Form <b>990</b>
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# \*\* PUBLIC DISCLOSURE COPY \*\*

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.

OMB No. 1545-0047 8 2 Open to Public Inspection

Department of the Treasury	
nternal Revenue Service	

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning JUL 1 2018 and ending JUN 30 2019

<u>~ i</u>				GH 30, 2019			
	heck if oplicabl	c Name of organization		D Employer ident	ification n	umber	
	Addre:	A Noise Within					
	Name Chang			- 95-	4443878		
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone num	her		
	Final return/	3352 East Foothill Boulevard	noon, outo		356-3100		
L	termin	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$		3,60	2,824.
	Ameno			H(a) Is this a group	return	,	,
	Applic tion	F Name and address of principal officer: JULIA RODRIGUEZ-ELLIOTT		for subordinat	_	Yes	X No
	pendir	<sup>g</sup> same as C above		H(b) Are all subordinate			No
IT	ax-exe	empt status: 🗴 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🗌 4947(a)(1)	or 527				
		e: www.anoisewithin.org		H(c) Group exemp	-		
		organization: X Corporation Trust Association Other ►	L Year	of formation: 1992	M State of		icile <sup>.</sup> CA
Pa		Summary	1 - 104			r rogar aorri	
	1	Briefly describe the organization's mission or most significant activities: A Nois	e Within	produces classi	lc		
Governance		theatre as an essential means to enrich our community					
nar	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net a	assets.		
Ver				1	3		20
ဗီ		Number of independent voting members of the governing body (Part VI, line 1b)			4		18
ര്		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5		148
itie		Total number of volunteers (estimate if necessary)			6		115
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			'a		٥.
Ă		Net unrelated business taxable income from Form 990-T, line 38			′b		٥.
		· · · · · · · · · · · · · · · · · · ·		Prior Year	C	urrent Ye	ar
	8	Contributions and grants (Part VIII, line 1h)		1,379,081	L.	1,52	6,970.
Revenue		Program service revenue (Part VIII, line 2g)		1,701,710	5.	2,01	8,244.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21,255	5.		6,525.
Ξ.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		99,320	).	2	2,344.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,201,372	2.	3,57	4,083.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		(	).		0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		(	).		0.
ŷ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,626,014	1.	2,01	7,657.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		(	).		0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	169.				
۵	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,777,137		1,72	8,485.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,403,151	L.	3,74	6,142.
	19	Revenue less expenses. Subtract line 18 from line 12		-201,779	۶.	-17	2,059.
Net Assets or Fund Balances			Ве	ginning of Current Yea	ir E	nd of Yea	
sets alan	20	Total assets (Part X, line 16)		12,848,358	3.		7,861.
tAs	21	Total liabilities (Part X, line 26)		1,223,881			5,443.
ER	22	Net assets or fund balances. Subtract line 21 from line 20		11,624,477	7.	11,45	2,418.
Pa	rt II	Signature Block					
	•	lties of perjury, I declare that I have examined this return, including accompanying schedule			my knowled	ge and beli	ef, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.			
Cian		Signature of officer		Date			

Sign		Signature of officer			Date		
Here		JULIA RODRIGUEZ-ELLIOTT, Co-Artis	stic Dir.				
		Type or print name and title					
	Prir	nt/Type preparer's name	Preparer's signature	Date		Check	PTIN
Paid	Kar	en Lo	Karen Lo	02/28/20	0	self-employed	P02141262
Preparer	Firn	n's name 🕞 CliftonLarsonAllen LLP			Firm's	EIN 🕨	41-0746749
Type or print name and title         Print/Type preparer's name       Preparer's signature         Karen Lo       Date         Preparer       02/28/20         Firm's name       CliftonLarsonAllen LLP         Firm's address       301 North Lake Avenue, Suite 900         Pasadena, CA 91101       Phone no. (626) 793-3600         May the IRS discuss this return with the preparer shown above? (see instructions)       X							
		Pasadena, CA 91101			Phone	<sub>NO.</sub> (626)	793-3600
May the I	RS d	iscuss this return with the preparer shown abo	ve? (see instructions)				X Yes No
832001 12-3	1-18	LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.				Form <b>990</b> (2018)

32001	12-31-18	B LHA FO	or Pa	perwork	Reduction	ACT NOTICE	e, see the sep	parate instruction	S
	See	Schedule	O f	or Orga	nization	Mission	Statement	Continuation	

