Form **990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

| Α | For the | he 2017 calen | dar year, or tax year begi | nning 7/0 |)1 | , 2017, | and ending | 6/ | 30 | , | 2018 | |
|--------------|----------------|-----------------------|---------------------------------------|---------------------|-----------------|-------------------|-------------------|---------------------|------------------------------------|-----------------------|-----------------------------|---------------|
| В | Check | if applicable: | С | | | | | | D Employ | er identi | fication number | |
| | Ad | ddress change | A Noise Within | | | | | | 95- | 44438 | 378 | |
| | H _N | ame change | 3352 East Footh | lll Boule | evard | | | | E Telepho | | - | |
| | | itial return | Pasadena, CA 913 | | | | | | 626 | 256 | -3100 | |
| | | | , | | | | | | 020 | -336- | -3100 | |
| | | nal return/terminated | | | | | | | | | | |
| | | mended return | _ | | | | 1. | | G Gross r | | <u> </u> | <u>1,852.</u> |
| | Αŗ | oplication pending | F Name and address of princip | al officer: | | | | ` ' | a group retur | | · | es X No |
| | | | | | | | | Are all ',If 'No | l subordinates ' attach a list. | included (see inst | ructions) | es No |
| I | Tax- | exempt status | X 501(c)(3) 501(c) (|) | nsert no.) | 4947(a)(1) or | 527 | | | | | |
| J | We | bsite: ► ww | w.anoisewithin.c | rg | | | ı | H(c) Group | exemption nu | ımber ► | | |
| K | Form | n of organization: | X Corporation Trust | Association | Other ► | L | Year of formation | n: 199 | 2 M s | State of le | gal domicile: (| ZA |
| Pa | ırt I | Summar | | | | ı | | | | | | |
| | 1 | | be the organization's miss | sion or most s | significant a | ctivities: A N | Joise Wi | thin | produc | es c | lassic | |
| - | | | as an essential | | | | | | | | | human |
| ဦ | | | ices, expanding p | | | | | | | | | |
| ш | | | ued at Schedule | | <u> </u> | <u> </u> | | | 141114 | <u> </u> | <u>orpoor</u> | |
| Governance | 2 | | ox ► if the organization | | ed its opera | ations or disp | osed of mo | re than 2 | 25% of its | net ass | sets. | |
| පි | 3 | | oting members of the gove | | | | | | | 3 | | 19 |
| •ช | 4 | Number of in | dependent voting membe | rs of the gove | erning body | (Part VI, line | : 1b) | | | 4 | | 17 |
| <u>:ĕ</u> | 5 | Total number | of individuals employed i | n calendar ye | ear 2017 (Pa | art V, line 2a |) | | | 5 | | 144 |
| Activities & | 6 | Total number | r of volunteers (estimate in | necessary). | | | | | | 6 | | 115 |
| Ac | | | ed business revenue from | | | | | | | 7a | | 0. |
| | b | Net unrelated | d business taxable income | from Form 9 | 90-T, line 3 | 4 | | | | 7b | | 0. |
| | | | | | | | | | Prior Year | | Current | Year |
| 45 | 8 | Contributions | and grants (Part VIII, line | e 1h) | | | | | 976,9 | 85. | 1,37 | 9,081. |
| Revenue | 9 | | vice revenue (Part VIII, Iin | | | | | | 1,626,6 | 64. | 1,70 | 1,716. |
| ķ | 10 | | ncome (Part VIII, column (| | | | | | 12,7 | 95. | 2 | 1,255. |
| ď | 11 | | e (Part VIII, column (A), I | | | | | | 336,0 | 69. | | 9,320. |
| | 12 | Total revenue | e - add lines 8 through 1 | (must equal | Part VIII, c | olumn (A), li | ne 12) | 2 | 2,952,5 | 13. | 3,20 | 1,372. |
| | 13 | Grants and s | imilar amounts paid (Part | IX, column (| A), lines 1-3 | 3) | | | | | | |
| | 14 | Benefits paid | I to or for members (Part | X, column (A | a), line 4) | | | | | | | |
| | 15 | Salaries, other | er compensation, employe | e benefits (P | art IX, colui | mn (A), lines | 5-10) | 1 | 1,420,1 | .03. | 1,62 | 6,014. |
| ses | 16 a | Professional | fundraising fees (Part IX, | column (A), I | line 11e) | | | | | | , | |
| Expenses | | | sing expenses (Part IX, co | | • | | | | | | | |
| 蓝 | | | | | | | <u> 17,860.</u> | | | | | |
| | | • | ses (Part IX, column (A), I | | • | | | | 1,718,2 | | | 7,137. |
| | | • | es. Add lines 13-17 (must | • | • | • | | | 3,138,3 | | | 3,151. |
| | | Revenue less | s expenses. Subtract line | 18 from line 1 | 12 | | | | -185,8 | | | 1,779. |
| s or | | | | | | | | | ng of Curren | | End of | |
| t Assets o | 20 | | (Part X, line 16) | | | | | | 2,738,7 | 68. | | 8,358. |
| t As | 21 | Total liabilitie | es (Part X, line 26) | | | | | | 912,5 | 12. | 1,22 | 3,881. |
| Fet | 22 | Net assets or | fund balances. Subtract | line 21 from I | ine 20 | | | 11 | 1,826,2 | 56. | 11,62 | 4,477. |
| Pa | rt II | Signatur | e Block | | | | | | | | <u> </u> | |
| Unde | er penal | ties of perjury, I de | eclare that I have examined this re | turn, including acc | companying sch | edules and stater | ments, and to the | he best of n | ny knowledge | and belie | ef, it is true, corr | ect, and |
| com | plete. D | eclaration of prepa | arer (other than officer) is based or | all information of | f which prepare | r has any knowle | dge. | | | | | |
| | | | | | | | | | | | | |
| Siç | n | Signatu | ire of officer | | | | | Da | ate | | | |
| He | re | Mic | hael Bateman | | | | | Mana | ging D: | irect | or | |
| | | | r print name and title | | | | | | <u> </u> | | | |
| | | Print/Type p | oreparer's name | Preparer's sign | nature | | Date | | Check | ζ if | PTIN | |
| Pa | : A | Davrid | L Smith | David L | Smith | | | | self-employe | _ | P0132642 |) N |
| | | | | th CPA | I DIIII CII | | 1 | | SS. Shiploy | [. | L U I J Z U 4 Z | |
| | epare e On | ds. | | | C+- 000 | | | | Firms!- FIN | ► 0F | 1101470 | |
| U 3 | - OII | Firm's addr | | ale Ave | ste 202 | | | | | | 1121472 | |
| | | | Glendale, CA | | 2 (: | 1 1: > | | | Phone no. | (818 | 3) 507-1 X y es | |
| 11/121 | / the l | IN Y MISCUISS th | nis return with the prepare | r shown abov | A / ISAA INS | tructions) | | | | | IXIVAC | No |

| Parl | : III <u> </u> | Statement of Program Service Accomplishments | 37 |
|------|----------------|---|-------------|
| | | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | _ | y describe the organization's mission: | |
| | | oise Within produces classic theatre as an essential means to enrich our communi | ty_ |
| | | embracing universal human experiences, expanding personal awareness and | |
| | cha. | llenging individual perspectives. (Continued at Schedule O.) | |
| | | | |
| | | e organization undertake any significant program services during the year which were not listed on the prior | |
| | | | No |
| | | s,' describe these new services on Schedule O. | |
| | | | No |
| | | s,' describe these changes on Schedule O. | |
| 4 | Descri | ribe the organization's program service accomplishments for each of its three largest program services, as measured by expense on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense evenue, if any, for each program service reported. | es. |
| | and re | evenue, if any, for each program service reported. | ٠, |
| | | | |
| 4 a | (Code | e:) (Expenses \$ 1,945,510. including grants of \$) (Revenue \$ 1,235,525 | 5.) |
| | A No | oise Within (ANW) is the only year-round classical repertory theatre in Southern | |
| | Cal | ifornia and one of only a handful in the nation. Each season, ANW presents over | |
| | 150 | performances of 7 classic plays, serving about 42,000 patrons, including 17,000 | |
| | stu | dents. ANW has been recognized with dozens of awards by theatre, arts and | |
| | bus. | iness organizations for the high quality of our productions, entrepreneurialism | |
| | and | contributions to the civic and cultural life of Pasadena and Los Angeles. Our | |
| | his | tory of achievement recently prompted the Los Angeles Times to declare ANW "an | |
| | oas | is for those who love classical theater." | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4 b | (Code | e:) (Expenses \$ 805,454. including grants of \$) (Revenue \$ 209,557) | 7.) |
| | Our | Education Program served over 17,000 students from 190 schools in 35 school | |
| | dis | tricts during our 2017-18 season with the following elements: | |
| | | | |
| | | DENT MATINEES & EVENING PERFORMANCES | |
| | <u>Wee</u> | kday matinee performances for students feature the same professional cast as | |
| | eve | ning performances. Students enjoy a pre-show introduction, full-length producti | on_ |
| | | a post-show discussion with the artists. Students may also receive discounted | |
| | fre | e tickets to evening performances depending on demonstrated need and availabilit | <u>у.</u> |
| | | | |
| | Con. | tinued_at_Schedule_O | |
| | | | |
| | | Ver A | |
| 4 c | (Code | | <u>5.</u>) |
| | | education programs provide a range of conservatory-style classes and a summer | |
| | <u>you</u> | th_camp | |
| | | TNG OT 20000 | |
| | | ING CLASSES | |
| | | <u>ldren_and_teens_ages_3-18_have_the_opportunity_to_unleash_their_creativity, lear</u> | |
| | | <u>gecraft from professional teaching artists and perform on stage while making</u> | |
| | <u>11f</u> | elong friends at one of the country's most respected repertory theatres. | |
| | Ca | | |
| | COIL | tinued_at_Schedule_O. | |
| | | | |
| | | | |
| Δ d | Other | program services (Describe in Schedule O.) See Schedule O | |
| | (Expe | | |
| | | program service expenses > 2 971 371 | |

Form 990 (2017) A Noise Within Part IV Checklist of Required Schedules

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

Form 990 (2017) A Noise Within Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------|---|-----|-----|----|
| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | Χ |
| ŀ | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | 23 | | Х |
| 24 8 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | Х |
| ı | big Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| (| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| ı | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II. | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| i | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| l | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| (| An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | Χ | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | Х |
| 35 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| ı | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2. | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |

