lines 1a - 1f:\$ 1g				
h Total. Add lines 1a-1f				1
Business Code 2a SPECIAL EVENTS	120,549	120,549		
, ADMISSIONS & CLASS FEES	29,846	29,846		
ADMISSIONS & CLASS FEES MISCELLANEOUS INCOME MEMBERSHIP DUES	19,717	19,717		
	11,500	11,500		
	11,500	11,300		
f All other program service revenue.				
9 Total. Add lines 2a–2f b 181,612				
3 Investment income (including dividends, interest, and other similar amounts)	1,346	321		1,025
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				

C

								e 1 1	
				(i) Rea		(ii) Personal			
	6-	Gross rents	6a		70.005				
			Od		72,005				
	b	Less: rental expenses	6b						
	с	Rental income							
		or (loss)	6c		72,005		Į		
	d	Net rental income	or (loss)	• •	· · · •	72,005		72,005
				(i) Securi	ties	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a						
Other Revenue		Less: cost or other basis and	7b						
lev		sales expenses					4		
يل بر		Gain or (loss)	7c						
the	d	Net gain or (loss)	•			• • •	1		
Ó	-	Gross income from fu	ndrais				ĺ		
		(not including \$ contributions reported	l on li	of					
		See Part IV, line 18	•	• • •	8a				
	b	Less: direct expense	ses		8b		•		
	с	Net income or (los	s) fro	om fundraisir	ng eve	nts 🕨	1		
						-			
		Gross income from g See Part IV, line 19							
					9a				
		Less: direct expense			9b	-]		
	С	Net income or (los	s) Irc	om gaming a			1		
		Gross sales of inve returns and allowa			10a	25,940			
	b	Less: cost of goods	s solo	d	10b	956	1		
		Net income or (los				prv 🕨	24,984	24,984	
	_		.,		ente	Business Code			
	11	OTHER INCOME			ľ		71,112	71,112	
	b								
					ŀ				
)th	erŔ	evenueMiscAmt							
		All other revenue			١.	~			
	e	Total. Add lines 11	la-1	1d	• •	· · •	71,112		
	12	Total revenue. Se	e in	structions .	•		695,920	278,029	73,030

Form 990 (2022)

Page 10

Form 990 (2022) Page 10 Part I) Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). \square Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Management and Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16

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	unu 10				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	199,658	199,658		
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	9,303	9,303		
10	Payroll taxes	21,203	21,203		
11	Fees for services (non-employees):				
a	Management	2,675	1,926	669	80
b	Legal				
c	Accounting	21,779	15,681	5,445	653
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	268	268		
12	Advertising and promotion	33,782	33,782		
13	Office expenses	3,675	3,675		
14	Information technology	8,933	8,933		
15	Royalties				
16	Occupancy	391,214	391,214		
17	Travel	227	227		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	18,830	18,830		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	94,812	69,355	22,731	2,726
23	Insurance	232	232		
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.)				
	a BANKING EXPENSES	16,377	11,792	4,094	491
	b PROGRAMS & EXHIBITS	15,397	15,397		
	c RENTAL/LEASE	11,278	8,120	2,820	338
	d MISCELLANEOUS	7,626	5,490	1,907	229
	e All other expenses	18,589	13,383	4,649	557
25	Total functional expenses. Add lines 1 through 24e	875,858	828,469	42,315	5,074
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).				

Form **990** (2022)

	Page 11			
Form 990 (2022)			Page 11
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX			🗆
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	8,337	1	23,655
2	Savings and temporary cash investments	1,148	2	9,304

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	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			2,907	4	2,907	
	5 6	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the Loans and other receivables from other disquali section 4958(f)(1)), and persons described in s	ontributor, or 35% ons sons (as defined under		5			
	_		930(c)(3)(b) · · ·	4 470 070	6	1 070 700		
ŝ	7	Notes and loans receivable, net	• •		1,473,270	7	1,678,709	
Assets	8	Inventories for sale or use	• •		824	8	824	
Ä	9	Prepaid expenses and deferred charges	. • •.	· ·		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,030,005				
	b	Less: accumulated depreciation	10b	2,906,244	1,204,701	10c	1,123,761	
	11	Investments—publicly traded securities .			70,695	11	64,514	
	12	Investments-other securities. See Part IV, line	11 .			12		
	13	Investments-program-related. See Part IV, line	e 11 .			13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11			500	15	500	
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	2,762,382	16	2,904,174	
	17	Accounts payable and accrued expenses			5,325	17	1,277	
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
ŝ	21	Escrow or custodial account liability. Complete F	f Schedule D		21			
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons			22			
Ĵ	23	Secured mortgages and notes payable to unrela	ecured mortgages and notes payable to unrelated third parties					
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24		
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2 Complete Part X of Schedule D	to related third parties,	275,103	25	607,879		
	26	Total liabilities. Add lines 17 through 25 .			280,428	26	609,156	
Balances		Organizations that follow FASB ASC 958, c complete lines 27, 28, 32, and 33.	heck he	re 🕨 🗹 and				
ala	27	Net assets without donor restrictions		· · · · · ·	2,481,954	27	2,295,018	
-	28	Net assets with donor restrictions • • •	• •			28		
Net Assets or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	-	neck here 🕨 🗌 and		29		
ts	30	Paid-in or capital surplus, or land, building or ed	quipmen	t fund		30		
SSG	31	Retained earnings, endowment, accumulated in	come, o	r other funds		31		
T A	32	Total net assets or fund balances			2,481,954	32	2,295,018	
Net	33	Total liabilities and net assets/fund balances .			2,762,382	33	2,904,174	