	990 (2018) A Noise Within	95-4443878	Page <b>2</b>
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	A Noise Within produces classic theatre as an essential means to		
	enrich our community by embracing universal human experiences,		
	expanding personal awareness and challenging individual perspectives.		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	
	prior Form 990 or 990-EZ?	L	Yes X No
	If "Yes," describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expen	ses, and
	revenue, if any, for each program service reported.		1 595 611 \
4a	(Code:)(Expenses \$2,180,230. including grants of \$) (Rever A Noise Within (ANW) is the only year-round classical repertory theatre	nue \$	1,585,611.)
	in Southern California and one of only a handful in the nation. Each		
	season, ANW presents over 150 performances of 7 classic plays, serving		
	about 51,000 patrons, including 17,000 students. ANW has been		
	recognized with dozens of awards by theatre, arts and business		
	organizations for the high quality of our productions,		
	entrepreneurialism and contributions to the civic and cultural life of		
	Pasadena and Los Angeles. Our history of achievement recently prompted		
	the Los Angeles Times to declare ANW "an oasis for those who love		
	classical theater."		
4b	(Code:) (Expenses \$1,012,257. including grants of \$) (Rever	nue \$	332,971.)
	Our Education Program served over 17,714 students from 192 schools in		,
	41 school districts during our 2018-19 season with the following		
	elements:		
	STUDENT MATINEES & EVENING PERFORMANCES		
	Weekday matinee performances for students feature the same professional		
	cast as evening performances. Students enjoy a pre-show introduction,		
	full-length production and a post-show discussion with the artists.		
	Students may also receive discounted or free tickets to evening		
	performances depending on demonstrated need and availability.		
	Continued at Schedule 0.		
	(a		10 240 \
4C	<pre>(Code:)(Expenses \$23,675. including grants of \$) (Rever Noise Now is a new program of A Noise Within providing an opportunity</pre>	nue \$	10,240.)
	to expand our audience by engaging with our neighboring communities and		
	peer organizations. In the 2018-19 season we produced 4 mainstage		
	events, held 7 residencies, and 2 art exhibitions serving over 950		
	patrons. Events explored issues of mental health, cultural identity,		
	trans experience, and indigenous rights.		
	,,		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 26,024. including grants of \$ ) (Revenue \$	89,422.)	
4e	Total program service expenses 3,242,186.		
		F	orm <b>990</b> (2018)
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Par	t 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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	t 🗌		
	during the tax year? If "Yes," complete Schedule C, Part II			x
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		x
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	/ 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	'   <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	·   *		
0		8		x
9	Schedule D, Part III			<u> </u>
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	3		<u> </u>
10		10		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	x	
	Part VI	<u>11a</u>	л	<u> </u>
a	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. <u>11b</u>		
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. <u>11c</u>		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	. <u>11e</u>	Х	<u> </u>
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	. <b>11f</b>	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u>.</u> _
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	. 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. <u>14a</u>		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			<u>-</u>
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			<u>-</u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			X
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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
h	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		<u> </u>
D				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.5%		x
~~	Schedule L, Part I	25b		
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		X
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
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		x
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
5	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?	000		<u> </u>
50		36		x
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		<u> </u>
37		07		x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note. All Form 990 filers are required to complete Schedule 0           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	L
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטת זו סטוופטעוב ט טטווגמווז א ובשטטושב טו ווטנע נט אווץ וווע ווו נוווא דאוג ע	<u></u>	 	
			Yes	No
		2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	148		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so	licit		
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	ne payor? <b>7a</b>		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requi	red? <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10	098-C? <b>7h</b>		
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?			
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?			x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			x
	If "Yes," complete Form 4720, Schedule O.			
		-		(0040)

Form **990** (2018)

	990 (2018) A Noise Within 95-44438 <b>t VI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a		F	Pa
Fai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	"No" re	espon	se
				ſ
Sec	Check if Schedule O contains a response or note to any line in this Part VI			
			Yes	Т
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20	)	163	t
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2	officer, director, trustee, or key employee?	2	x	I
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			1
U	of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6		6		
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		
7a		7-		
•	more members of the governing body?	<u>7a</u>	<u> </u>	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b></b> .		
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	l
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		_
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		_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ļ
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	х	
	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?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ł
	for public inspection. Indicate how you made these available. Check all that apply.	o oniy)	avana	
	X       Own website       X       Another's website       X       Upon request       Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	lfinanc	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	Michael Bateman - 6263563100			
	3352 E FOOTHILL BLVD, PASADENA, CA 91107			
		Eoro	1 <b>990</b>	)
32006	5 12-31-18 <b>7</b>	FUIII	1000	
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Form 990 (	2018) A Noise Within	95-4443878	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comper	nsated	
	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		
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or	within the organization's	tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	l	<u>.</u> a		<u>con</u> C)	.001	Juit	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle:	Pos heck ss per	ition more rson i	than o s both r/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jeanie Kay	1.00									
PRESIDENT		х		X				0.	0.	0.
(2) William Kennedy	1.00									
VICE PRESIDENT		х		X				0.	0.	0.
(3) Chris Burt TREASURER	1.00	x		x				0.	0.	0.
(4) Lyn Spector	1.00								·.	
SECRETARY	1.00	x		x				0.	0.	0.
(5) Julia Rodriguez-Elliott	40.00									
CO-ARTISTIC DIRECTOR		х						117,024.	٥.	26,610.
(6) Geoff Elliott	40.00							, ,		,
CO-ARTISTIC DIRECTOR		х						123,767.	0.	20,224.
(7) Molly Bachmann	1.00									
DIRECTOR		х						0.	٥.	٥.
(8) William Bogaard	1.00									
DIRECTOR		х						٥.	٥.	0.
(9) Julie Daniels	1.00									
DIRECTOR		х						0.	٥.	0.
(10) Patrick Garcia	1.00									
DIRECTOR		х						0.	0.	0.
(11) Armando Gonzalez	1.00									
DIRECTOR		Х						٥.	٥.	0.
(12) Diane Grohulski	1.00									
DIRECTOR		Х						٥.	٥.	0.
(13) David Holtz	1.00									
DIRECTOR		Х						٥.	٥.	0.
(14) Robert Israel	1.00									
DIRECTOR		х						0.	0.	0.
(15) Sheila Lamson	1.00									
DIRECTOR		Х						0.	0.	0.
(16) Terri Murray	1.00									
DIRECTOR		Х						0.	0.	0.
(17) Cynthia Nunes	1.00									
DIRECTOR		Х						0.	0.	0. Form <b>990</b> (2018)