Form 990 (2017) A Noise Within Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

| | Check if Schedule O contains a response or note to any line in this Part V | | | | |
|-----|--|-------------------------|------|--|--------|
| | | | | Yes | No |
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 73 | 3 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1 b (| ן ו | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and r | eportable gaming | | | |
| | (gambling) winnings to prize winners? | | 1 c | X | |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- | | | | |
| _ | ments, filed for the calendar year ending with or within the year covered by this return | 2a 144 | _ | 37 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment | | 2b | Х | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in | • | | | v |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year | | | | Х |
| | of Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q | | 3 b | <u> </u> | |
| 4 a | At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f | er authority over, a | 4 a | | Х |
| | If 'Yes,' enter the name of the foreign country: ► | nanolal accounty. | 74 | | |
| ~ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial | Accounts (FBAR). | - | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the ta | · · | 5 a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shell | • | 5 b | | Х |
| | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | 5 c | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| 6 a | Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions? | nd did the organization | 6 a | | Х |
| b | If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible? | ons or gifts were | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and p | artly for goods and | _ | | 37 |
| | services provided to the payor? | | 7 a | <u> </u> | Х |
| | of Yes,' did the organization notify the donor of the value of the goods or services provided? | | 7 b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282? | | 7 c | | Х |
| | If 'Yes,' indicate the number of Forms 8282 filed during the year | | _ | | ,, |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal | | 7 e | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber | | 7 f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file as required? | Form 8899 | 7 g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C? | organization file a | 7 h | | |
| 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 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9 a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related per | son? | 9 b | $ldsymbol{ld}}}}}}$ | |
| | Section 501(c)(7) organizations. Enter: | 1 | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10 a | _ | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10 b | _ | | |
| | Section 501(c)(12) organizations. Enter: | 1 | | | |
| | Gross income from members or shareholders. | 11 a | _ | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11 b | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of | 1 | 12a | | |
| | of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 12 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedul | ⊌ ∪. | | | |
| 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. | 13b | | | |
| | Enter the amount of reserves on hand | 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | Х |
| | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in | | 14b | | |
| AΑ | TEEA0105L 08/08/17 | | Form | 990 (| (2017) |

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 19 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 ... 17 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? See Schedule 0 Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 Χ 12 c 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... Χ 15 a 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Upon request X Other (explain in Schedule O) See Sch. O Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Pasadena CA 91107 626-356-3100

Michael Bateman 3352 E Foothill Blvd

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| | | | | (C) |) | | | | | |
|---|--|--------------------------------|---------------------------|--------------|----------------------------|------------------------------|--------|-------------------------------------|--|--|
| (A) Name and Title | (B) Average hours | thar | n one Ì s both dire | box, an o | unles officer truste | | n | (D) Reportable compensation from | (E) Reportable compensation from | Estimated amount of other |
| | per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| _(1) Molly Bachmann | 0 | | | | | | | | | _ |
| Director | 0 | Х | | | | | _ | 0. | 0. | 0. |
| (2) Chris Burt | 0 | | | | | | | _ | | |
| Treasurer | 0 | Χ | | Χ | | | _ | 0. | 0. | 0. |
| (3) Robert Israel, M.D. | 0 | | | | | | | • | | |
| Director | 0 | Χ | | | | | _ | 0. | 0. | 0. |
| | 0 | | | | | | | • | • | |
| Director | 0 | Χ | | | | | _ | 0. | 0. | 0. |
| | 0 | ,, | | ., | | | | 0 | 0 | ^ |
| Vice President | 0 | Х | | Χ | | | _ | 0. | 0. | 0. |
| (6) Geoff Elliott | $-\frac{40}{0}$ | X | | | | | | 105 001 | 0 | 0 |
| Co-Artistic Dir (7) Julia Rodriguez-Elliott | 0 40 | X | | | | | _ | 125,281. | 0. | 0. |
| Co-Artistic Dir | $-\frac{40}{0}$ | Х | | | | | | 112,207. | 0. | 0. |
| (8) Cynthia J. Nunes | 0 | Λ | | | | | _ | 112,207. | 0. | 0. |
| Director | - 0 - | Х | | | | | | 0. | 0. | 0. |
| (9) Richard Roberts | 0 | 71 | | | | | | 0. | 0. | <u> </u> |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (10) William T. Kennedy | 0 | | | | | | | | | |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (11) Margaret H. Sedenquist | 0 | | | | | | | | | |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (12) Lyn Spector | 0 | | | | | | | | | |
| Secretary | 0 | Х | | Χ | | | | 0. | 0. | 0. |
| (13) Armando Gonzalez | 0 | | | | | | | | | _ |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (14) Diane Grohulski | 0 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| DAA | | | | | | | | | | Farms 000 (2017) |

| Part VII | Section A. Officers, Directors, Tru | 1 | Key | Em | _ | | es, | and | d Highest Com | pensated Emp | oyees | 5 (contin | nued) |
|-------------------|---|--|---------------|------------------|---------------------|-----------------|-----------------------------------|--------------|---|---|------------------------------|--|--------------|
| | | (B) | | | (0 | • | | | | | | | |
| | (A) Name and title | Average hours per week (list any hours for related organiza - tions | box | , unle cer an | ss pe nd a d | erson direct | than highest compensated employee | h an tee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | amo con f org ar | (F) stimated unt of oth npensatio rom the ganization d related anization | on n d |
| | | below dotted line) | rustee | trustee | | /ee | npensated | | | | | | |
| | ri Murray | 0 | Х | | | | | | 0. | 0. | | | 0. |
| | ecca Bowne | 0 | | | | | | | | | | | |
| Pre | esident | 0 | Х | | Χ | | | | 0. | 0. | | | 0. |
| (17) Dav | rid Holtz | 0 | | | | | | | | | | | |
| Dir | ector | 0 | Х | | | | | | 0. | 0. | | | 0. |
| (18) She | ila Lamson | 0 | | | | | | | | | | | |
| | ector | 0 | Х | | | | | | 0. | 0. | | | 0. |
| | rick Garcia | 0 | | | | | | | | | | | |
| | ector | 0 | Χ | | | | | | 0. | 0. | | | 0. |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| 1 b Sub- | total | | ļ | | | | | | 237,488. | 0. | | | |
| | from continuation sheets to Part VII, Secti | | | | | | | • | 237,488. | 0. | | | 0. |
| | (add lines 1b and 1c) | | | | | | | • | 237,488. | 0. | | | 0. |
| 2 Total | number of individuals (including but not limited | | | | | | | ved | | | ensatio | n | <u> </u> |
| from | the organization ► 2 | | | | | | | | | | | T., T | |
| | | | | | | | | | | | | Yes | No |
| 3 Did t on lir | he organization list any former officer, direct ne 1a? <i>If 'Yes,' complete Schedule J for suc</i> | tor, or tru <i>h individu</i> | stee, al | key | em | ıplo <u>y</u> | yee, | or h | nighest compensa | ted employee | . 3 | | Х |
| the o | ny individual listed on line 1a, is the sum of rganization and related organizations greate individual | er than \$1 | 50,0 | 00? | If 'Y | ∕es, | ' con | ıple | te Schedule J for | | . 4 | | Х |
| 5 Did a | iny person listed on line 1a receive or accruervices rendered to the organization? If 'Yes | e compen | satio | n fro | om : | anv | unre | late | ed organization or | individual | | | Х |
| | B. Independent Contractors | , | | | | | | | | | | <u></u> | |
| 1 Comp | olete this table for your five highest compen ensation from the organization. Report compen | sated indessation for | epen the c | dent alen | cor dar <u>y</u> | ntra year | ctors endi | tha ng v | it received more the vith or within the or | nan \$100,000 of ganization's tax year | | | |
| | (A) Name and business add | ress | | | | | | | Description (| of services | Compe | C) ensatio | n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | number of independent contractors (including b, 000 of compensation from the organization | | ited to | o tho | se I | isted | d abo | ve) | who received more | than | | | |
| | | J | | | | | | | | | | | |