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Form 990 (2022)		Page 12
Part XI Reconcilliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI		🛛
1 Total revenue (must equal Part VIII, column (A), line 12)	1	695,920
2 Total expenses (must equal Part IX, column (A), line 25)	2	875,858
3 Revenue less expenses. Subtract line 2 from line 1	3	-179,938
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,481,954
5 Net unrealized gains (losses) on investments	5	-6,998
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	

5

/30/24	4, 3:11 PM Price Tower Arts Center Inc - Full Filing- Nonprofit Explorer - ProPub	lica			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		2,	295,018
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both:	n a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate b consolidated basis, or both:	asis,			
	□ Separate basis □ Consolidated 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 Sched	lule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uni Guidance, 2 C.F.R. Part 200, Subpart F?	form	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed	Зb		

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Return to Form

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Additional Data

Software ID: Software Version:

Form 990, Special Condition Description:

Snecial Condition Description

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(For	n 990)	ULE A	Cor		Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) empt charitable	organization or trust.		OMB No. 1545-0047
		le Service	 Attach to Form 990 or Form 990-EZ. Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. 						Open to Public Inspection
Name of the organization Employer identify PRICE TOWER ARTS CENTER INC Employer identify									
Pa	rt I	Reason	for Public	Charity Stat	us (All organization	s must comple	te this part.) S	73-1280004	
					e it is: (For lines 1 thro				
1		A church, o	convention of	churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school de	escribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		•	•	•	vice organization desc			-	
4			research orga and state:	anization operat	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii).	Enter the hospital's
5				ed for the benefi omplete Part II.)	t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descr	ibed in section
6				5	governmental unit de				
7				rmally receives (vi). (Complete	a substantial part of it Part II.)	s support from a	governmental u	nit or from the gene	ral public described in
8		A commun	ity trust desc	ribed in section	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					escribed in 170(b)(1) ee instructions. Enter				llege or university or a
10		from activi	ties related t income and	o its exempt fur unrelated busin	(1) more than 331/3% actions—subject to cer less taxable income (le omplete Part III.)	tain exceptions,	and (2) no more	than 33 1/3% of its	
11		An organiz	ation organiz	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more publi on lines 12	cly supported a through 12	d organizations of the describes	d exclusively for the be described in section 5 s the type of supportin	09(a)(1) or se g organization a	ction 509(a)(2 nd complete line). See section 509(s 12e, 12f, and 12g.	a)(3). Check the box
a		organizatio complete	n(s) the pow Part IV, Sec	ver to regularly a ctions A and B.		prity of the direct	ors or trustees of	of the supporting org	anization. You must
Ь		manageme	nt of the sup		ervised or controlled i ation vested in the sar and C.				
c		supported	organization((s) (see instruct	supporting organizatio ions). You must com	plete Part IV, S	Sections A, D, a	nd E.	
a		functionally	/ integrated.	The organizatio	d. A supporting organi n generally must satis r t IV, Sections A and	fy a distribution	requirement and		nization(s) that is not quirement (see
e		integrated,	or Type III r	non-functionally	ved a written determir integrated supporting	organization.	,		I functionally
f g			••	5				· · · · · · · · · <u>-</u>	
		Name of sup organization	ported	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				1					
Tota	I								
		work Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 11285	ōF	Schedule	e A (Form 990) 2022
					Pa	ge 2			
Sche	dule A	(Form 990)	2022						Page 2
	rt II	Suppor (Compl	r t Schedul ete only if y	ou checked th	tations Described The box on line 5, 7, ify under the tests l	or 8 of Part I of	or if the organi	zation failed to qu	
Se	ction	A. Public						- rait 111.)	
Cale	ndar	Voar		organizations /721	I 280004/2023123693493	00326/full			1