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Form	990 (2018) A Noise With:	in								95-44	4387	8	P	'age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(do box	o not c k, unle icer ar	( Pos heck ss pe	C) ition more rson i	l than c s both	one 1 an	(D) Reportable compensation from	(E) Reportable compensatio from related	n		<b>(F)</b> stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	fi org an	rom th ganizat d relat anizati	ation 1e tion ted
(18)	Richard Roberts	1.00	_	-		×	<u> </u>	4						
	CTOR		х						0.		٥.			٥.
	Gail Samuel	1.00												
	CTOR Margaret Sedenquist	1 00	Х				-		0.		0.			0.
	Margaret Sedenquist CCTOR	1.00	x						٥.		0.			0.
	Sub-total								240,791.		0.		46,	834.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 240,791.		0. 0.		46,	0.
2	Total number of individuals (including but n compensation from the organization							o re	eceived more than \$100,	000 of reportable	,			2
													Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	-				•			•			3		X
4	For any individual listed on line 1a, is the su	im of reportabl	le co	ompe	ensa	tion	and	oth	ner compensation from the	he organization				x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		
<u></u>	rendered to the organization? If "Yes." corr	plete Schedul	e J f	or si	ich į	pers	on .					5		X
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	mponsatod inc		ndo	nt cr	ontre	octor	ro th	at received more than <sup>©</sup>	100 000 of comr		ion fr		
<u> </u>	the organization. Report compensation for	•	•						the organization's tax y	•				
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	С		<b>C)</b> Insatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organized strength of the organized strength		ot lir	niteo	d to		se lis D	ted	above) who received mo	ore than				

rt VI	(2018) A Noise Within II Statement of Revenue					78 Pag
	Check if Schedule O contains a response of	or note to any line	in this Part VIII			<u></u> [
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax undo sections 512 - 514
1 a	a Federated campaigns 1a					
	Membership dues 1b					
c	Fundraising events	77,657.				
c	B Related organizations 1d					
e	e Government grants (contributions)	57,260.				
f	All other contributions, gifts, grants, and					
	similar amounts not included above <b>1f</b>	1,392,053.				
ç	Noncash contributions included in lines 1a-1f: \$	90,776.				
			1,526,970.			
		Business Code				
2 a	Ticket Sales	711110	1,779,225.	1,779,225.		
k	educational Programs	611710	149,597.	149,597.		
c	Other Program Revenue	900099	89,422.	89,422.		
c	t					
e						
f	All other program service revenue					
ç	Total. Add lines 2a-2f	►	2,018,244.			
3	Investment income (including dividends, interes	st, and				
	other similar amounts)	►	6,525.			6,5
4	Income from investment of tax-exempt bond pr	oceeds 🕨 🕨				
5	Royalties	►				
	(i) Real	(ii) Personal				
6 a	a Gross rents					
k	Less: rental expenses					
c	Rental income or (loss)					
c	Net rental income or (loss)	►				
7 a	a Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory					
k	Less: cost or other basis					
	and sales expenses					
c	Gain or (loss)					
c	<b>b</b> Net gain or (loss)	►				
8 8	a Gross income from fundraising events (not					
	including \$ 77,657. of					
	contributions reported on line 1c). See					
	Part IV, line 18 a	51,085.				
	b Less: direct expenses b	28,741.				
	Net income or (loss) from fundraising events	🕨	22,344.			22,3
9 a	a Gross income from gaming activities. See					
	Part IV, line 19 a					
	b Less: direct expenses b					
	Net income or (loss) from gaming activities	····· ►				
10 a	a Gross sales of inventory, less returns					
	and allowances a					
	b Less: cost of goods sold b					
C	Net income or (loss) from sales of inventory					
		Business Code				
11 a	a					
k	)					
C						
	All other revenue					
	• Total. Add lines 11a-11d			0.010.011		
12	Total revenue. See instructions		3,574,083.	2,018,244.	0.	28,80

1	Grants and other assistance to domestic organizations			
	and domestic governments. See Part IV, line 21			
2	Grants and other assistance to domestic			
	individuals. See Part IV, line 22			
3	Grants and other assistance to foreign			
	organizations, foreign governments, and foreign			
	individuals. See Part IV, lines 15 and 16			
4	Benefits paid to or for members			
5	Compensation of current officers, directors,			
	trustees, and key employees	287,626.	258,862.	
6	Compensation not included above, to disqualified			
	persons (as defined under section 4958(f)(1)) and			
	persons described in section 4958(c)(3)(B)			
7	Other salaries and wages	1,406,316.	1,152,253.	
8	Pension plan accruals and contributions (include			
	section 401(k) and 403(b) employer contributions)			
9	Other employee benefits	164,858.	154,283.	
10	Payroll taxes	158,857.	136,730.	
11	Fees for services (non-employees):			
а	Management			
b	Legal			
	Accounting			
d	Lobbying			
е	Professional fundraising services. See Part IV, line 17			
f	Investment management fees			
g	Other. (If line 11g amount exceeds 10% of line 25,			
	column (A) amount, list line 11g expenses on Sch 0.)	102,136.	29,291.	
12	Advertising and promotion	254,313.	236,064.	
13	Office expenses	274,341.	234,996.	
14	Information technology			
15	Royalties	90,372.	90,372.	
16	Occupancy			
17	Travel			
18	Payments of travel or entertainment expenses			
	for any federal, state, or local public officials			
19	Conferences, conventions, and meetings			
20	Interest	19,158.	17,242.	
21	Payments to affiliates			
22	Depreciation, depletion, and amortization	308,319.	277,487.	
23	Insurance	68,871.	61,984.	
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 (A)			

Form 990 (2018)

Do not include amounts reported on lines 6b,

7b, 8b, 9b, and 10b of Part VIII.