Form 990 (2017) A Noise Within Part VIII Statement of Revenue

| · ui | | Check if Schedule O contains a response | onse or note to any | / line in this Part V | III | | 🗌 |
|---|-------------|---|-----------------------------------|-----------------------------|--|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b d | Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e | 73,950. | | | | |
| Contribution and Other Si | g | All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f | 1,305,131. 146,123. | 1,379,081. | | | |
| Revenue | 2a b | | Business Code 711110 511710 | 1,445,082. 176,936. | 1,445,082. 176,936. | | |
| Program Service Revenue | c d | Other program revenue | 900099 | 79,698. | 79,698. | | |
| Prograr | g | All other program service revenue | | 1,701,716. | | | |
| | 3 4 5 | Investment income (including dividends other similar amounts) Income from investment of tax-exempt Royalties | bond proceeds . | 274. | 274. | | |
| | b | Gross rents | (ii) Personal | | | | |
| | 7 a | Gross amount from sales of assets other than inventory Less: cost or other basis (i) Securities 20,981. | (ii) Other | | | | |
| | С | and sales expenses Gain or (loss) | | 20,981. | 20,981. | | |
| Other Revenue | | Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18 | =00/0001 | | | | |
| ğ | | Net income or (loss) from fundraising e | 10, 100. | 99,320. | | | 99,320. |
| | | Gross income from gaming activities. See Part IV, line 19 | | | | | |
| | С | Less: direct expenses | | | | | |
| | b | Gross sales of inventory, less returns and allowances | | | | | |
| | 11 a | Miscellaneous Revenue | Business Code | | | | |
| | b | | | | | | |
| | е | All other revenue | | | | | |
| | 12 | Total revenue. See instructions | | 3,201,372. | 1,722,971. | 0. | 99,320. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Genits and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | Do | Check if Schedule O contains a re | (A) | (B) | (C) | (D) |
|---|-----|---|----------------|--------------------------|---------------------------------|----------------------|
| organizations and domestic governments. See Part IV, line 21 and 16 and 16 seep seep seep seep seep seep seep see | 6b, | 7b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 1 | organizations and domestic governments. | | | | |
| organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 d A Benefits paid to or for members. Compensation of current offices, directors, trustes, and key employees. Compensation not included above, to section 958(f)(10) and persons described in section 4958(f)(3)(4) and persons described in section 4958(f)(4) and 403(b) semployer contributions in the following foreign contributions in the following following the following fo | 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation not included above, to disqualitate persons (as defined under section #958(0)(1) and persons described in section #968(0)(1) and persons and persons and persons described in section #968(0)(1) and persons and | 3 | organizations, foreign governments, and for- | | | | |
| Tutsites, and key employees 306,769 278,495 14,137 14,1 | 4 | Benefits paid to or for members | | | | |
| disqualified persons (as defined under section 4958(c)(3)(8). 0 | 5 | Compensation of current officers, directors, | 306,769. | 278,495. | 14,137. | 14,137. |
| 7 Other selaries and wages. 8 Pension plan accruate and contributions entitled by the property of the proper | 6 | disqualified persons (as defined under section 4958(f)(1)) and persons described | 0 | 0 | 0 | 0. |
| 8 Pension plan accruals and contributions (include section 401(6) and 403(b) employer contributions) 9 Other employer benefits 177,538. 171,441. 2,312. 3,78 10 Payroll taxes. 136,805. 112,687. 9,145. 14,97 11 Fees for services (non-employees): a Management. b Legal. c Accounting. d Lobbyring. e Professional fundraising services. See Part II, line 17. f Investment management fees. 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule (D). 12 Advertaining and promotion. 110,668. 110,668. 13 Office expenses. 72,059. 59,696. 6,543. 5,82 14 Information technology. 15 Royalties. 57,448. 57,448. 16 Occupancy. 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 18,860. 14,164. 2,021. 2,67 10 Interest. 181,748. 16,873. 1,875. 11 Payments to affiliates. 20 Depreciation, depletion, and amortization. 387,784. 349,006. 38,778. 18 Insurance. 80,312. 72,281. 8,031. 21 Payments to affiliates. 80,312. 72,281. 8,031. 22 Perpenses on Schedule (C). 23 Insurance. 80,312. 72,281. 8,031. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24c, If line 24c amount exceeds 10% expenses on Schedule (C). 25 Total functional expenses. See. Sch. 0. 350,577. 300,571. 39,642. 10,36 25 Total functional expenses. See. Sch. 0. 350,577. 300,571. 39,642. 10,76 26 Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here ► If if following | 7 | | | | | |
| 10 Payroll taxes. 136,805. 112,687. 9,145. 14,97 11 Fees for services (non-employees): | | Pension plan accruals and contributions (include section 401(k) and 403(b) | 1,004,302. | 003,104. | 73,070. | 120,722. |
| 10 Payroll taxes. 136,805. 112,687. 9,145. 14,97 11 Fees for services (non-employees): a Management. | 9 | Other employee benefits | 177,538. | 171,441. | 2,312. | 3,785. |
| 11 Fees for services (non-employees): a Management. b Legal. c Accounting. d Lobbying. e Professional fundraising services. See Part IV, line 17. f Investment management fees. g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.). 12 Advertising and promotion. 13 Office expenses. 14 Information technology. 15 Royalties. 57, 448. 57, 448. 6 Occupancy 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 11 Ry 748. 12 Payments to affiliates. 20 Interest. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization. 23 Insurance. 24 Other expenses. Itemize expenses not confidence of the production, depletion, and amortization. 26 In Insurance. 27 Depreciation, depletion, and amortization. 27 Depreciation, depletion, and amortization. 28 Production expenses in line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.). 29 Non-salaried actors and tech 217, 439. 20 Professional fees 163, 631. 21 Professional fees 163, 631. 21 Professional fees 163, 631. 22 Professional fees 163, 631. 23 Non-salaried actors and tech 217, 439. 24 Other expenses. Itemize expenses in 183, 681. 25 Total functional expenses. Add lines 1 through 24e. 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 If following If following If the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following If following If following If the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following If following If following If the organization reported in column (B) If the organization reported in column (B) If the organization rep | 10 | | | | | 14,973. |
| a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line I7. f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 110, 668 110, 668 110, 668 120, 668 130 Office expenses 72, 059 59, 696 6, 543 5, 82 141 Information technology | 11 | | 100,000. | 112/0011 | 371101 | 11/5/01 |
| b Legal c Accounting d Lobbying | á | , , , , | | | | |
| c Accounting. d Lobbying. e Professional fundraising services. See Part IV, line 17. f Investment management fees. g Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expresses on Schedule 0.) 12 Advertising and promotion. 110, 668. 110, 668. 110, 668. 3 Office expenses. 72, 059. 59, 696. 6, 543. 5, 82 14 Information technology. 57, 448. 57, 448. 57, 448. 16 Occupancy. 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 118, 748. 119, 748. 120 Interest. 110 Interest. 110 Interest. 110 Interest. 110 Office 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 124e expenses on Schedule 0.) 18 Non-salaried actors and tech 18 Production expenses. 183, 681. 178, 060. 174, 439. 175, 439. 180, 174, 439. 180, 44, 482. 180, 44, 484. 180, 44, 4 | | | | | | |
| d Lobbying . e Professional fundraising services. See Part IV, line 17. f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0. 12 Advertising and promotion. 13 Office expenses. 72,059. 59,696. 6,543. 5,82 16 Occupancy. 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 118,860. 14,164. 2,021. 2,67 20 Interest. 18,748. 16,873. 1,875. 17 Payments to affiliates. 20 Depreciation, depletion, and amortization. 21 Insurance. 22 Object expenses litemize 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 0. a Non-salaried actors and tech b Production expenses. 163,681. 178,060. 178,090. 188,091. 178,060. 178,090. 178,090. 189,012. 179,013. 179,013. 179,013. 179,013. 179,013. 179,014. 179,015. 179,015. 179,016. 179,017. 179,017. 170,017. 1 | | — | | | | |
| e Professional fundraising services. See Part IV, line 17. f Investment management fees. g Other, (fill in It g amount exceeds 10% of line 25, column (A) amount, list line 10 expenses on Schedule 0.). 2 Advertising and promotion. 110, 668. 110, 68. 110, 668. 110, 668. 110, 668. 110, 668. 110, 668. 110, 68. 110, 668. 110, 668. 110, 668. 110, 668. 110, 668. 110, 668. 110, 668. 110, 668. 110, 668. 110, 668. 110, 668. 110, 668. 110, 668. 110, 668. 110, 668. 110, 668. 110, 668. | | | | | | |
| f Investment management fees 9 Other. (if line 1)g amount exceeds 10% of line 25, column (A) amount, list line 11g amount exceeds 10% of line 25, column (A) amount exceeds 10% of line 25, column (A) amount exceeds 10% of line 25, column (A) amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount exceeds 10% of location expenses on Schedule O.) 2 | | | | | | |
| g Other. (If line 1tg amount exceeds 10% of line 25, column (A) amount, list line 1tg expenses on Schedule 0 12 Advertising and promotion | | - · · · · · · · · · · · · · · · · · · · | | | | |
| 12 Advertising and promotion 110, 668. 110, 668. 13 Office expenses 72,059. 59,696. 6,543. 5,82 14 Information technology. 57,448. 57,448. 57,448. 16 Occupancy. 57,448. 57,448. 57,448. 17 Travel. 7ravel. 78 78 79 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 79 79 79 70 79 70 79 70 <td< td=""><td></td><td>Other. (If line 11g amount exceeds 10% of line 25, column</td><td></td><td></td><td></td><td></td></td<> | | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| 13 Office expenses 72,059. 59,696. 6,543. 5,82 14 Information technology. 57,448. 57,448. 57,448. 16 Occupancy. 71 Travel. 71 Travel. 72 Conferences, conventions, and meetings. 18,860. 14,164. 2,021. 2,67 19 Conferences, conventions, and meetings. 18,748. 16,873. 1,875. 19 Payments to affiliates. 18,748. 16,873. 1,875. 19 Depreciation, depletion, and amortization. 387,784. 349,006. 38,778. 18 Insurance. 80,312. 72,281. 8,031. 19 Occupancy (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.). 19 Production expenses 183,681. 178,060. 1,538. 4,08 19 Printing and postage 115,930. 94,229. 21,70 e All other expenses. See Sch. 0 350,577. 300,571. 33,642. 10,36 25 Total functional expenses. Add lines 1 through 24e. 3,403,151. 2,971,371. 203,920. 227,86 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 ▶ 1 if following | 10 | | 110 660 | 110 660 | | |
| 14 Information technology. 57,448. 57,448. 15 Royalties. 57,448. 57,448. 16 Occupancy. 1 17 Travel. 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 2 19 Conferences, conventions, and meetings. 18,860. 14,164. 2,021. 2,67 20 Interest. 18,748. 16,873. 1,875. 1,875. 21 Payments to affiliates. 387,784. 349,006. 38,778. 38,778. 23 Insurance. 80,312. 72,281. 8,031. 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.) 217,439. 217,439. a Non-salaried actors and tech expenses in 18,3681. 178,060. 1,538. 4,08 c Professional fees 163,631. 135,209. 4,822. 23,60 d Printing and postage 115,930. 94,229. 21,70 e All other expenses. See Sch. 0. 350,577. 300,571. 39,642. 10,36 25 Total functional expenses. Add lines 1 through 24e. 3,403,151. 2,971, | | _ · | | | 6 542 | F 000 |
| 15 Royalties | | | 72,059. | 59,696. | 6,543. | 5,820. |
| 16 Occupancy | | | 55 440 | 57.440 | | |
| 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 18,860. 14,164. 2,021. 2,67 20 Interest. 18,748. 16,873. 1,875. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization. 387,784. 349,006. 38,778. 21 Insurance. 80,312. 72,281. 8,031. 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.). 217,439. 217,439. a Non-salaried actors and tech Production expenses 183,681. 178,060. 1,538. 4,08 c Professional fees 163,631. 135,209. 4,822. 23,60 d Printing and postage All other expenses. See Sch. 0. 350,577. 300,571. 39,642. 10,36 25 Total functional expenses. Add lines 1 through 24e. 3,403,151. 2,971,371. 203,920. 227,86 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 Fig. If following 1,538. 4,08 | | | 57,448. | 57,448. | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 18,860. 14,164. 2,021. 2,67 20 Interest | | | | | | |
| expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 18,860. 14,164. 2,021. 2,67 Interest. 18,748. 16,873. 1,875. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization. 387,784. 349,006. 38,778. 23 Insurance. 80,312. 72,281. 8,031. 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 0.) a Non-salaried actors and tech 217,439. 217,439. b Production expenses 183,681. 178,060. 1,538. 4,08 c Professional fees 163,631. 135,209. 4,822. 23,60 d Printing and postage 115,930. 94,229. 21,70 e All other expenses. See. Sch. 0. 350,577. 300,571. 39,642. 10,36 25 Total functional expenses. Add lines 1 through 24e. 3,403,151. 2,971,371. 203,920. 227,86 21,000. Check here ► ☐ if following | | <u> </u> | | | | |
| 20 Interest 18,748. 16,873. 1,875. 21 Payments to affiliates 387,784. 349,006. 38,778. 22 Depreciation, depletion, and amortization 387,784. 349,006. 38,778. 23 Insurance 80,312. 72,281. 8,031. 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 0.). a Non-salaried actors and tech 217,439. 217,439. b Production expenses 183,681. 178,060. 1,538. 4,08 c Professional fees 163,631. 135,209. 4,822. 23,60 d Printing and postage 115,930. 94,229. 21,70 e All other expenses. See. Sch. 0. 350,577. 300,571. 39,642. 10,36 25 Total functional expenses. Add lines 1 through 24e. 3,403,151. 2,971,371. 203,920. 227,86 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 ▶ | 18 | expenses for any federal, state, or local | | | | |
| 20 Interest 18,748. 16,873. 1,875. 21 Payments to affiliates 387,784. 349,006. 38,778. 22 Depreciation, depletion, and amortization 387,784. 349,006. 38,778. 23 Insurance 80,312. 72,281. 8,031. 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 0.). a Non-salaried actors and tech 217,439. 217,439. b Production expenses 183,681. 178,060. 1,538. 4,08 c Professional fees 163,631. 135,209. 4,822. 23,60 d Printing and postage 115,930. 94,229. 21,70 e All other expenses. See. Sch. 0. 350,577. 300,571. 39,642. 10,36 25 Total functional expenses. Add lines 1 through 24e. 3,403,151. 2,971,371. 203,920. 227,86 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 ▶ | 19 | Conferences, conventions, and meetings | 18,860. | 14,164. | 2,021. | 2,675. |
| 22 Depreciation, depletion, and amortization 387,784 349,006 38,778 23 Insurance 80,312 72,281 8,031 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.) 217,439 217,439 a Non-salaried actors and tech expenses 183,681 178,060 1,538 4,08 c Professional fees 163,631 135,209 4,822 23,60 d Printing and postage eAll other expenses. See Sch. O | | | 18,748. | 16,873. | 1,875. | , |
| 23 Insurance | 21 | Payments to affiliates | | | | |
| 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 Non-salaried actors and tech 217,439. 217,439. b Production expenses 183,681. 178,060. 1,538. 4,08 c Professional fees 163,631. 135,209. 4,822. 23,60 d Printing and postage 115,930. 94,229. 21,70 e All other expenses. See Sch. O. 350,577. 300,571. 39,642. 10,36 Total functional expenses. Add lines 1 through 24e. 3,403,151. 2,971,371. 203,920. 227,86 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 | 22 | Depreciation, depletion, and amortization | 387,784. | 349,006. | 38,778. | |
| 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 Non-salaried actors and tech 217,439. 217,439. b Production expenses 183,681. 178,060. 1,538. 4,08 c Professional fees 163,631. 135,209. 4,822. 23,60 d Printing and postage 115,930. 94,229. 21,70 e All other expenses. See Sch. O. 350,577. 300,571. 39,642. 10,36 Total functional expenses. Add lines 1 through 24e. 3,403,151. 2,971,371. 203,920. 227,86 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 | | | 80,312. | 72,281. | 8,031. | |
| b Production expenses 183,681. 178,060. 1,538. 4,08 c Professional fees 163,631. 135,209. 4,822. 23,60 d Printing and postage 115,930. 94,229. 21,70 e All other expenses. See Sch. 0 350,577. 300,571. 39,642. 10,36 25 Total functional expenses. Add lines 1 through 24e. 3,403,151. 2,971,371. 203,920. 227,86 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 | 24 | covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e | | | | |
| b Production expenses 183,681. 178,060. 1,538. 4,08 c Professional fees 163,631. 135,209. 4,822. 23,60 d Printing and postage 115,930. 94,229. 21,70 e All other expenses. See Sch. 0 350,577. 300,571. 39,642. 10,36 25 Total functional expenses. Add lines 1 through 24e. 3,403,151. 2,971,371. 203,920. 227,86 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 | a | Non-salaried actors and tech | 217,439. | 217,439. | | |
| c Professional fees 163,631. 135,209. 4,822. 23,60 d Printing and postage 115,930. 94,229. 21,70 e All other expenses. See Sch. 0. 350,577. 300,571. 39,642. 10,36 25 Total functional expenses. Add lines 1 through 24e. 3,403,151. 2,971,371. 203,920. 227,86 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 | | | | | 1,538. | 4,083. |
| d Printing and postage 115,930. 94,229. 21,70 e All other expenses. See Sch. O. 350,577. 300,571. 39,642. 10,36 25 Total functional expenses. Add lines 1 through 24e. 3,403,151. 2,971,371. 203,920. 227,86 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 | | | | | | 23,600. |
| e All other expenses. See. Sch O | | | | | | 21,701. |
| Total functional expenses. Add lines 1 through 24e 3, 403, 151. 2, 971, 371. 203, 920. 227, 86 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 | | | | | 39,642. | 10,364. |
| 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 | | · · · · · · · · · · · · · · · · · · · | | | | 227,860. |
| SOP 98-2 (ASC 958-720) | 26 | the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | · | |