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(o	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	248,185	87,822	731,515	260,676	344,861	1,673,059
2	include any "unusual grant.") Tax revenues levied for the						
2	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
-	furnished by a governmental unit to						
4	the organization without charge Total. Add lines 1 through 3	248,185	87,822	731,515	260,676	344,861	1,673,059
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						1,673,059
	ection B. Total Support		1				
	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4.	248,185	87,822	731,515	260,676	344,861	1,673,059
8	Gross income from interest, dividends, payments received on		64 0 45	62.400	15 224		
	securities loans, rents, royalties and	78,746	61,945	62,190	45,381	73,030	321,292
9	income from similar sources Net income from unrelated business						
	activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through						1,994,351
12	10 Gross receipts from related activities, e	etc. (see instructio	ns)			12	1,716,918
13	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third	, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	
	this box and stop here					► 🗆	
S	ection C. Computation of Public						
14	Public support percentage for 2022 (lin					14	83.890 %
	Public support percentage for 2021 Sch 33 1/3% support test-2022. If the o					15	85.320 %
165	and stop here. The organization qualif						
b							
	box and stop here. The organization						
17a	10%-facts-and-circumstances test and if the organization meets the "facts"						
	meets the "facts-and-circumstances" te	est. The organizat	ion qualifies as a j	publicly supported	organization		🕨 🗆
b	10%-facts-and-circumstances tes more, and if the organization meets the						
	meets the "facts-and-circumstances" i				• •		
18	Private foundation. If the organization						
	instructions						<u> ► □</u>
						Schedule A (Form 990) 2022
			Page 3				
			Tuge 5				
Sch	edule A (Form 990) 2022						Page 3
	Part III Support Schedule fo	or Organizatio	ns Described i	n Section 509/	(a)(2)		Fage J
	(Complete only if you	checked the box	x on line 10 of F	Part I or if the o	rganization faile		er Part II. If
	the organization fails t	to qualify under	the tests listed	below, please c	complete Part II.)	
Ca	ection A. Public Support	(-) 2010	(1-) 2010	(-) 2020	(4) 2021	(-) 2022	
(o	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	membership fees received. (Do not						
2	include any "unusual grants.") . Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
-	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
4	under section 513						
-	organization's benefit and either paid						

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5	to or expended on its benair The value of services or facilities								
5	furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and								
7 d	3 received from disgualified 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.								
	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support								
	ndar year	() 2010	(1) 2010	() 2020	(1) 2024	() 2022	(0)	T 1 1	
	iscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(†)	Total	
9	Amounts from line 6.								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
	11, and 12.) First 5 years. If the Form 990 is for the form 10 is form 10 is for the form 10 is for 10 is form 10 is for 10	ho organization's	first second thir	d fourth or fifth t	ay year as a costi	p = 501(c)(2) or	apiza	tion ch	pock
14	-	-					-		_
	this box and stop here								
	Public support perceptage for 2022 (lir	a 8 column (f) d	ivided by line 13	column (f))					
15	Public support percentage for 2022 (lir	ne 8, column (f) d	ivided by line 13,			15			
15 16	Public support percentage for 2022 (lin Public support percentage from 2021 S	ne 8, column (f) d Schedule A, Part II	ivided by line 13, II, line 15			15 16			<u> </u>
15 16 Se	Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest	ne 8, column (f) d Schedule A, Part II ment Income	ivided by line 13, II, line 15 Percentage			16			
15 16 Se 17	Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202	ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur	ivided by line 13, II, line 15 Percentage mn (f) divided by	line 13, column (1	f))	16			
15 16 Se 17 18	Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2	ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A,	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	line 13, column (1	f))	16 17 18			
15 16 Se 17 18	Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2022. If the	he 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box	line 13, column (1	f))	16 17 18 33 1/3%, and 1		is not	
15 16 Se 17 18	Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and	ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n I stop here. The o	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali	line 13, column (f	f))	16 17 18 33 1/3%, and li ation	1		19 ic
15 16 Se 17 18	Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the	ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n I stop here. The d organization did	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box o	line 13, column (1 	f))	16 17 18 33 1/3%, and li ation more than 33 1	 /3% ar	► □ nd line	18 is
15 16 Se 17 18 19a b	Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The d organization did and stop here. T	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box organization quali not check a box of The organization of	line 13, column (f on line 14, and lir fies as a publicly s on line 14 or line 1 qualifies as a publi	f))	16 17 18 33 1/3%, and li ation more than 33 1 anization		nd line	18 is
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15 16 17 18 19a b 20	Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization	he 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The d organization did and stop here. T on did not check a	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1	line 13, column (f on line 14, and lir fies as a publicly s on line 14 or line 1 qualifies as a publi	f))	16 17 18 33 1/3%, and li ation more than 33 1 anization instructions	./3% ar	nd line	
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c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

30

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	

Did the organization support any foreign supported organization that does not have an IRS determination under sections С 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b
	and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported
	organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by
	amendment to the organizing document).

- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the b organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?

С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing	
	organization's supported organizations? If "Yes," provide detail in Part VI.	6
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	

- section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
	provide detail in Part VI.

- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting b organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets С in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10b

Schedule A (Form 990) 2022

Page 5

4a

4b

4c

5a

5b

7

8

9a

9b

9c

10a

Page 5

Schedule A (Form 990) 2022

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
	V1.			

Section B. Type I Supporting Organizations

I the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly
point or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No,"
scribe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's
ivities. If the organization had more than one supported organization, describe how the powers to appoint and/or
nove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any
plied to such powers during the tax year.

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that 2 operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

1	
2	

Yes

No

Yes

No

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the 1

supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizatio	ns
--	----

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - **a** The organization satisfied the Activities Test. Complete **line 2** below.

 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

2	Activities fest. Answer lines za anu zb below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the</i>			
	organization's involvement.	2b		

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auting Organizations

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

Functionally Internated E00(a)(2) Cum

3b Schedule A (Form 990) 2022

3a

1

Schedule A (Form 990) 2022

Page 6

гa	rt v Type III Non-Functionally Integrated 509(a)(5) Supporting O	iyan		
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			

			1	
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i	ntegrat	ed Type III supporti	ing organization (see

Page 7

Schedule A (Form 990) 2022

Page 7

Part V Type III Non-Functionally Integrate	d 509(a)(3) Supporting	Organizations (co	ntinued)	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplisi	h exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pu	3			
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI))	5	
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
 B Distributions to attentive supported organizations to w details in Part VI). See instructions 	8			
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount	10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
g Applied to underdistributions of prior years				
h Applied to 2022 distributions of phot years				
Carryover from 2017 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7:				
a Applied to underdistributions of prior years				
 b Applied to 2022 distributable amount 				
- Applied to LOLL abtilbutable amount				

		s	
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Pa See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is gre than zero, explain in Part VI . See instructions.	ater		
7 Excess distributions carryover to 2023. Add I 3j and 4c.	ines		
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide t Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, instructions).	, 6, 9a, 9b, 9c, 11a, 11b, a /, Section E, lines 1c, 2a, 2	nd 11c; Part IV, Section B, line b, 3a and 3b; Part V, line 1; P	es 1 and 2; Part IV, Section C, line 1; art V, Section B, line 1e; Part V
	Facts And Circumst	ances Test	
Return Reference		Explanation	
PART II, LINE 10 SPECIAL EVE	NTS 0 MISCELLANEOUS 0		
			Schedule A (Form 990) 2022
Additional Data			Return to Form

Additional Data

Software ID: Software Version:

er Objectid: 202312369349300326 - Submission: 2023-08-24		TIN: 73-1280004			
Schedule of Contributors		OMB No. 1545-0047			
Attach to Form 990, 990-EZ, or 990-PF.		2022			
Department of the Treasury Internal Revenue Service					
	Employer id	entification number			
	73-1280004				
k one):					
Section:					
□ 501(c)() (enter number) organization					
4947(a)(1) nonexempt charitable trust not treated as a private foundation					
527 political organization					
501(c)(3) exempt private foundation					
4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation					
	Schedule of Contributors ▲ Attach to Form 990, 990-EZ, or 990-PF. ▲ Go to www.irs.gov/Form990 for the latest information. ER INC Section: □ 501(c)() (enter number) organization □ 4947(a)(1) nonexempt charitable trust not treated as a private fou □ 527 political organization □ 501(c)(3) exempt private foundation □ 4947(a)(1) nonexempt charitable trust not treated as a private foundation	Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. Employer id 73-1280004 kk one): Section: 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation			

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹/3% 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.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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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 990PF, 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 Instru-	ctions
for Form 990, 990-EZ, or 990-PF.	

Cat. No. 30613X

Page 2

Employer identification number

Schedule B (Form 990) (2022)

Name of organization DDICE TOUNED ADTO CENITED INC

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
RESTRICTED			Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 3 Name of organization PRICE TOWER ARTS CENTER INC Employer identification number 73-1280004 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. from (c) (d) (b) FMV (or estimate) Date received Description of noncash property given Part I (See instructions)

Page 3 -

5/30/24, 3:11	I PM I	Price Tower Arts Center Inc - Full Filing-	Nonprofit Explorer - ProPublic	ca
-			\$	-
(a) No. from Part I	(b) Description of noncasi	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	-
(a) No. from Part I	(b) Description of noncast	n property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncasi	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	-
(a) No. from Part I	(b) Description of noncasl	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	-
(a) No. from Part I	(b) Description of noncast	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	-
				Schedule B (Form 990) (2022)
		Page 4		
	B (Form 990) (2022) rganization		Employer ide	Page 4 entification number
PRICE TOV	VER ARTS CENTER INC		73-1280004	
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See in Use duplicate copies of Part III if additional s	ntributor. Complete columns (a) the total of <i>exclusively</i> religious, clastructions.)	hrough (e) and the follow	ing line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-				
	Transferee's name, address, and	(e) Transfer of gift Transferee's name, address, and ZIP 4		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of gift		
	Transferee's name, address, and	I ZIP 4	Relationship of transferor	to transferee
(a) No from	(b) Burnasa of aift	(a) Lies of sift	(d) Doco	rintion of how aift is hold

