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

Department of the Treasury

A For the 2020 calendar year, or tax year beginning JUL 1. 2020 and ending JUN 30, 2021 C Name of organization D Employer identification number Check if applicable: Address change A Noise Within Name change 95-4443878 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 626-356-3100 3352 East Foothill Boulevard 2,723,525. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return Pasadena, CA 91107 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JULIA RODRIGUEZ-ELLIOTT for subordinates? Yes X No same as C above **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: www.anoisewithin.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1992 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: A Noise Within produces classic Governance theatre as an essential means to enrich our community if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 126 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 19 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,409,111. 2,421,865. Contributions and grants (Part VIII, line 1h) 8 Revenue 1,142,317 124,510. Program service revenue (Part VIII, line 2g) 3,624 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 346. 107,694 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 160,351. 11 2,662,746 2 707 072. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 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) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,887,998. 1,162,260. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,518,085. 892,898. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,406,083. 2,055,158. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -743,337. 651,914. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 12,123,816. 12,904,846. 20 Total assets (Part X, line 16) 1,414,735 1,543,851. 21 Total liabilities (Part X, line 26) 三年 10,709,081. 11,360,995. Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JULIA RODRIGUEZ-ELLIOTT, Co-Artistic Dir. Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Karen Lo 03/17/22 P02141262 Paid Karen Lo self-employed CliftonLarsonAllen LLP 41-0746749 Preparer Firm's name Firm's EIN ▶ 301 North Lake Avenue, Suite 900 Use Only Firm's address Phone no. (626) 793-3600 Pasadena, CA 91101

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

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Pai	rt III Statement of Program Service Accomplishments	9
	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?	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?	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 measured by ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	enses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 039, 639. including grants of \$) (Revenue \$)	24,972.
	A Noise Within (ANW) is one of the nation's leading repertory theatre	_
	producers. In a typical season, ANW presents over 180 performances of 7	
	classic plays, serving 51,000 patrons (including 18,000 students and	
	teachers). In response to the pandemic, A Noise Within adopted a model	
	of "responsive producing," offering audiences a robust slate of virtual	
	performances, panels, education programs, and events; this included two	
	fully filmed productions for audiences to stream from the comfort of	
	their homes. 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;	
	continued on schedule O	
4b	(Code:) (Expenses \$539,807. including grants of \$) (Revenue \$	99,838.)
	In a typical season, ANW's Education Program reaches 18,000 students	· · · · · · · · · · · · · · · · · · ·
	and teachers from nearly 200 schools in 40+ school districts. During	
	the pandemic, our staff and teaching artists were quick to adapt these	
	programs to a distance-learning format. Our Education Program consists	
	of a thoughtfully designed suite of transformational theatre arts	
	learning experiences, including:	
	a. 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 performance, and post-show discussion with the artists	
	(facilitated by our Director of Education). Continued on schedule O	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	ANW's community-driven program, Noise Now, includes readings,	,
	adaptations, multi-genre performances, dance, art installations, and	
	non-traditional theatre presented collaboratively with innovative	
	organizations working in and around Los Angeles. Many of these	
	collaborations serve to either develop or present work that centers	
	communities of color, including projects that reimagine white/western	
	work through a BIPOC lens, projects that explore international	
	mythologies, and projects that bring visibility to displaced and/or	
	systemically oppressed cultures. Over 2,000 audience members attended	
	Noise Now performances in our first year of programming, 36% of whom	
	had never been to ANW.	
	Continued on schedule O	
4d	Other program services (Describe on Schedule O.)	
14	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,579,446.	1
<u></u>	, w	222

See Schedule O for Continuation(s)

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Form 990 (2020) A Noise Within Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	-10		
••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C		11c		x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	21	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	- 21	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the constitution maintain on office constitution and the the the the the the Chatego	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
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	ا ـ ا		,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Form 990 (2020) A Noise Within Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
م	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	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			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV 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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		\vdash
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	(gambling) winnings to prize winners?	1c		

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Form 990 (2020)

A Noise Within

Part 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,		[110					
	filed for the calendar year ending with or within the year covered by this return	2a	126								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X					
b	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	, , , , , , , , , , , , , , , , , , , ,										
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	e orga	nization solicit								
	any contributions that were not tax deductible as charitable contributions?		i i	6a		X					
b	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).	adooo n	ravided to the naver	7-		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b							
С	to file Form 8282?	as requ	illed	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7	7e		Х					
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
g											
h											
8											
	sponsoring organization have excess business holdings at any time during the year?			8							
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b							
10	Section 501(c)(7) organizations. Enter:	1	.								
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:	1	.								
a	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
40-	amounts due or received from them.)	11b	\	40-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	í	12a							
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	120									
	Is the organization licensed to issue qualified health plans in more than one state?			13a							
u	Note: See the instructions for additional information the organization must report on Schedule O.			ioa							
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				14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner										
	excess parachute payment(s) during the year?			15		Х					
	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	t incon	ne?	16		Х					
	If "Yes," complete Form 4720, Schedule O.										

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2	х	
3	Did the organization delegate control over management duties customarily performed by or under the				
			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				х
6	Did the organization have members or stockholders?				х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
	more members of the governing body?		. 7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
	persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				
а	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		. 10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	in Schedule O how this was done		. 12c	Х	
13	Did the organization have a written whistleblower policy?		. 13	Х	
14	Did the organization have a written document retention and destruction policy?		14		Х
15	Did the process for determining compensation of the following persons include a review and approva	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 arrangen	nent with a			
	taxable entity during the year?		. 16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'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 ▶CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (Section 501(c)(3)s only) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy,	and finar	icial	
	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 boo	ks and records			
	Michael Bateman - 626-356-3100				
	3352 E FOOTHILL BLVD, PASADENA, CA 91107				

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Posi			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s botl	n an	compensation	compensation	amount of
	week		icer an	d a di	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee ee	Suedu		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) Julia Rodriguez-Elliott	40.00	_	 -			1 0				
CO-ARTISTIC DIRECTOR		х		х				104,561.	0.	2,063.
(2) Geoff Elliott	40.00		П							
CO-ARTISTIC DIRECTOR		Х		Х				103,359.	0.	5,101.
(3) Michael Bateman	40.00									
MANAGING DIRECTOR				Х				81,101.	0.	5,522.
(4) William Kennedy	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) Margaret Sedenquist	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) Chris Burt	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) Gail Samuel	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) Molly Bachmann	1.00									
DIRECTOR		Х						0.	0.	0.
(9) William Bogaard	1.00									
DIRECTOR		Х						0.	0.	0.
(10) Julie Daniels	1.00									
DIRECTOR		Х						0.	0.	0.
(11) Patrick Garcia	1.00									
DIRECTOR		Х						0.	0.	0.
(12) Armando Gonzalez	1.00									
DIRECTOR		Х						0.	0.	0.
(13) Diane Grohulski	1.00									
DIRECTOR		Х						0.	0.	0.
(14) David Holtz	1.00									
DIRECTOR		Х						0.	0.	0.
(15) Robert Israel	1.00									
DIRECTOR		Х	$oxed{oxed}$	<u> </u>				0.	0.	0.
(16) Jay Lesiger	1.00	1								
DIRECTOR		Х	$oxed{oxed}$	$ldsymbol{ldsymbol{ldsymbol{eta}}}$				0.	0.	0.
(17) Julie Markowitz	1.00	1								
DIRECTOR		Х						0.	0.	0.