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|-----------------------------|----------|---|--------------------------|------|---|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash – non-interest-bearing. | 836,947. | 1 | 924,607. |
| | 2 | Savings and temporary cash investments. | | 2 | |
| | 3 | Pledges and grants receivable, net | 279,063. | 3 | 172,737. |
| | 4 | Accounts receivable, net | 17,625. | 4 | 118,008. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| ŝ | 7 | Notes and loans receivable, net. | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 3. | | |
| | b | Less: accumulated depreciation | | 10 c | 11,248,503. |
| | 11 | Investments – publicly traded securities. | | 11 | , |
| | 12 | Investments – other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments – program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 274,714. | 15 | 384,503. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 12.738.768. | 16 | 12,848,358. |
| | 17 | Accounts payable and accrued expenses | 181,034. | 17 | 284,134. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| es | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 359,546. | 23 | 392,829. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | • |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | 546,918. |
| | 26 | Total liabilities. Add lines 17 through 25 | 912,512. | 26 | 1,223,881. |
| ces | | Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. | | | |
| an | 27 | Unrestricted net assets | | 27 | 11,468,342. |
| Ba | 28 | Temporarily restricted net assets. | | 28 | 156,135. |
| Ē | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. | | | |
| 2 | 30 | Capital stock or trust principal, or current funds | | 30 | |
| 88 | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Ą | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| let | 33 | Total net assets or fund balances | 11,826,256. | 33 | 11,624,477. |
| | 34 | Total liabilities and net assets/fund balances | | 34 | 12,848,358. |
| BA | <u> </u> | | | | Form 990 (2017) |

| Pai | rt XI | Reconciliation of Net Assets | | | | |
|-----|--------------------------|---|---------|------|------|--------|
| | | Check if Schedule O contains a response or note to any line in this Part XI. | | | | |
| 1 | Total | revenue (must equal Part VIII, column (A), line 12) | 1 | 3,2 | 01,3 | 372. |
| 2 | Total | expenses (must equal Part IX, column (A), line 25) | 2 | 3,4 | 03,1 | 51. |
| 3 | Rever | ue less expenses. Subtract line 2 from line 1 | 3 | -2 | 01,7 | 779. |
| 4 | Net as | ssets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 11,8 | | |
| 5 | Net u | nrealized gains (losses) on investments | 5 | | | |
| 6 | Donat | ed services and use of facilities | 6 | | | |
| 7 | Invest | ment expenses | 7 | | | |
| 8 | Prior | period adjustments | 8 | | | |
| 9 | Other | changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | | sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, n (B)) | 10 | 11,6 | 24.4 | 177. |
| Pai | | Financial Statements and Reporting | | , - | | |
| | | Check if Schedule O contains a response or note to any line in this Part XII | | | | П |
| | | oriect in correction of contains a response of note to any line in this fact Air. | | | Yes | _— |
| 1 | Accou | nting method used to prepare the Form 990: Cash X Accrual Other | | | 103 | 110 |
| | If the | organization changed its method of accounting from a prior year or checked 'Other,' explain ledule O. | | | | |
| 2 8 | a Were | the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | | Х |
| | s <u>ep</u> ar | s,' check a box below to indicate whether the financial statements for the year were compiled or reviewed ate basis, consolidated basis, or both: Separate basis | ed on a | | | |
| ı | b Were | the organization's financial statements audited by an independent accountant? | | . 2b | Χ | |
| | If 'Yes basis, | s,' check a box below to indicate whether the financial statements for the year were audited on a separa consolidated basis, or both: | te | | | |
| | X | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| (| c If 'Yes reviev | to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, or compilation of its financial statements and selection of an independent accountant? | | . 2c | Х | |
| | in Sch | organization changed either its oversight process or selection process during the tax year, explain nedule O. | | | | |
| 3 8 | a As a r Audit | esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133? | | . 3a | | Х |
| I | | ,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud lits, explain why in Schedule O and describe any steps taken to undergo such audits | | . 3b | | |
| BAA | 1 | | | Form | 990 | (2017) |