5/30/24, 3:11 PM		Price Tower Arts Center Inc - Full Filing- Nonpro-	fit Explorer - ProPublica
Part I	(v) ruipose oi yiit	(៤) បទខ បា ម្នាព	(מ) עפטרואנוטוו טו ווטא אווג וופוע
	Transferee's name, address, a	(e) Transfer of gift nd ZIP 4 Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =		(e) Transfer of gift	
=	Transferee's name, address, a	nd ZIP 4 Relatio	nship of transferor to transferee

Schedule B (Form 990) (2022)

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visua	al Render	ObjectId: 2023123	69349300326 - Submissio	n: 2023-08-2	24	TIN: 73-1280004
SCHEDULE D		Supplemen	tal Financial Staten	nonte		OMB No. 1545-0047
(Form 990)		Complete if the or Part IV, line 6, 7, 8, 9, 1	ganization answered "Yes," on 0, 11a, 11b, 11c, 11d, 11e, 11	Form 990,		2022 Open to Public
Department of the Treasury Internal Revenue Service	► G		Attach to Form 990. <u>1990</u> for instructions and the lateral sectors.	atest informatio	on.	Inspection
Name of the organ				Em	ployer ident	ification number
PRICE TOWER ARTS CEI	NIER INC			73-:	1280004	
			sed Funds or Other Similar s" on Form 990, Part IV, line 6		counts.	
Comple			(a) Donor advised funds		(b) Funds a	nd other accounts
1 Total number at	end of year .					
2 Aggregate value	of contributior	s to (during year)				
3 Aggregate value	of grants from	(during year)				
4 Aggregate value	at end of year					
			rs in writing that the assets held i clusive legal control?		funds are the	e 🗌 Yes 🗌 No
charitable purpo	oses and not fo	r the benefit of the donor	onor advisors in writing that grant or donor advisor, or for any other	purpose conferr		
	vation Ease					U Yes U No
			s" on Form 990, Part IV, line 7	7		
			nization (check all that apply).			
Preservati	on of land for p	ublic use (e.g., recreation	n or education) 🗌 Preserva	ation of an histor	rically import	ant land area
Protection	of natural hab	tat	Preserva	ation of a certifie	d historic str	ucture
Preservati	on of open spa	ce				
2 Complete lines	2a through 2d	if the organization held a	qualified conservation contribution	n in the form of a	a conservatio	n
easement on th	,				Held at t	he End of the Year
-						
	•					
			c structure included in (a)			
		National Register	red after July 25, 2006, and not c	on a 2d		
3 Number of constax year ►	ervation easen	nents modified, transferre	d, released, extinguished, or term	ninated by the or	ganization du	uring the
4 Number of state	es where prope	rty subject to conservatio	n easement is located 🕨			
5 Does the organi	ization have a	written policy regarding th	ne periodic monitoring, inspection,	handling of viol	ations,	
and enforcemer	nt of the conse	vation easements it holds	5?		C	Yes 🗌 No
6 Staff and volunt	teer hours devo	oted to monitoring, inspec	ting, handling of violations, and e	nforcing conserv	ation easeme	ents during the year
7 Amount of expe	enses incurred	n monitoring, inspecting,	handling of violations, and enforc	ing conservation	easements o	luring the year
			above satisfy the requirements o	()(Yes 🗌 No
balance sheet, a	and include, if		ervation easements in its revenue footnote to the organization's finates.			
			of Art, Historical Treasure		milar Asse	ets.
TC the survey of the t			s" on Form 990, Part IV, line 8 C 958, not to report in its revenue		halance shee	et works of art
historical treasu Part XIII, the te	ires, or other s ext of the footn	milar assets held for pub ote to its financial statem	lic exhibition, education, or resear ents that describes these items.	ch in furtherance	e of public se	rvice, provide, in
historical treasu following amou	ires, or other s	milar assets held for pub hese items:	C 958, to report in its revenue sta lic exhibition, education, or resear	ch in furtherance	e of public se	rvice, provide the
(i) Revenue includ	led on Form 99	0, Part VIII, line 1			▶\$	
(ii)Assets included	l in Form 990,	Part X			. ▶\$	
following amou	nts required to	be reported under FASB /	cal treasures, or other similar asso ASC 958 relating to these items:	_		
a Revenue include	ed on Form 990), Part VIII, line 1			. ►\$	
		lart V			► ¢	