A Noise Within 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)

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

(A) Total expenses

(B)

Program service expenses

832010 12-31-18

Check here

а

b

С

d

е

25 26

amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Artistic and Technical

Repairs and Maintenance

Production Supplies

Bank Charges

All other expenses

184,521.

179,801.

88,895.

70,017.

69,388,

3,242,186

184,521.

179,801.

98,838.

77,797.

70,018,

3,746,142

247,169.

**(D)** Fundraising

expenses

(C) Management and general expenses

14,382

114,903

6,447

8,664

33,220

20,406.

1,916

30,832 6,887

9,943.

7,780

256,787

630

777

14,382.

139,160.

4,128.

13,463.

39,625.

17,472.

18,939.

13590228 131839 006-001848-00

## A Noise Within Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response or no	ite to any	line in this Part X	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			924,607.	1	728,769.
	2	Savings and temporary cash investments			,	2	· · ·
	3	Pledges and grants receivable, net			172,737.	3	386,743.
	4	Accounts receivable, net			(A) Beginning of year            924,607.         1           2         172,737.           118,008.         4           tors, mplete         5           fined under contributing ary f Sch L         6           7         8           99         3,450,477.           2,416,830.         11,248,503.           112,848,350.         10c           11         12           13         14           384,503.         15           12,848,358.         16           284,134.         17           8         9           20         20           D         21           trustees, persons.         22           392,829.         23           11,223,881.         26           X         11,468,342.         27           156,135.         28           11,624,477.         30	13,059.	
	5	Loans and other receivables from current and f				(A)       I         924,607.       1         924,607.       1         2       1         172,737.       3         118,008.       4         118,008.       4         1       1         5       1         6       1         7       1         6       1         7       1         8       1         9       1         11,248,503.       10c         11       1         12       1         11       1         11       1         11       1         11       1         11       1         11       1         12       1         384,503.       15         12,848,358.       16         20       1         21       20         22       23         392,829.       23         11,223,881.       26         11,223,881.       26         11,223,881.       26         11,468,342.       27         156,135.       28	
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disgual					
		section 4958(f)(1)), persons described in section	n 4958(c)(	3)(B), and contributing			
		employers and sponsoring organizations of sec					
s		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9					9	125,855.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	13,450,477.			
	b	Less: accumulated depreciation		2,416,830.	11,248,503.	10c	11,033,647.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			384,503.	15	289,788.
	16	Total assets. Add lines 1 through 15 (must equ			12,848,358.	16	12,577,861.
	17	Accounts payable and accrued expenses			284,134.	17	81,674.
	18	Grants payable			18		
	19	Deferred revenue				19	399,831.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to current and forme	r officers,	directors, trustees,			
Liabilities		key employees, highest compensated employe	es, and d	isqualified persons.			
abi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrel			392,829.	23	354,150.
	24	Unsecured notes and loans payable to unrelate	ed third pa	arties		24	
	25	Other liabilities (including federal income tax, p	ayables to	o related third			
		parties, and other liabilities not included on line	es 17-24).	Complete Part X of			
		Schedule D		L	546,918.	25	289,788.
	26	Total liabilities. Add lines 17 through 25			1,223,881.	26	1,125,443.
		Organizations that follow SFAS 117 (ASC 95	8), check	here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 a					
ŭ	27	Unrestricted net assets			27	11,117,591.	
3ala	28	Temporarily restricted net assets	156,135.	28	334,827.		
Б Б	29					29	
- E		Organizations that do not follow SFAS 117 (/	ASC 958),	, check here			
P		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds					
Ass	31	Paid-in or capital surplus, or land, building, or e					
let,	32	Retained earnings, endowment, accumulated in					
	33	Total net assets or fund balances					11,452,418.
	34	Total liabilities and net assets/fund balances			12,848,358.	34	12,577,861.