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Part VII Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, (continued)

Section A. Officers, Directors, Tr		oloy	ees,			gnes	t C			\neg		
(A)	(B) Average	(C) Position						(D)	(E)		(F)	1
Name and title	hours per	(do not check more than one box, unless person is both an				than o		Reportable compensation	Reportable compensation		Estimate amount	
	week					r/trus		from	from related		other	
	(list any	ctor						the	organizations		compensa	
	hours for	or dire	a a			ted		organization	(W-2/1099-MISC)		from th	е
	related	stee	truste			beusa		(W-2/1099-MISC)			organizat	
	organizations below	ual tru	ional		ploye	t com					and relat	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Organizati	0115
(18) Terri Murray	1.00		_		_							
DIRECTOR		х						0.	(٥.		0.
(19) Cynthia Nunes	1.00											
DIRECTOR		Х						0.	(٥.		0.
(20) Richard Roberts	1.00	1										
DIRECTOR		Х						0.	(٥.		0.
(21) Jeanie Kay	1.00	1										
DIRECTOR		Х						0.		٠.		0.
(22) Liz Trussell	1.00	∤										•
DIRECTOR	1 00	Х	_			_		0.		٠.		0.
(23) Bill Kennedy DIRECTOR	1.00	x						0.	,			0.
(24) Susan Toler Car	1.00	_						0.		+		
DIRECTOR	1.00	x						0.1	(0.
		 								+		
		1										
1b Subtotal							▶	289,021.	(٥.	12,	686.
c Total from continuation sheets to Part	VII, Section A						>	0.		٥.		0.
d Total (add lines 1b and 1c)							<u> </u>	289,021.	(١.٠	12,	686.
2 Total number of individuals (including but	t not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization	•											2
											Yes	No
3 Did the organization list any former offic			•	•	•		•	•	•			Х
line 1a? If "Yes," complete Schedule J fo											3	
4 For any individual listed on line 1a, is the	•							•	· ·		4	х
and related organizations greater than \$¹Did any person listed on line 1a receive of			•							٠ -	4	
rendered to the organization? If "Yes," Co	=				-						5	х
Section B. Independent Contractors	ompiete Scriedui	- J 1	OF SL	<u>ICIT Ļ</u>	Jers	OII .				.	<u> </u>	
Complete this table for your five highest	compensated ind	depe	nder	nt cc	ontra	acto	s th	nat received more than \$	100,000 of compen	satio	n from	
the organization. Report compensation for												
								(B)			(C)	
(A)										$C \cap$	mpensatio	
(A) Name and busine	ess address	NO	NE					Description of s	ervices			n
	ess address	NO	NE					Description of s	ervices			<u> </u>
	ess address	NO	NE					Description of s	ervices			on
	ess address	NO	NE					Description of s	ervices			<u> </u>
	ess address	NO	NE					Description of s	ervices			<u> </u>
	ess address	NO	NE					Description of s	ervices			<u> </u>
	ess address	NO	NE_					Description of s	ervices			on
	ess address	NO	NE					Description of s	ervices			on
	ess address	NO	NE					Description of s	ervices			on
	ess address	NO	NE					Description of s	ervices			on
				d to t	tthos	se lis	ted					

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Form 990 (2020) A Noise With Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to any lin	e in this Part VIII			
			-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
S S	1 a	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
جَ ۾		Fundraising events 1c	105,368.				
fts, r A		d Related organizations 1d	, -				
ig ig		Government grants (contributions)	853,452.				
Sin		All other contributions, gifts, grants, and					
ē Ė	'		1,463,045.				
έş	_	similar amounts not included above 1f	66,073.				
		Noncash contributions included in lines 1a-1f	00,075.	2,421,865.			
Oa		Total. Add lines 1a-1f	Business Code	2,421,003.			
	_	Educational December	Business Code	00.030	00.020		
<u>ic</u>	2 a		611710	99,838.	99,838.		
e c	b	Ticket Sales	_ 711110	24,672.	24,672.		
n S	c		_				
a Se	c	<u> </u>	_				
Program Service Revenue	e						
•		All other program service revenue					
	Ç	Total. Add lines 2a-2f	<u></u>	124,510.			
	3	Investment income (including dividends, in	terest, and				
		other similar amounts)	>	346.			346.
	4	Income from investment of tax-exempt bor	nd proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 7,5	33.				
	k	Less: rental expenses 6b	0.				
	c	Rental income or (loss) 6c 7,5	33.				
	c	Net rental income or (loss)	>	7,533.			7,533.
	7 a	a Gross amount from sales of (i) Securiti	es (ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ā		and sales expenses 7b					
ther Revenue	c	Gain or (loss) 7c					
ě		d Net gain or (loss)	•				
ē		a Gross income from fundraising events (not					
퇀	-	including \$ 105,368 of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a 160,555.				
	ŀ	Less: direct expenses	8b 16,453.				
		Net income or (loss) from fundraising even	,	144,102.			144,102.
		a Gross income from gaming activities. See					,
	- •	Part IV, line 19	9a				
	r	Less: direct expenses	9b				
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
	10 6	•	10a				
	ŀ	Less: cost of goods sold	10b				
\dashv		Net income or (loss) from sales of inventor	Business Code				
Sn	44 -	other Income	900099	8,716.			8,716.
Miscellaneous Revenue				3,710.			5,710.
llar	b		_				
Sce			_				
Ξ		All other revenue		8,716.			
		Total Payana Con instructions		2,707,072.	124,510.	0.	160,697.
	12	Total revenue. See instructions		l 4,/0/,0/4.	1 124,510.	ı .	1 100,031.

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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 respons	e or note to any line in the (A)	his Part IX(B)	(C)	
	nclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
	Ints and other assistance to domestic organizations I domestic governments. See Part IV, line 21				
2 Gra	ants and other assistance to domestic				
	ants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
·	lividuals. See Part IV, lines 15 and 16				
	nefits paid to or for members				
	mpensation of current officers, directors,				
trus	stees, and key employees	339,167.	254,050.	63,038.	22,079
6 Con	mpensation not included above to disqualified				
pers	sons (as defined under section 4958(f)(1)) and				
	sons described in section 4958(c)(3)(B)				
7 Oth	ner salaries and wages	674,650.	430,606.	83,863.	160,181
	nsion plan accruals and contributions (include				
	tion 401(k) and 403(b) employer contributions)	19,484.	18,896.		588
	ner employee benefits	41,338.	31,716.	4,923.	4,699
	yroll taxes	87,621.	62,759.	9,273.	15,589
	es for services (nonemployees):				
	ınagement				
	gal	18,035.		18,035.	
	counting	10,033.		10,033.	
	ofessional fundraising services. See Part IV, line 17				
	estment management fees				
	ner. (If line 11g amount exceeds 10% of line 25,				
_	umn (A) amount, list line 11g expenses on Sch O.)	2,814.	2,533.	281.	
	vertising and promotion	36,699.	31,540.	552.	4,607
	ice expenses	57,299.	38,027.	13,047.	6,225
	ormation technology	24,483.	22,035.	2,448.	·
	yalties	10,252.	10,252.		
	cupancy	93,672.	84,305.	9,367.	
	avel				
	yments of travel or entertainment expenses				
for	any federal, state, or local public officials				
19 Co	nferences, conventions, and meetings				
20 Inte	erest	16,627.	14,964.	1,663.	
	yments to affiliates				
22 Dep	preciation, depletion, and amortization	359,628.	323,665.	35,963.	
	urance	51,338.	46,204.	5,134.	
abo line	per expenses. Itemize expenses not covered by (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A) ount, list line 24e expenses on Schedule 0.)				
	tistic and Technical	81,134.	81,134.	0.	0
b Bar	nk Charges	50,130.	40,139.	5,018.	4,973
· —	oduction Supplies	43,792.	43,792.	0.	0
d Rep	pairs and Maintenance	41,657.	37,491.	4,166.	0
e All	other expenses	5,338.	5,338.		
25 Tota	al functional expenses. Add lines 1 through 24e	2,055,158.	1,579,446.	256,771.	218,941
	nt costs. Complete this line only if the organization				
	orted in column (B) joint costs from a combined				
	icational campaign and fundraising solicitation.				
Che	if following SOP 98-2 (ASC 958-720)				Form 990 (202