Sched	dule D (Form 990) 2022									I	Page 2
Part	III Organizations Main	taining Coll	lections of Art,	Historica	al Trea	asures, oi	• Other	Similar Ass	sets (contir	nued)	
3	Using the organization's acquisi items (check all that apply):	tion, accession	n, and other record		y of the	e following t	hat are a	significant us	e of its colle	ection	
а	Public exhibition			d	🗌 Lo	oan or excha	ange prog	grams			
b	Scholarly research			e	0	ther					
с	Preservation for future get	enerations									
4	Provide a description of the org Part XIII.	anization's coll	ections and explair	n how they	further	the organiz	ation's e	xempt purpose	e in		
5	During the year, did the organiz assets to be sold to raise funds								🗌 Yes	🗹 No	
Par	t IV Escrow and Custod Complete if the organ line 21.			orm 990, F	Part IV,	, line 9, or	reporte	d an amoun	t on Form	990, Pa	art X,
La	Is the organization an agent, tr										
	included on Form 990, Part X? .								🗌 Yes	🗌 No	
b	If "Yes," explain the arrangeme	ent in Part XIII	and complete the f	following ta	ble:]		Am	nount		
с	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year .						1e				
f	Ending balance						1f				
а	Did the organization include an	amount on For	rm 990, Part X, line	e 21, for es	crow or	custodial a	ccount lia	ability?	🗌 Yes		
b	If "Yes," explain the arrangeme										
	In res, explain the arrangeme	nt in Part XIII.	Check here if the	explanation	has be	en provideo	d in Part 2	×III			
	rt V Endowment Funds.						d in Part 3	XIII			
			vered "Yes" on Fo	orm 990, F	Part IV,	, line 10.		1	P	our vears	back
Par	rt V Endowment Funds. Complete if the organ	nization answ			Part IV,			(d) Three year	P	our years	back
Par a E	rt V Endowment Funds.	nization answ	vered "Yes" on Fo	orm 990, F	Part IV,	, line 10.		1	P	our years	back
Par a E b (Endowment Funds. Complete if the organ Beginning of year balance	nization answ	vered "Yes" on Fo	orm 990, F	Part IV,	, line 10.		1	P	our years	back
a E b (c N	Endowment Funds. Complete if the organ Beginning of year balance Contributions	nization answ	vered "Yes" on Fo	orm 990, F	Part IV,	, line 10.		1	P	our years	back
Par a E b () c N d () e ()	Endowment Funds. Complete if the organ Beginning of year balance . Contributions . Net investment earnings, gains, and the service of the ser	nization answ	vered "Yes" on Fo	orm 990, F	Part IV,	, line 10.		1	P	our years	back
a E b () c N d () a	V Endowment Funds. Complete if the organ Beginning of year balance . Contributions . Net investment earnings, gains, a . Grants or scholarships . Other expenditures for facilities .	nization answ and losses	vered "Yes" on Fo	orm 990, F	Part IV,	, line 10.		1	P	our years	back
Par b (c N d (a f A	Endowment Funds. Complete if the organ Beginning of year balance . Contributions . Net investment earnings, gains, and grants or scholarships . Other expenditures for facilities and programs .	nization answ and losses	vered "Yes" on Fo	orm 990, F	Part IV,	, line 10.		1	P	our years	back
a E b (c N d (a a f A g E	V Endowment Funds. Complete if the organ Beginning of year balance . Contributions . Net investment earnings, gains, a . Grants or scholarships . Other expenditures for facilities and programs .	nization answ and losses ge of the curre	vered "Yes" on Fc (a) Current year	orm 990, F (b) Prio	Part IV, r year	, line 10. (c) Two y	ears back	1	P	bur years	back
a E b (c N d (a f A g E	V Endowment Funds. Complete if the organ Beginning of year balance . Contributions . Net investment earnings, gains, a . Grants or scholarships . Other expenditures for facilities and programs . Administrative expenses . End of year balance . Provide the estimated percenta Board designated or quasi-endo	nization answ and losses ge of the curre	vered "Yes" on Fc (a) Current year	orm 990, F (b) Prio	Part IV, r year	, line 10. (c) Two y	ears back	1	P	our years	back
a E b (c N d (e (a f A g E a	Image: Note of the second se	nization answ and losses ge of the curre	rered "Yes" on Fo	orm 990, F (b) Prio	Part IV, r year	, line 10. (c) Two y	ears back	1	P	Dur years	back
a E b C c N d C e C a f A g E a b c	Image: Note of the second se	nization answ and losses ge of the curre owment >	rered "Yes" on Fo (a) Current year	erm 990, F (b) Prio	Part IV, r year	(a)) held a	ears back	(d) Three year	P	our years	back
a E b (c N d (c a f f g E a b c	Image: Note of the second se	nization answ and losses ge of the curre owment >	rered "Yes" on Fo (a) Current year	erm 990, F (b) Prio	Part IV, r year	(a)) held a	ears back	(d) Three year	P		back
a E b (c N d (c a f f g E a b c	Image: Second	nization answ and losses ge of the curre owment > b, and 2c shoul t in the possess	ld equal 100%.	erm 990, F (b) Prio	Part IV, r year	(a)) held a	ears back	(d) Three year	P	Yes	
a E b (c N d (c a f A g E a b c	Image: Note of the second se	nization answ and losses ge of the curre owment b, and 2c shoul t in the posses:	rered "Yes" on Fo (a) Current year (a) Current year (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	orm 990, F (b) Prio	Part IV, r year column	(a)) held a	ears back	(d) Three year	s back (e) F	Yes	No