TEEA0112L 08/08/17

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

| | of the organization | | | | | Employer iden | | nber | | |
|----------------|--|--|---|--------------------------|--|--|-----------------------------------|--|--|--|
| | loise Within | | | | | 95-4443878 | | | | |
| Par | Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. | | | | | | | | | |
| The o | organization is not a private found | lation because it is: (| For lines 1 through 12, | check o | nly one | box.) | | | | |
| 1 | A church, convention of church | es, or association of ch | nurches described in sec t | tion 1 <mark>70</mark> (| b)(1)(A)(| i). | | | | |
| 2 | A school described in section 1 | 70(b)(1)(A)(ii). (Attach | Schedule E (Form 990 or | 990-EZ |).) | | | | | |
| 3 | A hospital or a cooperative h | | • | | • | Miii). | | | | |
| 4 | A medical research organiza | | | | | • • • |) Entor th | o hospital's | | |
| - | name, city, and state: | | | | | | <i></i> | | | |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Co | the benefit of a collemplete Part II.) | ge or university owned | or oper | ated by | a governmental uni | t describe | d in | | |
| 6 7 | | | | | | | | | | |
| , | An organization that normally r in section 170(b)(1)(A)(vi). | eceives a substantial p Complete Part II.) | part of its support from a | governm | ental un | t or from the general | public des | scribed | | |
| 8 | A community trust described | | | | | | | | | |
| 9 | An agricultural research organi | | | | | | | | | |
| | or university or a non-land-gran | nt college of agriculture | e (see instructions). Enter | the nan | ne, city, | and state of the colle | ge or | | | |
| | university: | | | | | | | | | |
| 10 | X An organization that normally r from activities related to its e investment income and unre June 30, 1975. See section ! | exempt functions—sub lated business taxable | oject to certain exception e income (less section | ons, and | (2) no | more than 33-1/3% | of its supp | oort from gross | | |
| 11 | An organization organized ar | nd operated exclusive | ely to test for public safe | ety. See | section | 1 509(a)(4). | | | | |
| 12 | An organization organized ar or more publicly supported o | rganizations describe | ed in section 509(a)(1) c | r sectio | n 509(a |)(2). See section 50 | Í 9(a)(3). Ci | ourposes of one heck the box in | | |
| | lines 12a through 12d that de | | | | | | | | | |
| а | Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A | gularly appoint or elect | d, or controlled by its sup a majority of the directo | ported o | rganizat tees of t | ion(s), typically by gi the supporting organi | ving the su zation. You | pported I must | | |
| b | Type II. A supporting organiz management of the supporting must complete Part IV, Secti | organization vested in | controlled in connection the same persons that c | with its ontrol or | support manage | ed organization(s), the supported organ | by having ization(s). | control or You | | |
| С | | | ion operated in connectio | n with, a | nd function | onally integrated with, | its support | ted | | |
| d | . | | | | | | | | | |
| | functionally integrated. The constructions). You must com | organization generally | must satisfy a distribu | tion req | uiremen | t and an attentiven | ess require | ement (see | | |
| е | Check this box if the organiz integrated, or Type III non-fu | ation received a writtenctionally integrated | en determination from t supporting organizatior | the IRS 1. | that it is | a Type I, Type II, | Type III fu | nctionally | | |
| | Enter the number of supported of | - | | | | | | | | |
| g | Provide the following information | n about the supported | d organization(s). | | | | | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | organizat in your g | s the ion listed overning nent? | (v) Amount of moneta support (see instruction | |) Amount of other ort (see instructions) | | |
| | | | | Yes | No | | | | | |
| (A) | | | | | | | | | | |
| () | | | | | | | | | | |
| <u>(B)</u> | | | | | | | | | | |
| (C) | | | | | | | | | | |
| (D) | | | | | | | | | | |
| | | | | | | | | | | |
| <u>(E)</u> | | | | | | | | | | |
| T. | | | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|--------------|---|---|--|-----------------------------------|----------------------|--------------------|----------------|
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activ | ities, etc. (see in | structions) | | | 12 | |
| 13 | First five years. If the Form 990 is organization, check this box and | for the organization stop here | n's first, second, th | nird, fourth, or fifth t | tax year as a sectio | on 501(c)(3) | > |
| Sec | tion C. Computation of Pul | blic Support P | Percentage | | | | |
| 14 | Public support percentage for 20 | 17 (line 6, colum | n (f) divided by li | ne 11, column (f)) | | 14 | % |
| 15 | Public support percentage from 2 | 2016 Schedule A, | Part II, line 14. | | | 15 | % |
| 16a | 33-1/3% support test—2017. If the and stop here. The organization | he organization d qualifies as a pul | id not check the l blicly supported o | oox on line 13, and organization | d line 14 is 33-1/3 | 3% or more, chec | ck this box |
| b | 33-1/3% support test—2016. If the and stop here. The organization | e organization die qualifies as a pu | d not check a box blicly supported o | on line 13 or 16a organization | a, and line 15 is 3 | 3-1/3% or more, | check this box |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts | meets the 'facts-a | and-circumstance | s' test, check this | box and stop her | re. Explain in Par | t VI how |
| b | 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and | meets the 'facts-a | and-circumstance | s' test, check this | box and stop her | re. Explain in Par | rt VI how the |
| 18 | Private foundation. If the organiz | zation did not che | eck a box on line | 13, 16a, 16b, 17a | , or 17b, check th | is box and see ir | structions ► |

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

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

| Sec | tion A. Public Support | | | | | | |
|--------|--|---|---|--|---------------------------------------|-------------------------------------|-------------------------|
| Calend | lar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.) | 941,528. | 985 797 | 1,646,119. | 976 985 | 1,379,081. | 5,929,510. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | 1,626,664. | | 6,998,160. |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513. | 332,000. | 1,330,300. | 1,333,104. | 1,020,004. | 1,701,710. | 0. |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | 1,933,616. | 2,324,305. 90,121. | 300,651. | 2,603,649. | 3,080,797. | 12,927,670. 510,267. |
| 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. | 0. | 0. | 0. | 0. | 0. | 0. |
| | Add lines 7a and 7b | 119,495. | 90,121. | 300,651. | 0. | 0. | 510,267. |
| | Public support. (Subtract line | 119,493. | 90,121. | 300,031. | 0. | 0. | 310,207. |
| | 7c from line 6.).`tion B. Total Support | | | | | | 12,417,403. |
| | | (a) 2012 | (b) 2014 | (a) 201F | (d) 201C | (e) 2017 | /A Total |
| | dar year (or fiscal year beginning in) Amounts from line 6 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | | (f) Total |
| | Gross income from interest, dividends, | 1,933,616. | 2,324,305. | 2,985,303. | 2,603,649. | 3,080,797. | 12,927,670. |
| | payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 1,402. | 134. | 207. | 214. | 274. | 2,231. |
| С | Add lines 10a and 10b | 1,402. | 134. | 207. | 214. | 274. | 2,231. |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | , | | | | | 0. |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI | 31,967. | 65,694. | 107,168. | 336,069. | 139,800. | 680,698. |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | · | | · | | · | 13,610,599. |
| 14 | First five years. If the Form 990 organization, check this box and | is for the organiza | ation's first, secor | nd, third, fourth, o | r fifth tax year as | a section 501(c)(| (3) |
| Sec | tion C. Computation of Pul | blic Support P | ercentage | | | | |
| 15 | Public support percentage for 20 | 117 (line 8, columi | n (f) divided by lir | ne 13, column (f)) | | | 91.23 % |
| 16 | Public support percentage from 2 | 2016 Schedule A, | Part III, line 15 | | | 16 | 84.88 % |
| | tion D. Computation of Inv | | | | | | |
| | Investment income percentage f | • | • • | - | | | 0.02 % |
| | Investment income percentage f | | | | | | 0.04 % |
| 19a | 33-1/3% support tests—2017. If this not more than 33-1/3%, check | the organization d this box and sto p | lid not check the I p here. The organ | box on line 14, ar nization qualifies a | nd line 15 is more as a publicly supp | than 33-1/3%, an orted organization | nd line 17 |
| b | 33-1/3% support tests—2016. If t line 18 is not more than 33-1/3% | | | | | | -1/3%, and |
| 20 | Private foundation. If the organiz | zation did not che | ck a box on line | 14, 19a, or 19b, c | heck this box and | see instructions. | ▶ 🗍 |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe | | | |
| | the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. | 3a | | |
| k | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination. | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| t | 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. | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in 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. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5с | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i> | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI . | 9a | | |
| t | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI . | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI . | 9с | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 10b | | |

| Pai | rt IV | Supporting Organizations (continued) | | | |
|-----|--|--|--------|---------|----|
| | | | | Yes | No |
| | | the organization accepted a gift or contribution from any of the following persons? | | | |
| • | gover | rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization? | 11a | | |
| ı | b A fan | nily member of a person described in (a) above? | 11b | | |
| (| c A 359 | % controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | ction I | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | or ele Part If the direct | ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint act at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. The organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, led to such powers during the tax year. | 1 | | |
| • | | | ' | | |
| 2 | that o | the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization. | 2 | | |
| Sec | ction (| C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | of ea | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ich of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Sec | ction I | D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | orgar | he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | organ | inzation's governing accuments in effect on the date of notification, to the extent not previously provided. | | | |
| 2 | 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | | |
| | the o | nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | voice | eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played | | | |
| | in thi | is regard. | 3 | | |
| Sec | ction I | E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| ä | a 🔲 ⊤ | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| ı | ь П⊤ | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| (| c 🔲 T | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in | nstruc | tions). | • |
| 2 | Activi | ities Test. <i>Answer (a) and (b) below.</i> | | Yes | No |
| | a Did c | substantially all of the organization's activities during the tax year directly further the exempt purposes of the | | | |
| • | suppo orgai | substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted | | | |
| | | tantially all of its activities. | 2a | | |
| ı | the o | the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the | 2b | | |
| 9 | | nization's involvement. nt of Supported Organizations. Answer (a) and (b) below. | 20 | | |
| | | • | | | |
| | each | he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| ı | | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. | 3b | | |

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|--------|--|----------|--|--------------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | anizat | tions | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization | st on No | ov. 20, 1970 (explain ir st complete Sections A | n Part VI). See through E. |
| Sec | tion 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 | | |
| Sec | ction 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): | | | |
| | Average monthly value of securities | 1a | | |
| | 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): | | | |
| 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 1-1/2% 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 .035. | 6 | | |
| _ 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sec | tion 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 inte (see instructions). | egrated | Type III supporting or | ganization |

Schedule A (Form 990 or 990-EZ) 2017

9 Distributable amount for 2017 from Section C, line 6

10 Line 8 amount divided by line 9 amount

| Sche | edule A (Form 990 or 990-EZ) 2017 A Noise Within | 95-4443878 | Page 7 |
|------|--|------------|--------|
| Pai | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (co | ntinued) | |
| Sec | tion D - Distributions | Curren | t Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | | |

| Section E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |
| BAA | | Schedule A (Fo | rm 990 or 990-EZ) 2017 |

BAA

Schedule A (Form 990 or 990-EZ) 2017

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

Part III, Line 12 - Other Income

| Nature and Source | 2017 | 2016 | 2015 | 2014 | 2013 |
|-------------------|----------|----------------------|------|------|--------------------|
| | | 336,069. 336,069. | | | 31,967. 31,967. |