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Form	1990 (2018) A Noise Within	95-444387	8	Pad	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				4
	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,	574,	083.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	746,	142.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-172,	059.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,	624,	477.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			Ο.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	11,	452,	418.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				aan	(0010)

Form **990** (2018)

SCHED	ULI	ΕA
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(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public

		Attach to Form 990 or Form 990-EZ.     Open to Public       evenue Service     Go to www.irs.gov/Form990 for instructions and the latest information.     Inspection							Open to Public Inspection	
Nam	e of t	the organizati		Ŭ					Employer	identification number
			A Nois	se Within						95-4443878
Par	tl	Reason	for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The c	organ	ization is not a	a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)( <sup>-</sup>	1)(A)(i).		
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizat	ion operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizat	ion that norma	Illy receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from t	ne general j	oublic described in
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8					(1)(A)(vi). (Complete Par	,				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10	X	•			than 33 1/3% of its sup				•	•
					ct to certain exceptions,					-
					(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
44				mplete Part III.)	walk to toot for public or	Total Cas	ocation Fl	0(~)(4)		
11 12		-	-	-	ively to test for public satisfies the bonefit of the	•			rny out the	nurnance of one or
12		-	-	-	ively for the benefit of, to ed in section 509(a)(1) o	-			-	
					f supporting organization					
а		-			upervised, or controlled					aivina
				-	gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se						, p p o 19
b		<b>-</b>			l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
				-	anization vested in the sa			-		-
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.	•			•	
с		<b>-</b>			g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		] Type III no	n-functionally	v integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not	functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
		requiremer	nt (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	۷.		
е			•		written determination fro			Туре I, Туре	II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated supportion	ng organiz	ation.			
		er the number		0						
<u> </u>			0	n about the supporte	<u> </u>	(iv) Is the oro	anization listed	(v) Amount o	fmonotony	(vi) Amount of other
	(	<ul> <li>(i) Name of supp organizatior</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)
		organization	•		above (see instructions))	Yes	No			

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 14

## Schedule A (Form 990 or 990-EZ) 2018 A Noise Within

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 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.)

 Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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 $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		````				
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-1 (			
13	First five years. If the Form 990 is for	-					
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	and
	$\ensuremath{\operatorname{stop}}$ here. The organization qualifies		•				
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and <b>stop I</b>	<b>here.</b> Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		▶∟
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th		,		• •		,
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		nd see instructions	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

## Schedule A (Form 990 or 990-EZ) 2018 A Noise Within

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

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(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.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 985,797 976,985 1,379,081. 1,526,970. 6,514,952. include any "unusual grants.") 1,646,119 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1,338,508 1,339,184 1,626,664. 1,701,716. 2,018,244 8,024,316. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 2,324,305 2,985,303. 2,603,649 3,080,797, 3,545,214, 14,539,268. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 300,651 390,772. 90,121 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 90,121 300,651 390 772 14,148,496. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 3,080,797 9 Amounts from line 6 2,324,305 2,985,303 2,603,649 3,545,214 14,539,268. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 134 207 214 274. 6,525. 7,354. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 134. 207 214 274 6,525, 7,354. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 65,694 107,168 336,069 139,800 51,085 699,816. assets (Explain in Part VI.) 2,390,133. 3,220,871. 15,246,438. 3,092,678. 2,939,932. 3,602,824. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 92.80 <u>%</u> 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 91.23 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .05 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 .02 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018 832023 10-11-18

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2018.05050 A NOISE WITHIN

(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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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.
- **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.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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).*
- **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.**
- **b** 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.**
- 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.
- **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, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

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1

Yes No

Schedule A (Form 990 or 990-EZ) 2018

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	з		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form 9	90 or 99	Ю-EZ)	2018

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001				
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructio
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A 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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		

### 3 Minimum asset amount for prior year (from Section B, line 8, Column A)

1 Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum Asset Amount (add line 7 to line 6)

6 Multiply line 5 by .035

2 Enter 85% of line 1

Section C - Distributable Amount

7

8

Recoveries of prior-year distributions

4 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2018

**Current Year** 

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6

7

8

1

2

Schedule A (Form 990 or 990-EZ) 2018 A Noise Within Part V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	95-4443878 Page <b>7</b>
Section D - Distributions		nizations (continued)	Current Year
1 Amounts paid to supported organizations to accomplish ex	xempt purposes		Current real
<ul> <li>Amounts paid to perform activity that directly furthers exer</li> </ul>			
organizations, in excess of income from activity			
<ul> <li>Administrative expenses paid to accomplish exempt purport</li> </ul>	ses of supported organizations	3	
<ul> <li>Amounts paid to acquire exempt-use assets</li> </ul>	see of supported organizations	5	
<ul> <li>5 Qualified set-aside amounts (prior IRS approval required)</li> </ul>			
6 Other distributions (describe in <b>Part VI</b> ). See instructions.			
<ul> <li>7 Total annual distributions. Add lines 1 through 6.</li> </ul>			
<ul> <li>8 Distributions to attentive supported organizations to which</li> </ul>	the organization is responsive		
(provide details in <b>Part VI</b> ). See instructions.			
<ul> <li>9 Distributable amount for 2018 from Section C, line 6</li> </ul>			
10 Line 8 amount divided by line 9 amount			
	(i)	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reason-			
able cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
<b>b</b> From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if			
any. Subtract lines 3g and 4a from line 2. For result greater	r		
than zero, explain in <b>Part VI.</b> See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part VI

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

Schedule A, Part III, Line 12, Explanation for Other Income:

Special Event In	ncome			
2014 Amount: \$	65,694.			
2015 Amount: \$	107,168.			
2016 Amount: \$	336,069.			
2017 Amount: \$	139,800.			
2018 Amount: \$	51 095			
Schedule A, Part	: III, Line 12, Explanation for	r Restatement		
ANW is restating	g its fundraising events revenu	ue in 2018. The		
corresponding fu	undraising events donations can	n be found in the		
Statement of Rev	zenue, Part VIII, Line 1c.			
832028 10-11-18			Schedule A (Form 990	or 990-EZ) 2018
00000 10100	0 000 001040 00	21 2010 05050 N N		