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Form 990 (2020)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,024,613.	1	1,682,780
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			40,152.	3	212,263
	4	Accounts receivable, net			48,194.	4	241,257
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantial co	ontributor, or 35%			
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in sect	ion 4958(c)(3)(B)		6	
y,	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9	Duran aid ann an an an an dafannad alaman			53,937.	9	18,913
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	13,512,021.			
	b	Less: accumulated depreciation	10,725,295.	10c	10,375,983		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		231,625.	15	373,650	
	16	Total assets. Add lines 1 through 15 (must e		12,123,816.	16	12,904,846	
	17	Accounts payable and accrued expenses			74,019.	17	47,944
	18	Grants payable		18			
	19	Deferred revenue	383,210.	19	401,171		
	20	Tax-exempt bond liabilities			·	20	
	21	Escrow or custodial account liability. Comple				21	
,,	22	Loans and other payables to any current or f					
ţį		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of				22	
Ľ	23	Secured mortgages and notes payable to un			316,481.	23	327,347
	24	Unsecured notes and loans payable to unrela			409,400.	24	393,739
	25	Other liabilities (including federal income tax.			•		,
		parties, and other liabilities not included on li					
		of Schedule D	•		231,625.	25	373,650
	26	Total liabilities. Add lines 17 through 25			1,414,735.	26	1,543,851
		Organizations that follow FASB ASC 958,					. ,
es		and complete lines 27, 28, 32, and 33.					
Juc	27	Net assets without donor restrictions			10,600,066.	27	11,047,984
3ale	28	Net assets with donor restrictions			109,015.	28	313,011
<u>و</u> ا		Organizations that do not follow FASB AS			•		,
בֿ בֿ		and complete lines 29 through 33.	o 000, 0o				
ō	29	Capital stock or trust principal, or current fur	nds			29	
ets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			10,709,081.	32	11,360,995
z	33	Total liabilities and net assets/fund balances			12,123,816.	33	12,904,846

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Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,707,				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,055,	158.			
3	Revenue less expenses. Subtract line 2 from line 1	3		651,	914.			
4								
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 on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	11	,360,	995.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Х			
				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	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	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	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 on Scho	edule O.						
За	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		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2020)			

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **Employer identification number** A Noise Within 95-4443878 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) 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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶□
b	33 1/3% support test - 2019. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	janization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	iblicly supported o	rganization		>
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s >
					Cob	dule A (Form 990	000 EZ\ 0000

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

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

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")	976,985.	1,379,081.	1,526,970.	1,409,111.	2,568,413.	7,860,560.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,626,664.	1,701,716.	2,018,244.	1,142,317.	124,510.	6,613,451.	
2		1,020,001.	1,701,710.	2,010,211.	1,112,017.	121,310.	0,010,1011	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	2,603,649.	3,080,797.	3,545,214.	2,551,428.	2,692,923.	14,474,011.	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons			250,620.	236,242.	315,218.	802,080.	
t	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.	
,	Add lines 7a and 7b			250,620.	236,242.	315,218.	802,080.	
	Public support. (Subtract line 7c from line 6.)			,	, -	, -	13,671,931.	
Se	ction B. Total Support						, , ,	
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 6	2,603,649.	3,080,797.	3,545,214.	2,551,428.	2,692,923.	14,474,011.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	214.	274.	6,525.	17,549.	346.	24,908.	
L	and income from similar sources Unrelated business taxable income	214.	274.	0,323.	17,340.	540.	24,300.	
ı.	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	214.	274.	6,525.	17,549.	346.	24,908.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	336,069.	139,800.	51,085.	101,764.	169,271.	797,989.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,939,932.	3,220,871.	3,602,824.	2,670,741.	2,862,540.	15,296,908.	
14	First 5 years. If the Form 990 is for the check this box and stop here	· ·		•			on,	
Se	ction C. Computation of Publi	c Support Per						
	Public support percentage for 2020 (li			olumn (f))		15	89.38 %	
	Public support percentage from 2019		•			16	90.03 %	
	ction D. Computation of Inves						70	
	Investment income percentage for 20			e 13, column (f))		17	.16 %	
18					[18	.16 %	
	19a 33 1/3% support tests - 2020. 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							
	line 18 is not more than 33 1/3%, che	· ·		•		•		
20	Private foundation. If the organization							

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Schedule A (Form 990 or 990-EZ) 2020

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
_		
3a		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
3.2		
9с		
10a		
10b		

Ра	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		—
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. rtion B. Type I Supporting Organizations	11c		
360	tion b. Type i Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			l
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			l
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that 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,			l
	supervised, or controlled the supporting organization.	2		
Sec	stion 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			l
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	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			l
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			l
	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			l
	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 line 2, above, did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
	7			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	otruotion	, o l	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
– a			100	110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b 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? If "Yes" or "No" 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		

006-0011

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	g		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.			
Sect	Section A - Adjusted Net Income (A) Prior Year					
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				
Sect	ion 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 Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionall	y integrat	ted Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		•		Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
	From 2015						
	From 2016						
	From 2017						
	From 2018						
	From 2019						
	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
	Applied to 2020 distributable amount						
- -	Carryover from 2015 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D, line 7:						
	Applied to underdistributions of prior years						
	Applied to 2020 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
	Remaining underdistributions for years prior to 2020, if						
•	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2016						
b	Excess from 2017						
с	Excess from 2018						
d	Excess from 2019						
е	Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part III, Line 12, Explanation for Other Income:
Special Event Income
2016 Amount: \$ 336,069.
2017 Amount: \$ 139,800.
2018 Amount: \$ 51,085.
2019 Amount: \$ 61,020.
2020 Amount: \$ 160,555.
Other Income
2019 Amount: \$ 40,744.
2020 Amount: \$ 8,716.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

A 1	Noise Within	95-4443878					
Organization type (check o	ne):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n					
	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						
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule. See instructions.					
General Rule							
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions one contributor. Complete Parts I and II. See instructions for determining a con						
Special Rules							
sections 509(a)(1) any one contributo	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.							
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receives exclusively for religious, charitable, etc., purposes, but no such contributions to here the total contributions that were received during the year for an exclusively explored any of the parts unless the General Rule applies to this organization because, etc., contributions totaling \$5,000 or more during the year	otaled more than \$1,000. If this box religious, charitable, etc., cause it received <i>nonexclusively</i>					
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Sched Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Name of organization

Employer identification number

A Noise Within

95-4443878

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	nai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- - \$\$81,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- - \$\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$ 71,920.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- - \$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		- _ \$ 50,000.	Person X Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

A Noise Within

95-4443878

Parti	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$63,434.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	* \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

A Noise Within

95-4443878

I GILII	(see instructions). Ose duplicate copies of Part II II	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Alphabet Google Stocks		
		\$\$	07/13/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	Alphabet Google, GAP and Bed Bath and Beyond		
		\$\$	01/21/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	rganization		Employer identification number		
A Noise	Within		95-4443878		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line e charitable, etc., contributions of \$1,000 c	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of g	gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of g	gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) Na					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

Part II Organization Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Compete it the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (sturing year) 3 Aggregate value of contributions to (sturing year) 4 Aggregate value of grants from (sturing year) 5 Did the organization inform at Johnson and donor advisors in writing that the assets held in donor advised funds are the organization inform at grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the bisnetic of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the bisnetic of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the bisnetic of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the bisnetic of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the bisnetic of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and to for the bisnetic of the donor or donor dorse, or form 990, Part IV, line 7. Part III Conservation Easements. Complete if the organization check all that apply. Preservation of part purpose conforming important land area Protection or natural habitat Proservation of pages pages 2 Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation essement in the last day of the tax year. a Total number of conservation essements b Total acrosper restricted by conservation essements b Total acrosper restricted by conservation essements c Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the tax year b Total acrosper restricted by conservation essements holds: Number of conser		A Noise Within			95-4443878
Total number at end of year	Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accou	nts. Complete if the
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Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?		violations, and enforcement of the conservation easements it	holds?		Yes No
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, 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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part XIII, line 1 b Assets included in Form 990, Part XIII, line 1 b Assets included in Form 990, Part XIIII line 1 b Assets included in Form 990, Part XIIII line 1	6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation ease	ements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, 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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part XIII, line 1 b Assets included in Form 990, Part XIII, line 1 b Assets included in Form 990, Part XIIII line 1 b Assets included in Form 990, Part XIIII line 1		>			
Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b \$ Assets included in Form 990, Part X c \$ Assets included in Form 990, Part X b \$ Assets included in Form 990, Part X	7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easemen	its during the year
and section 170(h)(4)(B)(ii)?		> \$			
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(n)(4)(B)(i)	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X		and section 170(h)(4)(B)(ii)?			Yes No
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement ar	nd
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X Assets included in Form 990, Part X b Assets included in Form 990, Part X		balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that des	cribes the
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ \$ b Assets included in Form 990, Part X \$ \$ b Assets included in Form 990, Part X \$ \$ b Assets included in Form 990, Part X \$ \$ c Assets included in Form 990, Part X \$ \$ c Assets included in Form 990, Part X \$ \$ c Assets included in Form 990, Part X \$ \$ c Assets included in Form 990, Part X \$ \$ c Assets included in Form 990, Part X \$ \$ c Assets included in Form 990, Part X \$ \$ c Assets included in Form 990, Part X \$ \$ c Assets included in Form 990, Part X \$ \$ c Assets included in Form 990, Part X \$ \$ c Assets included in Form 990, Part X \$ \$ c Assets included in Form 990, Part X \$ \$ c Assets included in Form 990, Part X \$ c Assets included in Form 990, Part X \$ c Assets included in Form 990, Part X \$ c Assets included in Form 990, Part X \$ c Assets included in Form 990, Part X \$ c Assets in		organization's accounting for conservation easements.			
If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	Par	t III Organizations Maintaining Collections of	[·] Art, Historical Treasures, or Ot	her Simila	ır Assets.
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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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance s	heet works
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	rtherance of	public
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	S.	
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(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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of pu	blic service,
 (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, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X ★ \$ 		provide the following amounts relating to these items:			
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2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		(m) A			
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \bigset*	2				
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \bullet\$ \$	_	- · · · · · · · · · · · · · · · · · · ·		J , p	
b Assets included in Form 990, Part X	а		_	•	\$
				··········	Schedule D (Form 990) 2020