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number

| A Noise Within | | 95-4443878 |
|---|--|---|
| Organization type (check one): | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter nu | mber) organization |
| | 4947(a)(1) nonexempt cl | haritable trust not treated as a private foundation |
| | 527 political organization | ı |
| Form 990-PF | 501(c)(3) exempt private | g foundation |
| | 4947(a)(1) nonexempt cl | haritable trust treated as a private foundation |
| | 501(c)(3) taxable private | ' |
| Check if your organization is covered by the | ne General Rule or a Special Rule. | |
| | · | both the General Rule and a Special Rule. See instructions. |
| | (10) organization can check boxes for | both the General Rule and a Special Rule. See instructions. |
| General Rule For an organization filing Form 99 property) from any one contributor | 0, 990-EZ, or 990-PF that received, du . Complete Parts I and II. See instruct | ring the year, contributions totaling \$5,000 or more (in money or ions for determining a contributor's total contributions. |
| Special Rules | | |
| under sections 509(a)(1) and 170(b)(| 1)(A)(vi), that checked Schedule A (Form | 0-EZ that met the 33-1/3% support test of the regulations 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that the greater of (1) \$5,000 or (2) 2% of the amount on (i) I and II. |
| during the year, total contributions | ection 501(c)(7), (8), or (10) filing Forr of more than \$1,000 <i>exclusively</i> for re cruelty to children or animals. Comple | n 990 or 990-EZ that received from any one contributor, eligious, charitable, scientific, literary, or educational te Parts I, II, and III. |
| during the year, contributions <i>excl</i> \$1,000. If this box is checked, ent charitable, etc., purpose. Don't co | usively for religious, charitable, etc., pier here the total contributions that were mplete any of the parts unless the Ger | m 990 or 990-EZ that received from any one contributor, urposes, but no such contributions totaled more than e received during the year for an <i>exclusively</i> religious, neral Rule applies to this organization because \$\\ \\$5,000 or more during the year \ldots \cdots \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |
| 990-PF), but it must answer 'No' on P | vered by the General Rule and/or the S art IV, line 2, of its Form 990; or check meet the filing requirements of Schedu | Special Rules doesn't file Schedule B (Form 990, 990-EZ, or k the box on line H of its Form 990-EZ or on its Form 990-PF, July B (Form 990, 990-EZ, or 990-EE) |

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

1 of

3 of Part I

A Noise Within

Employer identification number

95-4443878

| Part I | Contributors | (see instructions). | Use duplicate | copies of P | art I if addition | al space is needed. |
|--------|---------------------|---------------------|---------------|-------------|-------------------|---------------------|
|--------|---------------------|---------------------|---------------|-------------|-------------------|---------------------|

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------------------|--|--|---|
| 1 | Terri Murray | | Person X Payroll |
| | 3352 East Foothill Boulevard | \$ <u>31,588.</u> | Noncash X |
| | Pasadena, CA 91107 | | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Robert & Ann Ronus | | Person X Payroll |
| | 133 South June Street | \$35,000. | Noncash |
| | Los Angeles, CA 90004 | | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>3</u> | The Shubert Foundation | | Person X Payroll |
| | 234 West 44th Street | \$30,000. | Noncash |
| | New York City, NY 10036 | | (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) Total | (d) |
| Number | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| Number | Name, address, and ZIP + 4 Steinmetz Foundation | | Type of contribution Person X |
| Number | Steinmetz Foundation | | Type of contribution |
| Number | Steinmetz Foundation | \$75,000. | Person X Payroll |
| Number | Steinmetz Foundation 466-A Foothill Boulevard #303 | \$75,000. | Person X Payroll Noncash (Complete Part II for |
| 4 | Steinmetz Foundation 466-A Foothill Boulevard #303 La Canada, CA 91011 (b) | \$75,000. | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X |
| 4 (a) Number | Steinmetz Foundation 466-A Foothill Boulevard #303 La Canada, CA 91011 Name, address, and ZIP + 4 | \$75,000. | Type of contribution Person X Payroll |
| 4 (a) Number | Steinmetz Foundation 466-A Foothill Boulevard #303 La Canada, CA 91011 Name, address, and ZIP + 4 The Ahmanson Foundation | \$75,000. | Type of contribution Person X Payroll |
| 4 (a) Number | Steinmetz Foundation 466-A Foothill Boulevard #303 La Canada, CA 91011 Name, address, and ZIP + 4 The Ahmanson Foundation 9215 Wilshire Boulevard | \$75,000. | Type of contribution Person X Payroll |
| 4 (a) Number | Steinmetz Foundation 466-A Foothill Boulevard #303 La Canada, CA 91011 Name, address, and ZIP + 4 The Ahmanson Foundation 9215 Wilshire Boulevard Beverly Hills, CA 90210 | \$75,000. (c) Total contributions \$100,000. | Type of contribution Person X Payroll |
| (a) Number | Steinmetz Foundation 466-A Foothill Boulevard #303 La Canada, CA 91011 Name, address, and ZIP + 4 The Ahmanson Foundation 9215 Wilshire Boulevard Beverly Hills, CA 90210 Name, address, and ZIP + 4 | \$75,000. (c) Total contributions \$100,000. | Person X Payroll |
| (a) Number 5 (a) Number | Steinmetz Foundation 466-A Foothill Boulevard #303 La Canada, CA 91011 Name, address, and ZIP + 4 The Ahmanson Foundation 9215 Wilshire Boulevard Beverly Hills, CA 90210 Name, address, and ZIP + 4 The Ralph M. Parsons Foundation | \$ 75,000. (c) Total contributions \$ 100,000. | Type of contribution Person X Payroll |

3 of Part I

Name of organization

Employer identification numbe 95-4443878 A Noise Within

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) Type of contribution (b) Name, address, and ZIP + 4 (c) Total (a) Number contributions Person LA County Arts Commission **Pavroll** 1055 Wilshire Boulevard #800 33,250. Noncash (Complete Part II for Los Angeles, CA 90017 noncash contributions.) (b) Name, address, and ZIP + 4 (a) Number (c) Total (d) Type of contribution contributions Person Alan & Sheila Lamson **Payroll** 3352 East Foothill Boulevard 41,297. Noncash (Complete Part II for Pasadena, CA 91107_____ noncash contributions.) (b) Name, address, and ZIP + 4 (a) Number (c) Total (d) Type of contribution contributions Person Eugene Kapaloski **Payroll** 28,000. 8882 Collingwood Drive Noncash (Complete Part II for West Hollywood, CA 90069 noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) Number (c) Total contributions Person 10 Dwight Stuart Youth Fund **Payroll** 9595 Wilshire Boulevard #212 35,000. Noncash (Complete Part II for noncash contributions.) Beverly Hills, CA 91212 _____ (b) Name, address, and ZIP + 4 (d) Type of contribution (a) Number (c) Total contributions

| | 3352 East Foothill Boulevard | \$31,140. | Noncash X |
|---------------|-----------------------------------|-------------------------------|---|
| | Pasadena, CA 91107 | | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 12_ | Lois Tandy | | Person X Payroll |
| | 580 Cocopan Drive | \$103,392. | l |
| | Altadena, CA 91001 | | (Complete Part II for noncash contributions.) |

11

Person

Payroll

Richard & Sally Roberts

3 of

3 of Part I

A Noise Within

Employer identification number

95-4443878

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|--|
| <u>13</u> _ | S. Mark Taper Foundation 12011 San Vicente Blvd. #400 | \$ <u>150,000</u> . | Person X Payroll Noncash |
| | Los Angeles, CA 90049 | | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for |
| | | | noncash contributions.) |

1 to

95-4443878

of Part II

Name of organization

BAA

Employer identification number

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

A Noise Within

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (See instructions.) (d) Date received 175 shares Cicso Systems, Inc. 20 shares Alphabet, Inc. 2<u>5,</u>438. (c) FMV (or estimate) (See instructions.) (a) No. (b) (d) from Part I Description of noncash property given Date received Emerging Markets ETF shares Vanguard FTSE 11 <u>7,</u>500 (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received Part I 260 shares Exxon Mobil Corp, 700 shares American Funds Washington Mutual Investors Fund Class A, 200 shares 102,392 (a) No. from Part I (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (d) Date received Part I (See instructions.) (a) No. (b) Description of noncash property given (c) FMV (or estimate) (d) Date received from (See instructions.) Part I

of Part III

Name of organization

Employer identification number A Noise Within 95-4443878

| Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) | | | | | | | |
|---------------------------|--|---|------|--|--|--|--|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | |
| | N/A | | | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 | | | tionship of transferor to transferee | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | |
| | | | | · | | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Rela | tionship of transferor to transferee | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | |
| | | | | | | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Rela | tionship of transferor to transferee | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | |
| | | | | | | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Rela | tionship of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

| | A Noise Within | | | 95-4443878 |
|-----|---|--|---|--|
| Par | t Organizations Maintaining Dono | r Advised Funds or Other | Similar Funds o | or Accounts. |
| | Complete if the organization answ | vered 'Yes' on Form 990, | Part IV, line 6. | |
| | | (a) Donor advised fu | nds | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and don are the organization's property, subject to the | or advisors in writing that the as organization's exclusive legal co | ssets held in donor a | dvised funds |
| 6 | Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit? | of the donor or donor advisor, or | or for any other purpo | ose conferring |
| Day | | | | |
| Par | Conservation Easements. Complete if the organization answ | wered 'Ves' on Form 990 | Part IV/ line 7 | |
| | Purpose(s) of conservation easements held by | | | |
| • | Preservation of land for public use (e.g., re | | | storically important land area |
| | Protection of natural habitat | ecreation or education) | | ertified historic structure |
| | Preservation of open space | <u> </u> | 1 reservation of a ce | itilied historic structure |
| 2 | Complete lines 2a through 2d if the organization h | eld a qualified conservation contrib | oution in the form of a | conservation easement on the |
| _ | last day of the tax year. | icia a qualifica conscivation contin | | conservation casement on the |
| | | | | Held at the End of the Tax Year |
| a | Total number of conservation easements | | | 2 a |
| ŀ | Total acreage restricted by conservation easer | ments | | 2 b |
| (| : Number of conservation easements on a certif | ied historic structure included in | (a) | 2 c |
| C | Number of conservation easements included in structure listed in the National Register | n (c) acquired after 7/25/06, and | not on a historic | 2 d |
| 3 | Number of conservation easements modified, trantax year ► | sferred, released, extinguished, or | terminated by the org | anization during the |
| 4 | Number of states where property subject to conse | rvation easement is located > | | |
| 5 | Does the organization have a written policy re- | | | |
| | and enforcement of the conservation easemer | | | |
| 6 | Staff and volunteer hours devoted to monitoring, i | | - | |
| 7 | Amount of expenses incurred in monitoring, inspe ▶\$ | cting, handling of violations, and e | nforcing conservation | easements during the year |
| 8 | Does each conservation easement reported or and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports include, if applicable, the text of the footnote t conservation easements. | | | |
| Par | Organizations Maintaining Collectory Complete if the organization answer | ctions of Art, Historical Towered 'Yes' on Form 990, | reasures, or Oth Part IV, line 8. | er Similar Assets. |
| 1 a | If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan | ld for public exhibition, education, | or research in furthera | atement and balance sheet works of ance of public service, provide, |
| ŀ | If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items: | SFAS 116 (ASC 958), to report public exhibition, education, or re | in its revenue stater esearch in furtherance | ment and balance sheet works of art, of public service, provide the |
| | (i) Revenue included on Form 990, Part VIII, | | | |
| | (ii) Assets included in Form 990, Part X | | | |
| 2 | If the organization received or held works of art, he amounts required to be reported under SFAS | istorical treasures, or other similar 116 (ASC 958) relating to these | assets for financial gaitems: | ain, provide the following |
| ā | Revenue included on Form 990, Part VIII, line | 1 | | > \$ |
| t | Assets included in Form 990, Part X | | | ▶\$ |