006-0011

# **Schedule B**

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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# 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

2018

Employer identification number

A N	loise Within	95-4443878
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

	rganization	Emp	loyer identification number
A Noise	Within		95-4443878
Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$100,000.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$80,000.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$65,790.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$60,000.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$55,534.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$50,000.	Person Payroll X Noncash (Complete Part II for
823452 11-08-	-18	 Schedule B (For	noncash contributions.) m 990, 990-EZ, or 990-PF) (2018)

23 2018.05050 A NOISE WITHIN

13590228 131839 006-001848-00

# Schedule B (Form 990, 990-F7, or 990-PF) (2018)

Page 2

Emplo	oyer identification number
9	5-4443878
itional space is needed.	
(c) Total contributions	(d) Type of contribution
\$45,000.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(c)	(d)
\$32,360.	Type of contribution         Person         Payroll         X         Noncash         (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	tional space is needed. (c) Total contributions (c) (c) Total contributions (c) Total contributions

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 3
Name of o	rganization		Employer identification number
A Noise	Within		95-4443878
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	I.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
823453 11-08		\$	

Page 4

	ganization			
Noise W			95-4443878	
art III	from any one contributor. Complete columns i	a) through (a) and the following line entry	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the y . For organizations	
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 or les	ss for the year. (Enter this info. once.) \$	
) No.				
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
—				
L				
		(e) Transfer of gift		
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee	
	,,			
		[		
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
art I				
			[	
-		(a) Transfor of sift		
		(e) Transfer of gift		
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee	
		[		
) No. 📋				
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	(b) Purpose of gift	(e) Transfer of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
		(e) Transfer of gift		
art I	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee	
<u>art I</u>		(e) Transfer of gift		
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee	
art I	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee	
art I	Transferee's name, address,	(e) Transfer of gift and ZIP + 4 	Relationship of transferor to transferee	
art I	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee	
<u>No.</u>	Transferee's name, address,	(e) Transfer of gift and ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift	Relationship of transferor to transferee	
<u>No.</u>	Transferee's name, address,	(e) Transfer of gift and ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift	Relationship of transferor to transferee         (d) Description of how gift is held	
art I	Transferee's name, address,	(e) Transfer of gift and ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift	Relationship of transferor to transferee         (d) Description of how gift is held	

Department of the Treasury

(Form 990)
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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.



Name of the organizati	on
Internal Revenue Service	

Employer identification number

95-4443878	
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	A Noise Within	95-4443878
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Advised Funds or Advise	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used o	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	Yes No
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	/ important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the tax
	year 🕨	C C
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
	►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the org	anization's accounting for
	conservation easements.	Ū.
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an	d balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	vice, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018
	10-29-18	-
	27	

Sche	dule D (Form 990) 2018 A Noise Wit						95-444			<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical T	reasures, or	Other S	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of th	e following that	are a sign	nificant us	se of its c	ollection	items	
	(check all that apply):									
а	Public exhibition	d	Loan or e	xchange progra	ıms					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further	the organizatio	n's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, historical tre	asures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizat	tion answered "	Yes" on F	orm 990,	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	ian or other intermedi	ary for contributio	ons or other ass	ets not ind	cluded				
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
			C					Amount	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial accou	unt liability	/?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V</b> Endowment Funds. Complete	if the organization and	swered "Yes" on	Form 990, Part						
		(a) Current year	(b) Prior year	(c) Two year	s back (c	<b>d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance		<i>.</i>							
2	Provide the estimated percentage of the curr	•	e (line 1g, column	(a)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Temporarily restricted endowment									
0-	The percentages on lines 2a, 2b, and 2c sho			and a destated as						
Ja	Are there endowment funds not in the posse	ession of the organiza	tion that are held	and administer	ed for the	organiza	tion	ſ	Yes	Ne
	by: (i) unrelated organizations							3a(i)	res	No
								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations	ations listed as require						3b		
4	Describe in Part XIII the intended uses of the			• • • • • • • • • • • • • • • • • • • •				00	I	
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere		. Part IV. line 11a.	See Form 990	. Part X. lir	ne 10.				
	Description of property	(a) Cost or of		ost or other		cumulate	d	(d) Bool	k valu	 e
		basis (investm	• • •	is (other)	• •	eciation	-	,, 200		-
<b>1</b> a	Land			2,013,000.				2,	013,	000.
	Buildings		1	10,308,127.		1,932,0	058.		376,	
	Leasehold improvements			591,916.		177,1	L77.		414,	
	Equipment			512,434.		282,5	595.		229,	839.
	Other			25,000.		25,0	00.			٥.
	Add lines 1a through 1e. (Column (d) must e		X. column (B). line	· · ·				11,	033,	647.
-							•			

Schedule D (Form 990) 2018

13590228 131839 006-001848-00

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
.,	al derivatives		_	
	held equity interests			
(3) Other				
(A)				
<u>(B)</u>				
(C)				
(D)				
(E)				
(F)			-	
(G)				
	h) must squal Form 000, Dart V, sol. (D) line 10.)			
	b) must equal Form 990, Part X, col. (B) line 12.)			
. are the	Complete if the organization answered "Yes" of	on Form 000 Port IV/ lin	a 11a Saa Farm 000 Dart V lia	o 12
	(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, lin	e 15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	Imn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>15.)</u>		
FaitA		an Farma 000 Davit IV/ line	- 11 116 Coo Forme 000 Do	
	Complete if the organization answered "Yes" ( (a) Description of liability	on Form 990, Part IV, IIn	(b) Book value	rt X, line 25.
<u>1.</u> (1) Fee			(b) DOOK Value	
	leral income taxes Terred Compensation Liability		289,788.	
			205,700.	
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990 Part X col. (B) line	25)	289,788.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