a E b (c N c C c C c C c C c C c C c C c C c C c C	Endowment Funds. Complete if the organ Beginning of year balance . Contributions . Net investment earnings, gains, and grants or scholarships . Grants or scholarships . Other expenditures for facilities and programs . Administrative expenses . End of year balance . Provide the estimated percentar . Board designated or quasi-endor . Permanent endowment . Term endowment . The percentages on lines 2a, 2t . Are there endowment funds not organization by: . (i) Unrelated organizations . (ii) Related organizations . If "Yes" on 3a(ii), are the relate .	nization answ and losses ge of the curre by and 2c shoul t in the possess ed organization	rered "Yes" on Fo (a) Current year (a) Current year (c) C	prm 990, F (b) Prio	column rre held	(a)) held a	ears back	(d) Three year	s back (e) F	Yes	No
a E b (C N (c N (c a f A g E a b c a b	Image: Network and the second secon	nization answ and losses ge of the curre owment b b, and 2c shoul t in the possess ed organization ed uses of the	rered "Yes" on Fo (a) Current year (a) Current year (c) C	prm 990, F (b) Prio	column rre held	(a)) held a	ears back	(d) Three year	s back (e) F	Yes	No
a E b (C N (c N (c a f A g E a b c a b	Image: Network and the second sec	nization answ and losses ge of the curre owment b, and 2c shoul t in the possess ed organization ed uses of the id Equipmer	rered "Yes" on Fo (a) Current year (a) Current year (b) Current year (c) C	orm 990, F (b) Prio	column rre held 	(a)) held a	ears back	(d) Three year	s back (e) F	Yes	No
a E b C c N d C f A g E a b c a b c	Image: Network and the second secon	nization answ and losses ge of the curre owment b, and 2c shoul t in the possess ed organization ed uses of the id Equipmer	rered "Yes" on Fo (a) Current year (a) Current year (b) Comparison (c) Comparison	orm 990, F (b) Prio	column rre held 	, line 10. (c) Two y (a) Two y (a) held a and admini , line 11a.	ears back	(d) Three year	s back (e) F	Yes	No
a E C A C A C A C A C A C A C A C A C A C	Image: Network and the second seco	nization answ and losses ge of the curre owment ► b, and 2c shoul t in the posses: d organization ed uses of the id Equipmer nization answ (a) Cost or oth	rered "Yes" on Fo (a) Current year (a) Current year (b) Comparison (c) Comparison	orm 990, F (b) Prio	column rre held 	, line 10. (c) Two y (a) Two y (a) held a and admini , line 11a.	ears back	(d) Three year	s back (e) F	Yes	No
a E C C C C C C C C C C C C C C C C C C	Image: Network and the second seco	nization answ and losses ge of the curre owment ► b, and 2c shoul t in the posses: d organization ed uses of the id Equipmer nization answ (a) Cost or oth	rered "Yes" on Fo (a) Current year (a) Current year (b) Comparison (c) Comparison	orm 990, F (b) Prio	column rre held 	, line 10. (c) Two y (a) Two y (a) held a (a) held a and admini , ine 11a. (c) Acc	ears back	(d) Three year	s back (e) F	Yes I	No No
Par a E b () c N d () a C b c a b c a b c a b c a b c a b c a b c a b c a b c c a b c c n c c a b c c n c c c c c c c c c c c c c c c c	Endowment Funds. Complete if the organ Beginning of year balance . Contributions . Net investment earnings, gains, and grants or scholarships . Grants or scholarships . Other expenditures for facilities and programs . Administrative expenses . End of year balance . Provide the estimated percentar Board designated or quasi-endor Permanent endowment . Term endowment . The percentages on lines 2a, 2t Are there endowment funds not organization by: . (i) Unrelated organizations . If "Yes" on 3a(ii), are the relate . Describe in Part XIII the intended . tVI Land, Buildings, and Complete if the organ Description of property .	nization answ and losses ge of the curre owment ► b, and 2c shoul t in the posses: d organization ed uses of the id Equipmer nization answ (a) Cost or oth	rered "Yes" on Fo (a) Current year (a) Current year (b) Comparison (c) Comparison	orm 990, F (b) Prio	column rre held Part IV, asis (othe	, line 10. (c) Two y (a) Two y (a) held a (a) held a and admini , ine 11a. (c) Acc	ears back	(d) Three year	s back (e) F	Yes I	No No
Par La E b () c N d () c N d () c N d () c N c b C c N c c Ba b c c Ba c c b c c la E c c la E c c la E c c c la E c c c la E c c c c c c c c c c c c c c c c c c c	Image: Arrow of the provide the estimated percentages on lines 2a, 2t Are there endowment Image: Are there endowment I	nization answ and losses ge of the curre owment ► b, and 2c shoul t in the posses: d organization ed uses of the id Equipmer nization answ (a) Cost or oth	rered "Yes" on Fo (a) Current year (a) Current year (b) Comparison (c) Comparison	orm 990, F (b) Prio	column rre held Part IV, asis (othe	, line 10. (c) Two y (a) Two y (a) held a (a) held a and admini , ine 11a. (c) Acc	ears back	(d) Three year	s back (e) F	Yes I	No No
Par La E b () c N d () c A g E g E c a b c 3a b t la L b E c L d E	Endowment Funds. Complete if the organ Beginning of year balance Contributions Net investment earnings, gains, and contributions Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentar Board designated or quasi-endor Permanent endowment Term endowment The percentages on lines 2a, 2th Are there endowment funds not organization by: (i) Unrelated organizations If "Yes" on 3a(ii), are the relate Describe in Part XIII the intended tVI Land, Buildings, and Complete if the organ Description of property Land . Land . Buildings .	nization answ and losses ge of the curre owment ► b, and 2c shoul t in the posses: d organization ed uses of the id Equipmer nization answ (a) Cost or oth	rered "Yes" on Fo (a) Current year (a) Current year (b) Comparison (c) Comparison	orm 990, F (b) Prio	column rre held Part IV, asis (othe	(a)) held a and admini , line 11a. cr) (c) Acc	ears back	(d) Three year	s back (e) F	Yes	No