| Part III Organizations | Maintaining Colle | ections of Art, Histo | orical Treasures, o | r Other Similar A | ssets (contir | nued) |
|--|--|---------------------------------------|---------------------------------|------------------------------|-------------------|----------|
| 3 Using the organization's a items (check all that ap | acquisition, accession, a | and other records, check a | any of the following that a | re a significant use of i | ts collection | |
| a Public exhibition | | d Loan | or exchange programs | | | |
| b Scholarly research | | e Other | · | | | |
| c Preservation for fut | ure generations | <u> </u> | | | | |
| 4 Provide a description of t Part XIII. | he organization's collect | ions and explain how the | y further the organization' | s exempt purpose in | | |
| 5 During the year, did the to be sold to raise fund | s rather than to be ma | intained as part of the o | organization's collection | ? | . Yes | No |
| Part IV Escrow and C line 9, or report | ustodial Arranger rted an amount on | Form 990, Part X, | the organization an line 21. | swered 'Yes' on I | orm 990, Pa | art IV, |
| 1 a Is the organization an a on Form 990, Part X? | agent, trustee, custodia | an or other intermediary | for contributions or oth | er assets not include | d . Yes | No |
| b If 'Yes,' explain the arra | | | | | . 🔲 163 | |
| 2, | 3 | , , , , , , , , , , , , , , , , , , , | 3 | | Amount | |
| c Beginning balance | | | | 1с | | |
| d Additions during the year | ar | | | 1 d | | |
| e Distributions during the | year | | | 1 e | | |
| f Ending balance | | | | 1f | | |
| 2a Did the organization inc | | | | - | | No |
| b If 'Yes,' explain the arra | angement in Part XIII. | Check here if the expla | nation has been provide | ed on Part XIII | | |
| D 111 - 1 - | | | | | | |
| Part V Endowment F | | | nswered 'Yes' on Fo | | | |
| 1 - Paginning of year holor | (a) Curren | t year (b) Prior yea | r (c) Two years back | k (d) Three years back | ck (e) Four ye | ars back |
| 1 a Beginning of year balar | | | | | | |
| b Contributions | | | | | | |
| c Net investment earning | | | | | | |
| and losses | | | | | | |
| · | | | | | | |
| e Other expenditures for and programs | | | | | | |
| f Administrative expense | | | | | | |
| g End of year balance | | | | | | |
| 2 Provide the estimated p | percentage of the curre | ent year end balance (li | ne 1g, column (a)) held | as: | | |
| a Board designated or quas | si-endowment 🕨 | % | | | | |
| b Permanent endowment | ▶ 8 | ; | | | | |
| c Temporarily restricted e | endowment > | % | | | | |
| The percentages on lines | 2a, 2b, and 2c should e | equal 100%. | | | | |
| 3 a Are there endowment fun | ids not in the possession | of the organization that | are held and administered | d for the | | |
| organization by: | | | | | Yes | No |
| (i) unrelated organizat | | | | | 3a(i) | _ |
| (ii) related organization | | | | | 3a(ii) | |
| b If 'Yes' on line 3a(ii), andDescribe in Part XIII the | | · | | | 3b | |
| | | | ent iunus. | | | |
| Part VI Land, Building Complete if the | | | m 990, Part IV, line | e 11a. See Form 9 | 990, Part X, | line 10. |
| Description of | property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book | value |
| 1 a Land | | | 2,013,000. | | 2,01 | 3,000. |
| b Buildings | | | 10,308,127. | 1,675,216 | . 8,63 | 2,911. |
| c Leasehold improvemen | | | 450,257. | 122,599 | . 32 | 7,658. |
| d Equipment | | | 402,872. | 177,656 | . 22 | 5,216. |
| e Other | | | 182,757. | 133,039 | | 9,718. |
| Total. Add lines 1a through 1 | e. (Column (d) must e | qual Form 990, Part X, | column (B), line 10c.) | | | 8,503. |
| DAA | | | | Cah | adula D (Form O | an 2017 |

| A Section Control of the Control of | | D, Part IV, line 11b. See Form 990, Part X, line 12 |
|---|--|---|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| 1) Financial derivatives | | |
| 2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| | | |
| (l) | | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 12.) | | |
| Part VIII Investments – Program Related. | | N/A |
| Complete if the organization answered | 'Yes' on Form 990 | D, Part IV, line 11c. See Form 990, Part X, line 1 |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| (10) | | |
| ` ' | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • | N/A | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets. Complete if the organization answered | | 0, Part IV, line 11d. See Form 990, Part X, line 1 |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Des | 'Yes' on Form 990 | D, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Des | 'Yes' on Form 990 | 0, Part IV, line 11d. See Form 990, Part X, line 1 |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) | 'Yes' on Form 990 | 0, Part IV, line 11d. See Form 990, Part X, line 1 |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) | 'Yes' on Form 990 | 0, Part IV, line 11d. See Form 990, Part X, line 1 |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) | 'Yes' on Form 990 | 0, Part IV, line 11d. See Form 990, Part X, line 1 |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) | 'Yes' on Form 990 | 0, Part IV, line 11d. See Form 990, Part X, line 1 |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) | 'Yes' on Form 990 | 0, Part IV, line 11d. See Form 990, Part X, line 1 |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) | 'Yes' on Form 990 | 0, Part IV, line 11d. See Form 990, Part X, line 1 |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) | 'Yes' on Form 990 | 0, Part IV, line 11d. See Form 990, Part X, line 1 |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) | 'Yes' on Form 990 | 0, Part IV, line 11d. See Form 990, Part X, line 1 |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) | 'Yes' on Form 990 cription | D, Part IV, line 11d. See Form 990, Part X, line 190, Book value |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) | 'Yes' on Form 990 cription | D, Part IV, line 11d. See Form 990, Part X, line 190, Book value |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. | 'Yes' on Form 990 cription | O, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo | 'Yes' on Form 990 cription 'Diline 15.) | D, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 1990, Part X, column (B) Other Liabilities. Complete if the organization answered 'Yes' on Form 1990, Part X, column (B) | 'Yes' on Form 990 cription | D, Part IV, line 11d. See Form 990, Part X, line 19 (b) Book value (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes | 'Yes' on Form 990 cription ') line 15.) | D, Part IV, line 11d. See Form 990, Part X, line 190, Part X, line 190, Part X, line 190, Part X, line 190, Part X, line 25 |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Revenues received in advance | 'Yes' on Form 990 cription 'Diline 15.) | D, Part IV, line 11d. See Form 990, Part X, line 190, Part X, line 190, Part X, line 190, Part X, line 190, Part X, line 25 |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes (2) Revenues received in advance (3) | 'Yes' on Form 990 cription ') line 15.) | D, Part IV, line 11d. See Form 990, Part X, line 190, Part X, line 190, Part X, line 190, Part X, line 190, Part X, line 25 |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes (2) Revenues received in advance | 'Yes' on Form 990 cription ') line 15.) | D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes (2) Revenues received in advance (3) (4) | 'Yes' on Form 990 cription ') line 15.) | D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes (2) Revenues received in advance (3) (4) (5) | 'Yes' on Form 990 cription ') line 15.) | D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value (b) Book value |
| Other Assets. Complete if the organization answered (a) Des (b) Must equal Form 990, Part X, column (B) line 13.) | 'Yes' on Form 990 cription ') line 15.) | D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes (2) Revenues received in advance (3) (4) (5) (6) (7) | 'Yes' on Form 990 cription ') line 15.) | D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (Column (C | 'Yes' on Form 990 cription ') line 15.) | D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes (2) Revenues received in advance (3) (4) (5) (6) (7) (8) | 'Yes' on Form 990 cription ') line 15.) | D, Part IV, line 11d. See Form 990, Part X, line 19 (b) Book value (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Revenues received in advance (3) (4) (5) (6) (7) (8) (9) (10) | 'Yes' on Form 990 cription ') line 15.) | D, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value 1e or 11f. See Form 990, Part X, line 25 |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | eturn. | |
|--|-----------|------------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | 1 | 3,201,372. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | | |
| b Donated services and use of facilities | | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d. | 2 e | |
| 3 Subtract line 2e from line 1 | 3 | 3,201,372. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIII.) 4b | | |
| c Add lines 4a and 4b. | 4 c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). | 5 | 3,201,372. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | Return | |
| | | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements | 1 | 3,403,151. |
| | 1 | |
| 1 Total expenses and losses per audited financial statements | 1 | |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 | |
| 1 Total expenses and losses per audited financial statements | 1 | |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b | 1 | |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 b 2 c | 1 2 e | |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities | - | |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2 e | 3,403,151. |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a | 2 e | 3,403,151. |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. 2 c d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part XIII.) 4 b 1 Total expenses and losses per audited financial statements 2 | 2 e 3 | 3,403,151. |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b. | 2 e 3 4 c | 3,403,151. |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. 2 c d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part XIII.) 4 b 1 Total expenses and losses per audited financial statements 2 | 2 e 3 | 3,403,151. |