832053 10-29-18

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 A Noise Within			95-4443878	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audite	ed Financial Statement	s With Reven	ue per Return.	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited fina	ncial statements		1 3	8,574,083.
2	Amounts included on line 1 but not on Form 990, Part V	/III, line 12:			
а	Net unrealized gains (losses) on investments		2a		
b	Donated services and use of facilities		2b		
с	Recoveries of prior year grants		2c		
d			2d		
е	Add lines <b>2a</b> through <b>2d</b>			2e	٥.
3	Subtract line 2e from line 1			3 3	574,083.
4	Amounts included on Form 990, Part VIII, line 12, but no	ot on line 1:			
а	Investment expenses not included on Form 990, Part VI	II, line 7b	4a		
b	Other (Describe in Part XIII.)		4b		
с	Add lines <b>4a</b> and <b>4b</b>			4c	٥.
5	Total revenue. Add lines 3 and 4c. (This must equal For	m 990, Part I, line 12.)			3,574,083.
Pa	rt XII Reconciliation of Expenses per Audit	ed Financial Statemen	ts With Expe	nses per Return.	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial stateme	ents		1 3	3,746,142.
2	Amounts included on line 1 but not on Form 990, Part IX	K, line 25:			
а	Donated services and use of facilities		2a		
b	Prior year adjustments		2b		
с	Other losses		2c		
d	Other (Describe in Part XIII.)		2d		
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				3,746,142.
4	Amounts included on Form 990, Part IX, line 25, but not				
а	Investment expenses not included on Form 990, Part VI	II, line 7b	4a		
b	Other (Describe in Part XIII.)		4b		
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Fo	orm 990, Part I, line 18.)			3,746,142.
Pa	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; I 2d and 4b; and Part XII, lines 2d and 4b. Also complete t			Part V, line 4; Part X, line 2; Pa	iπ XI,
Part	X, Line 2:				
The	Organization is a nonprofit, tax-exempt or	rganization as describe	ed in		
Sect	ion 501(c)(3) of the Internal Revenue Code	e (the Code) and is exe	empt		
from	federal income and state franchise taxes	on related income purs	suant		
to S	ection 501(a) of the Code and similar prov	visions of the Californ	nia		
Fran	chise Tax Code. The Organization does not	engage in any signific	cant		
unre	lated trades or businesses. Accordingly, r	a provision for income	taves		
is r	equired.				
U.S.	GAAP provide accounting and disclosure gu	idance about position:	s taken		
by a	n organization in its tax returns that mig	ght be uncertain. Manag	gement		
has	considered its tax positions and believes	all of the positions	caken		

by the Organization are more likely than not to be sustained upon

832054 10-29-18

Schedule D (Form 990) 2018

 $13590228\ 131839\ 006-001848-00$ 

examination.

Part X Line 1

Revenues Received in Advance were reported as other liabilities in the

2017 tax return and will be reported as Deferred Revenue (form 990 part x

line 19) in the 2018 return.

Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE G	Suppleme	ntal Informati	ion Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ) 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.						or if the	2018		
Department of the Treasury Internal Revenue Service			ttach to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/	Form990 for instr	uction	s and	the latest informati	on.	Employer ide	entification number
	A Noise Wit	hin						95-44438	
	ing Activities.		organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not
c Phone solici d In-person so 2 a Did the organization key employees list	ions email solicitations tations licitations on have a written o ed in Form 990, Pa	r oral agreement art VII) or entity in	e Solicita f Solicita g Special with any individual connection with p	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
<b>b</b> If "Yes," list the 10 compensated at le			(fundraisers) pursu	ant to	agreei	ments under which tr	ne tui	ndraiser is to be	9
(i) Name and addres or entity (fund	s of individual		ctivity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
				Yes	No	-			
					L				
Total         3         List all states in whi           or licensing.         0	ich the organizatio	n is registered or	licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instru	uctions for Form 9	990 or	990-E	Z. 9	Sche	dule G (Form §	990 or 990-EZ) 2018

832081 10-03-18

# Schedule G (Form 990 or 990 EZ) 2018 A Noise Within

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through
		Dinner on Stage			col. (c))
e		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	128,742.			128,742.
	2 Less: Contributions	77,657.			77,657.
;	<b>3</b> Gross income (line 1 minus line 2)	51,085.			51,085.
	4 Cash prizes				
	5 Noncash prizes	1,437.			1,437.
bense	6 Rent/facility costs	5,983.			5,983.
Direct Expenses	7 Food and beverages	15,113.			15,113.
_	8 Entertainment	150.			150.
	9 Other direct expenses	6,058.			6,058.
1	0 Direct expense summary. Add lines 4 throug	h Q in column (d)		<b>&gt;</b>	28,741.
1	1 Net income summary. Subtract line 10 from	line 3, column (d)			22,344.
Par	<b>t III</b> Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form 9	90, Part IV, line 19, o	r reported more than	

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ŝ	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а		the organization licensed to conduct gaming ac				
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:		• •		Yes No
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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
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		/0
14			
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	└── No
ł	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	ıt	
	of gaming revenue retained by the third party ▶ \$		
Ċ	If "Yes," enter name and address of the third party:		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	🗌 No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t		
	organization's own exempt activities during the tax year 🕨 💲		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	nd Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
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Schedule G (Form 990 or 990-EZ)

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### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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 instructions and the latest information.