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A Noise Within <u> Page</u> **2** Schedule D (Form 990) 2020 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes Nο (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Ves" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	1 ' ' 1 ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' ' 1 ' 1 ' 1 ' ' 1 ' 1 ' ' 1 ' 1 ' ' 1 ' 1 ' ' 1 ' 1 ' ' 1 ' 1 ' 1 ' ' 1 ' 1 ' ' 1				
1a Land		2,013,000.		2,013,000.		
b Buildings		10,308,127.	2,447,464.	7,860,663.		
c Leasehold improvements		634,300.	274,286.	360,014.		
d Equipment		531,594.	389,288.	142,306.		
e Other		25,000.	25,000.	0.		
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990 Part X colun	nn (B) line 10c)		10,375,983.		

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 A Noise Within 95-4443878 Page **3**

Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Part VIII Investments - Program Related.			
	are Farms 000. Don't IV. line	11a Cas Farms 000 Bart V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) Book value	(b) Method of Valdation. Cool of ond	or your market value
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X, line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	(h) Doole welve
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			272 (50
(2) Deferred Compensation Liability			373,650.
(3)			
(4)		+	
(5)		+	
<u>(6)</u>		+	
(7)		+	
(8)		+	
(9)	05.)		373,650.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide		o the organization's financial statements the	· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial sta	atements	1	2,707,072.
2 Amounts included on line 1 but not on Form 990, Part VIII, line	1 1		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
			0.
3 Subtract line 2e from line 1		3	2,707,072.
4 Amounts included on Form 990, Part VIII, line 12, but not on line	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7			
b Other (Describe in Part XIII.)			
			0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. F Part XII Reconciliation of Expenses per Audited Fir	Part I, line 12.)	5	2,707,072.
Complete if the organization answered "Yes" on Form 99	-	os per metami.	
Total expenses and losses per audited financial statements		1	2,055,158.
2 Amounts included on line 1 but not on Form 990, Part IX, line 29			
a Donated services and use of facilities	1 1		
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1			2,055,158.
4 Amounts included on Form 990, Part IX, line 25, but not on line			, ,
a Investment expenses not included on Form 990, Part VIII, line 7	1 1		
b Other (Describe in Part XIII.)			
A 1117		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990.			2,055,158.
Part XIII Supplemental Information.	•		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	lines 1a and 4; Part IV, lines 1b and 2b; Pa	t V, line 4; Part X, li	ne 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional information.		
Part X, Line 2:			
The Organization is a nonprofit tax-exempt organiz	ation as described in		
The Organization is a nonprofit, tax-exempt organization	action as described in		
Section 501(c)(3) of the Internal Revenue Code (the	Code) and is exempt		
beetion stife;(s) of the internal Revenue code (the	code, and is exempt		
from federal income and state franchise taxes on re	lated income pursuant		
to Section 501(a) of the Code and similar provision	s of the California		
Franchise Tax Code. The Organization does not engag	e in any significant		
unrelated trades or businesses. Accordingly, no pro-	vision for income taxes		
is required.			
U.S. GAAP provide accounting and disclosure guidance	e about positions taken		
by an organization in its tax returns that might be	uncertain. Management		
-, an organization in the can recail the characteristic be	and the state of t		
has considered its tax positions and believes all o	f the positions taken		
by the Organization are more likely than not to be			

Schedule D (Form 990) 2020 A Noise Within	95-4443878	Page 5
Schedule D (Form 990) 2020 A Noise Within Part XIII Supplemental Information (continued)		
examination.		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

-					Employer identification number								
A Noise Within						95-4443878							
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.													
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		have custody or control of		have custody or control of		have custody or control of		(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No										
Total		•											
List all states in which the organization or licensing.	n is registered or licensed to solicit c		utions	or has been notified	it is	exempt from re	gistration						

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

Schedule G (Form 990 or 990-EZ) 2020

Pä	irt i	of fundraising events. Complete if the offundraising event contributions and groups.	_			
		or land along over the contributions and gr	(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			Dinner on Stage	(avant tuna)	(total pumbay)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	160,555.			160,555.
	2	Less: Contributions	105,368.			105,368.
	3	Gross income (line 1 minus line 2)	55,187.			55,187.
	4	Cash prizes				
S	5	Noncash prizes	15.			15.
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	9,767.			9,767.
	8	Entertainment				
	9	Other direct expenses	6,332.			6,332.
	10	,	()		>	16,114.
D	ırt I	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		.000 Dort IV line 10 o		39,073.
	41 6 1	\$15,000 on Form 990-EZ, line 6a.	answered fes on Form	1990, Part IV, line 19, 0	r reported more than	
		\$ 10,000 0111 01111 000 EE, 11110 00.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
	Ť	Curior amour experience	Yes %	Yes %	yes%	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 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	icte gaming activities:			
á	ls t	the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
	_	· · ·				
		ere any of the organization's gaming licenses re Yes," explain:			x year?	Yes No
0320	82 11	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Sch	ledule G (Form 990 or 990-EZ) 2020 A Noise within	44438/8	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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	%
b	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9,	9b, 10b,
	· · · · · · · · · · · · · · · · · · ·		

Schedule G (Form 990 or 990-EZ) A Noise Within	95-4443878	Page 4
Schedule G (Form 990 or 990-EZ) A Noise Within Part IV Supplemental Information (continued)		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

Name of the organization Employer identification number A Noise Within 95-4443878 Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	Method of d noncash contrib	eterminir		
1	Art - Works of art				3			
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	6	66,07	.FMV			
10	Securities - Closely held stock			·				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other							
27	Other • ()							
28	Other (
29	Number of Forms 8283 received by the organization	zation durinç	g the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29		1	0	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		al contribution, and	which isn't required to be	used for			
	exempt purposes for the entire holding period'	?				30a		Х
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	-	•	•		31	Х	
32a	Does the organization hire or use third parties		•				,	
_	contributions?					32a	Х	
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	tor which column (a) is ch	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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, Line 30b:
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) 2020 032142 11-23-20