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

BAA Schedule **D** (Form 990) 2017

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number 95-4443878 A Noise Within Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events X In-person solicitations **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (i) Name and address of individual (iii) Did fundraiser (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

| Sche | edule | G (Form 990 or 990-EZ) 2017 A Noise | Within | | 95-444 | .3878 Page 2 |
|---------------------------------|-------------|---|---|--|------------------------------------|--|
| | | Fundraising Events. Complete if the more than \$15,000 of fundraising List events with gross receipts great the second statement of the second statemen | the organization arevent contributions | nswered 'Yes' on Fo s and gross income | orm 990, Part IV, li | ne 18, or reported |
| R E | | 3 1 3 | (a) Event #1 Dinner on Stag (event type) | (b) Event #2 Three Vignette (event type) | (c) Other events 1 (total number) | (d) Total events (add column (a) through column (c)) |
| R E V E N U E | 1 | Gross receipts | 117,257. | 15,050. | 7,493. | 139,800. |
| Ĕ | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 117,257. | 15,050. | 7,493. | 139,800. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| D R E C T | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | 6,225. | 3,243. | 3,830. | 13,298. |
| E X P E N S E S | 8 | Entertainment | 550. | 475. | 2,600. | 3,625. |
| N S E | 9 | Other direct expenses | 15,834. | 7,229. | 494. | 23,557. |
| S | | Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro | • | | | 40,480. 99,320. |
| Par | t III | Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a. | tion answered 'Yes | s' on Form 990, Par | rt IV, line 19, or rep | oorted more than |
| R E V E N U E | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) |
| N U E | 1 | Gross revenue | | | | |
| | | | | | | - |
| | 2 | Cash prizes | | | | |
| E D X I P | | Cash prizes | | | | |
| E X I P R E E N C S T F | 3 | Noncash prizes | | | | |
| D P E N S E S | | Noncash prizes | | | | |
| D I P P R P R P S P S | 3 | Noncash prizes | Yes % | Yes % | Yes % | |
| D I P E R S C T S | 3 | Noncash prizes | Yes % | Yes% | ☐ Yes % No | |
| DIRECT S | 3 4 5 | Noncash prizes | No | No | No No | |
| D I R E C T | 3 4 5 | Noncash prizes Rent/facility costs Other direct expenses. Volunteer labor | No pugh 5 in column (d) | No | No No | |

| 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? | ш | No |
|--|---|----|
| 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? | | No |

| Sche | edule G (Form 990 or 990-EZ) 2017 A Noise Within 9! | 5-4443 | 878 | Page 3 |
|------|--|--------|-------|--------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | | Yes | No |
| 12 | Indicate the percentage of gaming activity conducted in: | 1 1 | | |
| | a The organization's facility. | 13 a | | ્ |
| | b An outside facility. | 13 b | | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | | |
| | Name • | | | |
| | Address • | | | |
| I | a Does the organization have a contract with a third party from whom the organization receives gaming revenue if 'Yes,' enter the amount of gaming revenue received by the organization and the of gaming revenue retained by the third party for If 'Yes,' enter name and address of the third party: | | | No |
| | Name • | | | |
| | Address • | | | |
| 16 | Gaming manager information: | | | |
| | Name • | | | |
| | Gaming manager compensation ► \$ | | | |
| | Description of services provided ► | | | |
| | □ Director/officer □ Employee □ Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| í | a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | Yes | No |
| ı | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in | the | _□.03 | □• |
| | organization's own exempt activities during the tax year ► \$ | | | |
| Pai | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions. | | | /); |
| | intermediating does included i | | | |
| | | | | |
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| Αì | Noise Within | | | 95- | 4443878 | 8 | | |
|-----|---|-------------------------------|---|---|--------------------|--------------------------------|--------------------------|---------------|
| Pai | rt I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Metho noncash o | (d d of d contrib |) etermin ution ai | ing nounts |
| 1 | Art — Works of art | | | | | | | |
| 2 | Art — Historical treasures | | | | | | | |
| 3 | Art — Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities — Publicly traded | | 8 | 146,123. | FMV | | | |
| 10 | Securities — Closely held stock | | | | | | | |
| 11 | Securities — Partnership, LLC, or trust interests . | | | | | | | |
| 12 | Securities – Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution — Historic structures | | | | | | | |
| 14 | Qualified conservation contribution — Other | | | | | | | |
| 15 | Real estate – Residential | | | | | | | |
| 16 | Real estate – Commercial | | | | | | | |
| 17 | Real estate – Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ► () | | | | | | | |
| 26 | Other • () | | | | | | | |
| 27 | Other ► () | | | | | | | |
| 28 | Other► () | | | | | | | |
| 29 | Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done | | | | 29 | | | |
| | | | | | _ | | Yes | No |
| 302 | During the year, did the organization receive by contr | ribution any pr | onerty reported in Part I | lines 1 through 28 that | | | | |
| 300 | it must hold for at least three years from the date for exempt purposes for the entire holding period | of the initial | contribution, and which | h isn't required to be u | | 30 a | | Х |
| b | If 'Yes,' describe the arrangement in Part II. | | | | l l | | | |
| 31 | | icy that regui | res the review of any r | nonstandard contribution | ns? | 31 | | Х |
| | Does the organization hire or use third parties or noncash contributions? | related organ | nizations to solicit, prod | cess, or sell | | 32 a | Х | |
| ŀ | If 'Yes,' describe in Part II. | | See Part I | | | 3 <u>L</u> a | Λ | |
| | If the organization didn't report an amount in colu | umn (c) for a | | | ked, | | | |

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Part I, Line 32 - Hire and Use of Third Parties

The Organization sells contributed stock though its brokerage account with a major brokerage firm.

BAA TEEA4602L 08/10/17 Schedule M (Form 990) (2017)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 95-4443878 Noise Within

Mission statement (continued)

Form 990, Part I, line 1: Our company of resident and quest artists performing in rotating repertory immerses student and general audiences in timeless, epic stories in an intimate setting.

Reportable Compensation Reconciliation

| Reportable compensation: | Part VII, Section A, Line 1(d)(Calendar Year) | \$237,488 |
|--------------------------------|---|--------------|
| | Accrued retention plan benefits | 67,210 |
| | Reconciliation between calendar & fiscal years | 2,071 |
| | | |
| | Part IX, Line 5 (Fiscal Year) | \$306,769 |
| | | ====== |
| Reconciliation of Gross Receip | ts | |
| Form 990, line 13 - Total | revenue | \$ 3,201,372 |
| Special events expenses d | leducted from Form 990, line 11 - Other revenue | 40,480 |
| | | |
| Form 990. Box G - Gross r | receipts | \$ 3,241,852 |
| | | |

Part III, Line 4b - Program Service Accomplishments, Cont.

STUDY GUIDES

Study guides are available to teachers for free via ANW's website. They are designed to help teachers bring plays and classic texts to life in the classroom setting. Activities integrate analysis of themes, context and characters with music, visual arts and history aligned with California State standards.

PROFESSIONAL DEVELOPMENT

Each year, ANW offers free seminars for teachers. One of these, the Educator

========

Extravaganza, previews the entire upcoming season and includes workshops led by professional teaching artists. More than 75 teachers particiated in the Extravaganza in this fiscal year.

WORKSHOPS & RESIDENCIES

Professional teaching artists conduct hands-on exercises and interactive analysis that allow students to connect with the play's language and gain a deeper understanding of its universal themes. In-class workshops are one-day intensive courses. Artist residencies are often eight-week engagements where teaching artists conduct one or two classes per week. Each program is custom designed specifically to meet the teacher's needs.

STAGED READING

The theatre provides the general public with staged readings of seldom perfomed classical plays at no admission cost.

Form 990, Part III, Line 4c - Program Service Accomplishments, Cont.

SUMMER WITH SHAKESPEARE

This program gives students the opportunity to work with professional actors and technicians to gain an appreciation of Shakespeare's verse, as well as a unique exposure to a variety of classic plays. Designed to challenge young artists to be scholars and performers of The Bard, this program enhances acting and public speaking skills, builds self-confidence and offers invaluable experience in the crafts of the theatre.

Form 990 - Explanation of Amended Return

Taxpayer amends Part VI, Governance, Management, and Disclosure, Section B.

Policies, line 11a to indicate the the Organization provided a complete copy of Form

990 to all members of its governing body before filing the form, as described in

| Name of the organization | Employer identification number |
|--------------------------|--------------------------------|
| A Noise Within | 95-4443878 |

Form 990 - Explanation of Amended Return

Schedule 0.

Form 990, Part III, Line 4d - Other Program Services Description

Auxiliary income comes from program services such as concessions revenue.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Two directors, Geoff Elliott and Julia Rodriquez-Elliott are married.

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

The Organization's Managing Director and Audit Committe reviewed Form 990 and Form 990 was provided to the Board of Directors prior to filing.

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

The Organization has a written policy in place for members of the Board of Directors. Directors submit a form that is reviewed by the Board of Directors and management.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Board reviews and approves compensation for top management.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The Board reviews and approves compensation for top management.

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

Form 990 was filed online at the California Dept. of Justice - Charity Registry.

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

The Organization's Audited Financial Statements are available at both the Organization's website and the California Dept. of Justice - Charity Registry. The other documents described in this request were not made available to the public.

Name of the organization

A Noise Within

Employer identification number
95-4443878

Form 990, Part IX, Line 24e Other Expenses

| | (A) | (B) | (C) | (D) |
|------------------------------|-------------|---------------------|-------------------------|-------------|
| _ | Total | Program Services | Management & General | Fundraising |
| Bad debts | 23,377. | | 23,377. | |
| Credit card fees | 88,981. | 80,083. | | 8,898. |
| Miscellaneous | 6,973. | 4,986. | 1,498. | 489. |
| Occupancy costs | 71,770. | 64,593. | 7,177. | |
| Photography & video | 32,481. | 32,481. | • | |
| Refreshments and concessions | 22,867. | 21,890. | | 977. |
| Teaching artist fees | 19,435. | 19,435. | | |
| Transportation | 8,797. | 8,797. | | |
| Utilities | 75,896. | 68,306. | 7,590. | |
| Total 🕏 | 350,577. \$ | 300,571. | \$ 39,642. | \$ 10,364. |

2017

Federal Supplemental Information

Page 1

A Noise Within

95-4443878

Form 990, Part IX, line 5 - Compensation of Directors

Julia Rodriguez-Elliott \$154,186 Geoff Elliott 152,583

Total \$306,769 ======