2018 **Open to Public** Inspection

Nomo	of the	organization
iname	or the	organization

W1+ h + 7 No.4

Employer	ide	entification	number
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	A Noise Within				95-44	4387	8	
Pa	rt I Types of Property				•			
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
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	Х	8	90,776.	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 organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	jement			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		x
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				1
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
22	If the ergenization didn't report on emount in a	olumn (o) foi	r a trina of property	for which column (c) is chose	kod			

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, -33 describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

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Schedule M (Form 990) 2018	А	Noise	Within
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Page 2 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.

Schedule M, Part I, Column (b):

Part 1 Line 9 represents the number of stock transactions received.

Schedule M, Line 32b:

The Organization sells contributed stock though its brokerage account

with a major brokerage firm.

Schedule M (Form 990) 2018

95-4443878

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SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		Open to Public Inspection
Name of the organizatio	n A Noise Within		er identification number 1443878
Form 990, Part I,	Line 1, Description of Organization Mission:		
by embracing unive	rsal human experiences, expanding personal awareness,		
and challenging in	dividual perspectives. Our company of resident and		
guest artists perf	orming in rotating repertory immerses student and		
general audiences	in timeless, epic stories in an intimate setting.		
Part III Line 4b			
STUDY GUIDES			
Study guides are a	vailable to teachers for free via ANW's website. They		
are designed to he	lp teachers bring plays and classic texts to life in		
the classroom sett	ing. Activities integrate analysis of themes, context		
and characters wit	h music, visual arts and history aligned with		
California State s	tandards.		
PROFESSIONAL DEVEL	OPMENT		
Each year, ANW off	ers free seminars for teachers. One of these, the		
Educator Extravaga	nza, previews the entire upcoming season and includes		
workshops led by p	rofessional teaching artists. More than 126 teachers		
participated in th	e Extravaganza in this fiscal year (a 70% increase		
from the prior yea	r).		
WORKSHOPS & RESIDE	NCIES		
Professional teach	ing artists conduct hands-on exercises and		
interactive analys	is that allow students to connect with the play's		
language and gain	a deeper understanding of its universal themes.		
	are one-day intensive courses. Artist residencies		m 000 or 000 EZ) (00.40)
LHA For Paperwork R 832211 10-10-18	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sch	eaule V (For	m 990 or 990-EZ) (2018)

Name of the organization	Employer identification numb
A Noise Within	95-4443878
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.	
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	
son confidence and effert invariante experience in the effect of the	
theatre.	
STAGED READINGS	
The theatre provides the general public with staged readings of seldom	
performed classical plays at no admission cost.	
ACTING CLASSES	
Children and teens ages 3-18 have the opportunity to unleash their	
children and teens ages 5 10 have the opportunity to anreash their	
creativity, learn stagecraft from professional teaching artists and	
perform on stage while making lifelong friends at one of the country's	
most respected repertory theatres.	
Form 990, Part III, Line 4d, Other Program Services:	
Auxiliary income comes from program services such as concessions	
revenue.	
Expenses \$ 26,024. including grants of \$ 0. Revenue \$ 89,422.	

Name of the organization

A Noise Within

Page 2 Employer identification number 95-4443878

Form 990, Part VI, Section A, line 2:

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

Form 990, Part VI, Section B, line 11b:

The Form 990 is prepared by the organization's outside public accounting

firm based on information provided by management. Once a draft of the

return is available, it is reviewed by the managing director and finance

manager with any changes or revisions incorporated into the filing. Finally

it is reviewed by the Board of Directors prior to filing.

Form 990, Part VI, Section B, Line 12c:

A Noise Within (ANW) has a written conflict of interest policy in place for

members of the board of directors or officers. The conflict of interest

policy defines circumstances that shall be deemed to create conflicts of

interest. Before board or committee action on a Contract or Transaction

involving a Conflict of Interest, a director or committee member having a

Conflict of Interest and who is in attendance at the meeting shall disclose

all facts material to the Conflict of Interest. Such disclosure shall be

reflected in the minutes of the meeting. A person who has a Conflict of

Interest shall not participate in or be permitted to hear the board's or

committee's discussion of the matter except to disclose material facts and

to respond to questions. The conflict of interest policy shall be reviewed

annually by each member of the board of directors.

Form 990, Part VI, Section B, Line 15:

The Board of Directors reviews and approves compensation for top

management.

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Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Employer identit	Page : fication number
A Noise Within	95-44438	
Form 990, Part VI, Section C, Line 19:		
The Organization's Audited Financial Statements are available at both the		
Drganization's website and the California Dept. of Justice - Charity		
Registry. The other documents described in this request were not made		
available to the public.		
Form 990, Part XII, Line 2c:		
The process has not changed from prior year.		
	Schedule O (Form 990 o	r 990-E71 (2019
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