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

A Noise Within

Inspection **Employer identification number**

95-4443878

Form 990, Part I, Line 1, Description of Organization Mission:	
by embracing universal human experiences, expanding personal awareness,	
and challenging individual perspectives. Our company of resident and	
guest artists performing in rotating repertory immerses student and	
general audiences in timeless, epic stories in an intimate setting.	
Form 990, Part III, Line 4a, Program Service Accomplishments:	
our history of achievement prompted the Los Angeles Times to declare	
ANW "an oasis for those who love classic theatre."	
Form 990, Part III, Line 4b, Program Service Accomplishments:	
In our 2020/21 season, performances were streamed on-demand into	
classrooms. Based on demonstrated need and availability, schools	
receive flexible scholarships that can be used on tickets,	
transportation, and/or program fees.	
b. STUDY GUIDES	
Free, comprehensive study guides are available to educators via ANW's	
website, designed to help teachers bring plays and classic text to life	
in a classroom setting. Activities integrate analysis of themes,	
context, and characters with music, visual arts, and history, all	
aligned with California State standards.	
c. PROFESSIONAL DEVELOPMENT	
ANW offers two free professional development opportunities for teachers	
each year. Our late summer seminar, the Educator Extravaganza, previews	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization A Noise Within	Employer identification number 95-4443878
our upcoming season and includes workshops led by professional teaching	
artists. The second seminar takes place in the spring and typically	
centers on our annual Shakespeare production. During the pandemic,	
these activities happened virtually.	
d. WORKSHOPS & RESIDENCIES	
Professional teaching artists conduct hands-on exercises and	
interactive analysis, allowing students to connect with the play's	
language and gain a deeper understanding of its universal themes.	
In-class workshops are one-day intensive courses; residencies are often	
eight-week engagements where teaching artists conduct one or two	
classes per week. Programs are tailored in terms of length, scale, and	
location to the individual needs of the school or class, and can take	
place virtually or through hybrid formats as needed or requested by our	
school partners.	
e. SUMMER WITH SHAKESPEARE	
A five-week theatre camp for students 6-18, Summer With Shakespeare	
gives students the opportunity to work with professional actors and	
technicians, gaining an appreciation of Shakespeare's verse as well as	
a unique exposure to a variety of classic plays. Designed to challenge	
young artists to be scholars and performers of The Bard, this program	
enhances acting and public speaking skills, builds self-confidence, and	
offers invaluable experience in the crafts of the theatre. This camp	
was fully virtual for the first year of the pandemic and was hybrid	
live/virtual in 2021.	

Name of the organization A Noise Within	Employer identification number 95-4443878
ANW's sensory-friendly "Relaxed Performances" are designed for patrons	
with Autism and other Disorders of Social Interaction and	
Communication. These performances maintain the recognized excellence	
that is a hallmark for ANW and are delivered by the same professional	
cast while employing reduced lighting, sound, and a sensory friendly	
environment. We are committed to bringing the magic of live theatre to	
all members of our community and have been invited to consult with the	
Natural History Museum, The California Science Center, and The	
Huntington Library and Gardens on methodology to introduce guests to	
sensory-friendly experiences.	
Part III Line 4b	
Based on demonstrated need and availability, schools receive flexible	
scholarships that can be used on tickets, transportation, and/or	
program fees.	
STUDY GUIDES	
Free, comprehensive study guides are available to educators via ANW's	
website, designed to help teachers bring plays and classic text to life	
in a classroom setting. Activities integrate analysis of themes,	
context, and characters with music, visual arts, and history, all	
aligned with California State standards.	
PROFESSIONAL DEVELOPMENT	
ANW offers two free professional development opportunities for teachers	
each year. Our late summer seminar, the Educator Extravaganza, previews	
our upcoming season and includes workshops led by professional teaching	
artists. The second seminar takes place in the spring and typically	

Name of the organization A Noise Within	Employer identification number 95-4443878
	73 4443070
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these activities happened virtually.	
WORKSHOPS & RESIDENCIES	
Professional teaching artists conduct hands-on exercises and	
interactive analysis, allowing students to connect with the play's	
language and gain a deeper understanding of its universal themes.	
In-class workshops are one-day intensive courses; residencies are often	_
eight-week engagements where teaching artists conduct one or two	
classes per week. Programs are tailored in terms of length, scale, and	
location to the individual needs of the school or class, and can take	
place virtually as needed.	
SUMMER WITH SHAKESPEARE	
A five-week theatre camp for students 6-18, Summer With Shakespeare	
gives students the opportunity to work with professional actors and	
technicians, gaining an appreciation of Shakespeare's verse as well as	_
a unique exposure to a variety of classic plays. Designed to challenge	
young artists to be scholars and performers of The Bard, this program	
enhances acting and public speaking skills, builds self-confidence, and	
offers invaluable experience in the crafts of the theatre.	
RELAXED PERFORMANCES	
ANW's sensory-friendly "Relaxed Performances" are designed for patrons	
with Autism and other Disorders of Social Interaction and	
Communication. These performances maintain the recognized excellence	
that is a hallmark for ANW and are delivered by the same professional	
cast while employing reduced lighting, sound, and a sensory friendly	

Name of the organization A Noise Within	Employer identification number 95-4443878
environment.	
Form 990, Part III, Line 4c, Program Service Accomplishments:	
Survey results indicate that Noise Now audiences included 22% more	
people of color, 12% more patrons under 30, and 16% more low-income	
patrons than ANW's subscriber season audiences. Another aspect of our	
accessible programming is our Resident Artist Reading series, which	
offers staged readings of seldom-performed classical plays to the	
general public at no admission cost.	
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	

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STATE COPY

A Noise Within 3352 East Foothill Boulevard Pasadena, CA 91107

> Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0500

A Noise Within 3352 East Foothill Boulevard Pasadena, CA 91107

> Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2021

Prepared For:		
	A Noise Within	
	3352 East Foothill Boulevard	
	Pasadena, CA 91107	
	i asadella, OA 31101	
Prepared By:		
	CliftonLarsonAllen LLP	
	301 North Lake Avenue, Suite	e 900
	Pasadena, CA 91101	
To be Signed a	nd Dated By:	
_	Not applicable	
Amount of Tax		
٦	otal Tax	\$0
L	ess: payments and credits	\$ 0
	Plus: other amount	\$ 0
F	Plus: interest and penalties	\$ 0
	lo payment is required	\$
Overpayment:		
(Credited to your estimated tax	\$0
(Other amount	\$0
F	Refunded to you	\$0
Make Check Pa	wahla Tar	
Wake Check Pa	lyable 10.	
	Not applicable	
Mail Tax Returi	and Check (if applicable) 1	Го:
	This return has qualified for e	lectronic filing. Please review the return for completeness
		ansmit your return electronically to the FTB. Do not mail the
Return Must be	Mailed On or Before:	
	Not applicable	
Special Instruc	tions:	

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2021

Prepared For:

A Noise Within 3352 East Foothill Boulevard Pasadena, CA 91107

Prepared By:

CliftonLarsonAllen LLP 301 North Lake Avenue, Suite 900 Pasadena, CA 91101

Amount of Tax:

Balance due of \$150

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

TAXABLE YEAR **2020**

California Exempt Organization Annual Information Return 028941 12-22-20 FORM

199

Cal	endar Year	2020	O or fiscal year beginning (mm/dd/yyyy)	07/01/2020		, a	nd ending (m	m/dd/yyy	y)	06/	/30/2021	
	poration/Org		, , , , , , , , , , , , , , , , , , , ,						ornia corp	oration i	number	
<u>A</u>	NOISE W	ITH:	IN						183839	1		
Add	ditional inforn	nation.	See instructions.					FEI	IN			
_									95-44	14387	78	
Stre	eet address (s	suite o	r room)						PMB no.			
_		FO	OTHILL BOULEVARD									
City								ate	ZIP code			
_	SADENA			T			(CA	91107			
For	eign country	name		Foreign province/state	county				Foreign p	ostal co	ode	
A	First retu	rn		Yes X No	I Did th	e orgar	nization have a	iny chang	es to its	guideli	ines	
В	Amended			Yes X No	not re	ported :	to the FTB? S	ee instrud	ctions		• Yes X	□No
C	IRC Secti	on 49	947(a)(1) trust	Yes X No	J If exe	npt und	der R&TC Sec	tion 2370)1d, has 1	the org	ganization	
D	Final info	rmati	on return?		engag	ed in p	olitical activiti	es? See i	nstructio	ns	• Yes X	No
	•	Dissol	lved Surrendered (Withdrawn) M	lerged/Reorganized	K Is the	organiz	zation exempt	under R&	&TC Sect	ion 23	701g? • Yes _X	No
			dd/yyyy) •		If "Yes	s," enter	the gross red	eipts fro	m nonme	mber :		
Ε			ting method: (1) Cash (2) X Accrua		L Is the	organiz	zation a limite	d liability	company	/ ?	• Yes X	No
F			filed? (1) ● 990T (2) ● 990PF (3)	• Sch H (990)		-	nization file Fo					_
	` ,		r 990 series				e income?					No
G			filing? See instructions			-	zation under a	-				٦
Н								• Yes X N				
	it "Yes," v	vnat i	s the parent's name?								Yes X	NO
					Date i	ilea wit	h IRS					
P	artlo	omp	lete Part I unless not required to file this fo	rm. See General Info	ormation E	and C						
		1	Gross sales or receipts from other sources	. From Side 2, Part I	, line 8				•	1	301,66	50 00
		2	Gross dues and assessments from member	and a contract of					_	2		00
		3	Gross contributions, gifts, grants, and simi	ilar amounts received	l		S	TMT 1	•	3	2,421,86	55 00
	Receipts	4	Total gross receipts for filing requirement	test. Add line 1 throu	gh line 3.		S	TMT 2				
	and		This line must be completed. If the result	is less than \$50,000	, see Gene	ra <u>l Info</u>	rmation B		<u>•</u>	4	2,723,52	25 00
R	levenues	5	Cost of goods sold		······•		1		00			
	CVCIIGCS	6	Cost or other basis, and sales expenses of	assets sold	•	6			00			
		7								7		00
_		8 Total gross income. Subtract line 7 from line 4								8	2,723,52	
Е	xpenses	9	Total expenses and disbursements. From S							9	2,071,61	
_	•	10	Excess of receipts over expenses and disb							10	651,91	
		11								11		00
		12 13	Use tax. See General Information K Payments balance. If line 11 is more than I	ing 12 cubtract line	10 from lin					12 13		00
_	iling Fee	14	Use tax balance. If line 12 is more than line							14		00
'	illing i ee	15	Penalties and Interest. See General Information							15		00
										-		00
_		Unde it is t	Balance due. Add line 12 and line 15. The er penalties of perjury, I declare that I have examined true, correct, and complete. Declaration of preparer (o	this return, including according than taxpaver) is bas	ompanying s sed on all info	chedules	and statements	, and to the	best of m	y knowl	edge and belief,	_, 55
Sign Here					Title			Date	3		● Telephone	
		Sign:	ature ficer		CO-ART	RTISTIC DIR.						
								Check if ● PTIN				
		Prep signa	arer's ► KAREN LO		_	03/3	17/22	self-em	ployed		P02141262	
Pa	id		's name								Firm's FEIN	
Pre	eparer's	(or yo	f- CHITTONEMINDONNEEDIN HEI								41-0746749	
Us	e Only		loyed) 301 NORTH LAKE AVENUE,	SUITE 900							Telephone	
_			PASADENA, CA 91101								(626) 793-3600	
_		May	the FTB discuss this return with the prepare	er shown above? See	instruction	1S			● 🛚 🗓	Yes	No	

A NOISE WITHIN $95\!-\!4443878$

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951	12-22-20

	1	Gross sales or receipts from all	busine	ess activities. See instruct	tions		•	1		160,555	00		
	2	Interest					•	2		346	00		
	3	Dividends						3			00		
Receipts	4	Gross rents						4		7,533	00		
from	5	Gross royalties						5			00		
Other	6	Gross amount received from sa	le of as	ssets (See Instructions)			•	6			00		
Sources	ources 7 Other income SEE STATEMENT 3						ENT 3	7		133,226			
	8	Total gross sales or receipts fro	om oth	er sources. Add line 1 thr	ough I	ine 7. Enter here and o	n Side 1, Part I, line 1	8		301,660	00		
	9	Contributions, gifts, grants, and	d simila	r amounts paid			•	9			00		
	10	Disbursements to or for member	10			00							
	11	Compensation of officers, direc	tors, ar	nd trustees		SEE STATEM	ENT 4	11		339,167	00		
	12	Other salaries and wages						12		674,650	00		
Expenses	13	Interest						13		16,627	00		
and	14	Taxes						14		87,621	00		
Disburse-	15	Rents						15		93,672	00		
ments	16	Depreciation and depletion (See	e instru	ctions)			•	16			00		
	17	Other expenses and disburseme	ents			SEE STATEM	ENT 5	17		859,874	00		
		Total expenses and disburseme	ents. Ad	dd line 9 through line 17.	Enter	here and on Side 1, Pa	rt I, line 9	18		2,071,611	00		
Schedu	ıle L	Balance Sheet		Beginning of t	axable	year	End	of ta	xable ye	ear			
Assets				(a)		(b)	(c)			(d)			
1 Cash						1,024,613			•	1,682,7	780		
2 Net ac	counts	receivable				48,194			•	241,2	257		
3 Net no	3 Net notes receivable										•		
4 Invent	ories .								•				
5 Federa	5 Federal and state government obligations								•				
6 Invest	ments	in other bonds							•				
7 Invest	ments	in stock							•				
8 Mortg	age loa	ans							•				
9 Other	investr	nents							•				
10 a Dep				11,488,705			11,499,						
b Les	s accu	mulated depreciation	(2,776,410)		8,712,295	(3,136,03	38)		8,362,9			
11 Land						2,013,000			•	2,013,0			
12 Other	assets	STMT 6				325,714			•	604,8			
13 Total	assets				12,123,816					12,904,8	346		
Liabilities													
		yable				74,019			•	47,9	944		
		s, gifts, or grants payable							•				
16 Bonds	and n	otes payable							•				
17 Mortg	ages p					316,481			•	327,3			
18 Other	ner liabilities STMT 7 1,024,235						1,168,5	560					
19 Capita	l stock	or principal fund							•				
		al surplus. Attach reconciliation							•				
21 Retain	1 Retained earnings or income fund 10,709,081						•	11,360,9					
		es and net worth				12,123,816				12,904,8	846		
Schedu	ile M	Reconciliation of income Do not complete this sche				e 13, column (d), is less	s than \$50,000.						
1 Net in	come r	per books		• 651,		7 Income recorded	· · · · · · · · · · · · · · · · · · ·						
2 Federa				•		not included in th	•		•				

1	Net income per books	651,914	」 7	Income recorded on books this year		
2	Federal income tax	•		not included in this return	•	
3	Excess of capital losses over capital gains	•	8	Deductions in this return not charged		
4	Income not recorded on books this year	•		against book income this year	•	
5	Expenses recorded on books this year not		9	Total. Add line 7 and line 8		
	deducted in this return	•	10	Net income per return.		
6	Total. Add line 1 through line 5	651,914		Subtract line 9 from line 6		651,914
	·					

CA 199	Cash Contributions Included on Part I, Line 3	Statement 1		
Contributor's Name	Contributor's Address	Date of Gift	Amount	
Mr. Richard Roberts	1689 E Altadena Dr Altadena, CA 91001	06/30/21	86,000	
Kristin Sakoda	1055 Wilshire Blvd, Ste 800 Los Angeles, CA 90017	06/30/21	81,900.	
Carol Ann Lee	Foundation Source - 501 Silverside Rd Wilmington, DE 19809	06/30/21	50,000.	
Ms. Jeanie Kay	466A Foothill Blvd #303 La Canada Flintridge, CA 91011	07/13/20	56,206.	
Mr. Ron Verschoor	9215 Wilshire Blvd. Beverly Hills, CA 90210	06/30/21	50,000	
Mr. James Terrile	1425 Lombardy Road Pasadena, CA 91106	06/30/21	50,000	
Zahirah Mann	888 W. 6th Street, 7th Floor Los Angeles, CA 90017	06/30/21	50,000.	
Mr. Takao Tomono	1543 Bates Pl Claremont, CA 91711	06/30/21	50,000.	
Mr. Robert Ronus	133 South June Street, Los Angeles, CA 90004	06/30/21	35,000.	
Ms. Terri Murray	729 Sylvanoak Dr Glendale, CA 91206	01/21/21	34,801.	
MR. WILLIAM KENNEDY	111 S Orange Grove Blvd, Unit 209 Pasadena, CA 91105	06/30/21	34,376.	
Ms. Vicki Reiss	234 W 44th St New York, NY 10036	06/30/21	30,000.	
Mr. Eugene Kapaloski Mrs. Sharon Ellingsen	8882 Collingwood Dr West Hollywood, CA 90069 776 S Madison Ave Pasadena, CA	06/30/21 06/30/21	30,000	
210317 131839 006-001848	91106 3 2020.05091 A NOISE WI		30,000. atement(s) 006-0	