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, P	Part IV/	line 11h See For	rm 990 Part Y	line 12
	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of va t or end-of-year r	aluation:
	Il derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.	Dart IV	ling 11c Soo Fo	rm 000 Part V	line 12
	Complete if the organization answered 'Yes' on Form 990, P (a) Description of investment	art IV,	(b) Book value	(c) Meth	nod of valuation:
(1)				Cost or end-	of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV	ine 11d. See For	rm 990 Part X	line 15
	(a) Description				(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) . Other Liabilities.			🕨	

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.1.(a) Description of liability(b) Book value

(1) Endoral income taxes

OTHER LIABILITIES 607	
	879
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 607	879

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Page 4

Schedule D (Form 990) 2022

	ule D (Form 990) 2022				Pag
Par	t XI Reconciliation of Revenue per Audited Financial Stater Complete if the organization answered 'Yes' on Form 990, Pa			Return.	
	Total revenue, gains, and other support per audited financial statements			1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a	1		
	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d	2e			
	Subtract line 2e from line 1			3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.) .		5	
ır	XII Reconciliation of Expenses per Audited Financial State	ment	s With Expenses pe	er Return.	
	Complete if the organization answered 'Yes' on Form 990, Pa	rt IV,	line 12a.		
	Total expenses and losses per audited financial statements	•		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		I.		
	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1	•		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.) .		5	
ar	t XIII Supplemental Information				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			art V, line 4; I	Part X, line 2; Part
	Return Reference		Explanation		
_			P		D (Form 990) 20
				Juiedule	(- U - III - 3 - 5 U) 2 (

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Return to Form

Software ID: Software Version:

efile Public	Visual	Render	ObjectId: 20231236	59349300326 - Subm	nission: 2023-0	8-24	TIN: 73-1280004
SCHEDUL (Form 990) Department of the Tre. Internal Revenue Serv	asury	Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information.				ons on	OMB No. 1545-0047
Name of the org PRICE TOWER ART				Employer identification number 73-1280004			
Return Reference				Explanation	1		
FORM 990, PAGE 1, PART I, LINE 6	VOLUN	ITEERS PR	OVIDE A NUMBER OF SEP	RVICES, INCLUDING SE	RVING AS DOCE	NTS FOR FOR	THE ART CENTER.
FORM 990, PAGE 6, PART VI, LINE 9	BRAD	DOENGES	PO BOX 2464 BARTLESVI	LLE, OK 74005			
FORM 990, PAGE 6, PART VI, LINE 11B			ECUTIVE DIRECTOR, DIR THE FULL BOARD OF DIRE		IS AND BOARD TI	REASURER BE	FORE BEING
FORM 990, PAGE 6, PART VI, LINE 19	UPON	REQUEST					
For Paperwork Redu			Istructions for Form 990 or 990-EZ.	Cat. No.	51056K	ſ	Schedule O (Form 990) 2022

Additional Data

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