A Noise Within			95-4443878
Mr. James Terrile	333 S Hope St Los Angeles, CA 90071	06/30/21	30,000.
Ms. Pegine Grayson	625 S Fair Oaks Ave, Suite 360	06/30/21	
Mr. John J. Kennedy	South Pasadena, CA 91030 100 North Garfield Ave	06/30/21	29,000.
Mr. Michael Connell	Pasadena, CA 91101 776 E Green St, #230 Pasadena, CA 91101	06/30/21	28,200. 25,000.
Mrs. Heather Haaga	1743 Fairmount Ave La Canada,	06/30/21	
Ms. Jeanie Kay	CA 91011 466A Foothill Blvd. #303 La Canada Flintridge, CA	06/30/21	25,000.
Mr. Richard Green	91011 1000 Cordova St, Apt 109	06/30/21	22,481.
Mr. James D. Shepard	Pasadena, CA 91106 8152 Painter Ave	06/30/21	20,652.
_	Ste 201 Whittier, CA 90602		20,000.
Mr. Richard Roberts	7222 Cirrus Way West Hills, CA 91307	06/30/21	20,000.
Mr. Walter J. Zanino	11 Golden Shore Suite 450 Long Beach, CA 90802	06/30/21	20,000.
Dr. Josy Miller	1300 I Street, Suite 930 Sacramento, CA 95814	06/30/21	18,000.
Ms. Kathleen H. Drummy	1324 East Mountain Street	06/30/21	
Joyce A. White	Glendale, CA 91207 2298 Swift Fox Ct Simi Valley,	10/15/20	16,790.
Rhodes & Liz Trussell	CA 93065 3780 Canfield Road Pasadena,	06/30/21	15,877.
Mr. Leonard E. Walcott	CA 91107 12832 Miranda St Valley	06/30/21	15,750.
Mr. Chris Burt	Village, CA 91607 679 Lombardy Place San Marino,		15,000.
	CA 91108		15,000.
Lorey Persing	1311 Morningside Dr Burbank, CA 91506	06/30/21	15,000.
Jay Lesiger	367 W. Del Mar Blvd #108 Pasadena, CA 91105	06/30/21	14,026.
Ms. Anne Marston	400 S Westminster Ave Los	06/30/21	
Mrs. Sheila Lamson	Angeles, CA 90020 2459 Brigden Rd Pasadena, CA	06/30/21	12,500.
Ms. Julie Markowitz	91104 2222 Stoneman Street Simi	06/30/21	12,268.
Ms. Kathryn Barger	Valley, CA 93065 500 West Temple Street, Room	06/30/21	12,080.
	869 Los Angeles, CA 90012		10,000.
Mrs. Barbara Lawrence	3380 Country Club Dr Glendale, CA 91208	06/30/21	10,000.
Mr. Bill Bogaard	581 Garden Lane Pasadena, CA 91105	06/30/21	9,555.
Mrs. Molly Bachmann	4603 Viro Road La Canada, CA	06/30/21	
Ms. Anne Howell	91011 1230 E Windsor Rd, #309	06/30/21	8,824.
Mrs. Marie B. Ross	Glendale, CA 91205 900 E Harrison Ave, #D-212	06/30/21	8,189.
Ms. Cynthia J. Nunes	Pomona, CA 91767 50 W Dayton St, #207	06/30/21	8,000.
no. Cynonia o. Nunes	Pasadena, CA 91105	00,30,21	7,154.

A Noise Within			95-4443878
Ms. Gail Samuel	1230 Solita Rd Pasadena, CA 91103	06/30/21	7,103.
Mr. John Cushman	480 S Orange Grove Blvd, #23 Pasadena, CA 91105	06/30/21	7,048.
Ms. Lyn Spector	554 Garfield Ave South Pasadena, CA 91030	06/30/21	7,000.
Dr. Robert Israel	2123 San Pasqual St Pasadena, CA 91107	06/30/21	6,995.
Ms. Kathy Meagher	200 S Los Robles Ave	06/30/21	
Mr. Sanford Gage	Suite 320 Pasadena, CA 91101 10284 Century Woods Dr Los	06/30/21	6,000.
Mr. Eugene Stein	Angeles, CA 90067 501 Highland Dr La Canada	06/30/21	5,894.
Mr. William Woods	Flintridge, CA 91011 88 Annandale Rd Pasadena, CA	06/30/21	5,552.
Mr. James King	91105 1989 E Brookport St Covina, CA	06/30/21	5,500.
Ms. Mara W Breech	91724 2120 Wilshire Blvd #400 Santa	06/30/21	5,326.
Lawrence Meyer	Monica, CA 90403 301 E. Colorado Boulevard 9th	06/30/21	5,000.
Denise Vohra	Floor Pasaena, CA 91101 3601 SW 160th Ave Suite 250	06/30/21	5,000.
Terry M Ness	Miramar, FL 33027 1780 Ridgecrest Dr Lake	06/30/21	5,000.
Ms. Jennifer McCreight	Oswego, OR 97034 3060 San Pasqual St Pasadena,	06/30/21	5,000.
Mr. Walt Fidler	CA 91107 124 Melrose Ave Monrovia, CA	06/30/21	5,000.
	91016		5,000.
Mr. Warren Fong	6505 Wilshire Blvd Suite 1200 Los Angeles, CA	06/30/21	
	90048		5,000.
Total included on line 3			1,224,047.

	NonCash Contribu luded on Part I,		Statement 2
Contributor's Name	Contributor's	Address	
Ms. Jeanie Kay	466A Foothill Flintridge, C	Blvd #303 La Car A 91011	nada
Property Description	Date of Gift	FMV of Gift	Total Amount
Alphabet Google Stocks	07/13/20	15,714.	71,920
Contributor's Name	Contributor's	Address	
Ms. Terri Murray	729 Sylvanoak	Dr Glendale, CA	91206
Property Description	Date of Gift	FMV of Gift	Total Amount
Alphabet Google, GAP and Bed Bath and Beyond	01/21/21	28,633.	63,434
Contributor's Name	Contributor's	Address	
Joyce A. White	2298 Swift For	x Ct Simi Valley	, CA 93065
Property Description	Date of Gift	FMV of Gift	Total Amount
Alphabet Google Stocks	10/15/20	15,520.	31,397
Total included on line 3		59,867.	166,751
CA 199	Other Income		Statement 3

CA 199	Other Income	Statement 3
Description		Amount
Other Income Ticket Sales		8,716. 24,672.
Educational Programs Total to Form 199, Part II, line	7	99,838.

CA 199	Compensation of	Officers,	Directors and Trustees	Statement 4
Name and A	Address		Title and Average Hrs Worked/Wk	Compensation
	riguez-Elliott Foothill Boulevard CA 91107		CO-ARTISTIC DIRECTOR	117,284.
Geoff Elli 3352 East Pasadena,	Foothill Boulevard		CO-ARTISTIC DIRECTOR	119,485.
Michael Ba 3352 East Pasadena,	Foothill Boulevard		MANAGING DIRECTOR 40.00	102,398.
Total to F	Form 199, Part II, 1	ine 11		339,167.

CA 199	Other Expenses	Statement 5
Description		Amount
Depreciation		359,628.
Artistic and Technical		81,134.
Bank Charges		50,130.
Production Supplies		43,792.
Repairs and Maintenance		41,657.
Direct expenses of fundrai	sing events	16,453.
Pension plan contributions		19,484.
Other employee benefits		41,338.
Accounting fees		18,035.
Other professional fees		2,814.
Advertising and promotion		36,699.
Office expenses		57,299.
Information technology		24,483.
Royalties		10,252.
Insurance		51,338.
All other expenses		5,338.
Total to Form 199, Part II	, line 17	859,874.

CA 199	Other Assets		Statement 6
Description		Beg. of Year	End of Year
Pledges and Grants Receivable		40,152.	212,263.
Prepaid Expenses and Deferred Ch		53,937.	18,913.
Deferred compensation investment	S	231,625.	373,650.
Total to Form 199, Schedule L, 1	ine 12	325,714.	604,826.

CA 199 Other Liab			Statement 7
Description		Beg. of Year	End of Year
Deferred Compensation Liability Deferred Revenue Unsecured Notes and Loans Payable	- -	231,625. 383,210. 409,400.	373,650. 401,171. 393,739.
Total to Form 199, Schedule L, li	ne 18	1,024,235.	1,168,560.

Date Accepted	

TAXABLE YEAR 2020

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

2020	Exempt Organiz	zations			0433-EU
Exempt Organization name	е			Identify	ring number
A NOISE WITHIN				95-	-4443878
Part I Electron	ic Return Information (whole do	ollars only)			
1 Total gross re	ceipts (Form 199, line 4)			1	2,723,525
2 Total gross in	come (Form 199, line 8)			2	2,723,525
3 Total expense	s and disbursements (Form 199,	line 9)		3	2,071,611
Part II Settle Yo	our Account Electronically for T	axable Year 2020			
4 Electroni	c funds withdrawal 4a Amo	ount	4b Withdrawal	date (mm/dd/yyyy)	
Part III Banking	Information (Have you verified to	he exempt organizat	tion's banking information?)		
5 Routing number	er				_
6 Account numb	er		7 Type of account:	Checking	Savings
Part IV Declarat	ion of Officer				
transmitter, or interm California electronic r a balance due return, organization will rema statements be transm	rjury, I declare that I am an officer of the ediate service provider and the amous eturn. To the best of my knowledge at I understand that if the Franchise Tax in liable for the fee liability and all applitted to the FTB by the ERO, transmitt the FTB to disclose to the ERO or into	nts in Part I above agre nd belief, the exempt of Board (FTB) does not plicable interest and pe er, or intermediate ser	e with the amounts on the corresponganization's return is true, correct, receive full and timely payment of the nalties. I authorize the exempt organize provider. If the processing of the proc	nding lines of the exemp and complete. If the exe ne exempt organization's nization return and accor	ot organization's 2020 (impt organization is filing organization is filing or fee liability, the exempt organying schedules and
Sign			CO-ARTISTIC DIR.		
	ure of officer	Date	Title		
Part V Declarat	ion of Electronic Return Origina	ator (ERO) and Paid	I Preparer.		
am only an intermedia accurately reflects the provided the organiza 1345, 2020 Handbool the exempt organizati I declare that I have e	eviewed the above exempt organization at eservice provider, I understand that a data on the return.) I have obtained to officer with a copy of all forms are for Authorized e-file Providers. I will on return is filed, whichever is later, a examined the above exempt organization plete. I make this declaration based of	I I am not responsible f the organization officer nd information that I wi keep form FTB 8453-E and I will make a copy a on's return and accom	or reviewing the exempt organizatio 's signature on form FTB 8453-EO b ill file with the FTB, and I have follov EO on file for four years from the du available to the FTB upon request. If panying schedules and statements, a	n's return. I declare, hove fore transmitting this royed all other requirement de date of the return or foll I am also the paid prepa	vever, that form FTB 8453-E0 eturn to the FTB; I have ts described in FTB Pub. our years from the date rer, under penalties of perjury,

Date Check if Check ERO's PTIN also paid if self-**ERO** KAREN LO preparer employed Must Firm's name (or yours 41 - 0746749CLIFTONLARSONALLEN LLP Firm's FEIN if self-employed) Sign 301 NORTH LAKE AVENUE, SUITE 900 and address PASADENA, CA ZIP code 91101

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid preparer Paid preparer's signature

Must Sign

Firm's name (or yours if self-employed) and address

Paid preparer's PTIN

Firm's FEIN

ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

DEPARTMENT OF JUSTICE PAGE 1 of 5

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a of gainzation of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored. (For Registry Use Only)

		Check if:	nge of address		
A NOISE WITHIN Name of Organization		Ame	ended report		
Name of Organization					
List all DBAs and names the organization uses or has used					
3352 EAST FOOTHILL BOULEVARD		State Cha	rity Registration Number CT ⁵⁵⁰²⁰⁰⁹		
Address (Number and Street)			1020201		
PASADENA, CA 91107 City or Town, State, and ZIP Code	_	Corporation	on or Organization No. 1838391		
626-356-3100		Federal Fr	mployer ID No. 95-4443878		
Telephone Number E-mail Address		i caciai Li			
ANNUAL REGISTRATION R	ENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departn				
Gross Annual Revenue Fee	Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	Fe	<u>e</u>
Less than \$25,000 0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$1	
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million Greater than \$50 million	\$2; \$3(
PART A - ACTIVITIES			Greater triair \$50 million	— 40 1	
For your most recent full accounting p	period (beginning 07/01/2020	endi	ng 06/30/2021) list:		
i or your moot room tan accounting p					
Gross Annual Revenue \$ 2,707, Program Expenses \$	072 Noncash Contributions \$		56,073 Total Assets \$ 12,	904,	846
Program Expenses \$	1,579,446	Total Expe	nses \$2,055,158		
PART B - STATEMENTS REGARDING ORGA	ANIZATION DURING THE PERIOD C	F THIS RE	PORT		
Note: All questions must be answered. If y	ou answer "ves" to any of the gues	tions below	v. vou must attach a separate page		
			instructions for information required.	Yes	No
1. During this reporting period, were there a			•		
and any officer, director or trustee thereo any financial interest?	f, either directly or with an entity in wh	nich any suc	h officer, director or trustee had		.,
During this reporting period, was there an	w that ambazzlament diversion or m	nicuso of the	organization's charitable property	_	Х
or funds?	y thert, embezziement, diversion of m	iisuse or trie	organization's chantable property		x
During this reporting period, were any orgonical control or the second control of t	nanization funds used to hav any nena	alty fine or i	udament?		
o. Burning this reporting period, were any org	anization funds used to pay any pena	arry, mile or j	adgment:		Х
During this reporting period, were the ser commercial coventurer used?	vices of a commercial fundraiser, fund	draising cou	nsel for charitable purposes, or		\ _v
commercial coventurer used?					Х
5. During this reporting period, did the organ	nization receive any governmental fun	iding?			x
O Build this was alternated that the	alanking bald a weffle few also thele and				
6. During this reporting period, did the organ	nization noid a raffie for charitable pui	poses?	SEE STATEMENT 8	Х	
7. Does the organization conduct a vehicle of	donation program?				x
Did the organization conduct an independ generally accepted accounting principles		ial statemer	ts in accordance with	х	
9. At the end of this reporting period, did the	e organization hold restricted net asse	ets, while re	porting negative unrestricted net assets?		х
I declare under penalty of perjury that I have	. ,		g documents, and to the best of my know	wledg	е
and belief, the content is true, correct and c	omplete, and I am authorized to SIQ	ji 1.			
JULI	A RODRIGUEZ-ELLIOTT	CO	D-ARTISTIC DIR.		
	ed Name	Tit			

CA RRF-1 Explanation of Charitable Raffles Part B, Line 6

Statement 8

Los Angeles Department of Arts and Culture Kristin Sakoda, Director (213) 202-5858
Los Angeles County Supervisor Kathryn Barger: Susanna Ponciano, Liaison (213) 974-2253
City of Pasadena Cultural Affairs Division: 2
Jayme Filippini, Grants Coordinator (626) 744-7062

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) print A Noise Within 95-4443878 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 3352 East Foothill Boulevard return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Pasadena, CA 91107 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 Return Application **Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Michael Bateman The books are in the care of > 3352 E FOOTHILL BLVD - PASADENA, CA 91107 Telephone No. ▶ 626-356-3100 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. May 16, 2022 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or , and ending JUN 30, 2021 ▶ X tax year beginning JUL 1, 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

** 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)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

ΑF	or the	• 2020 calendar year, or tax year beginning 🤍	TL 1, 2020 and	ending J	UN 30, 2021				
B c	heck if oplicable	C Name of organization			D Employer ic	lentific	cation number		
	Addre	A Noise Within							
	Name chang	Doing business as			95-4443878				
	Initial return Final return	Number and street (or P.O. box if mail is not do 3352 East Foothill Boulevard	elivered to street address)	Room/suite	ite E Telephone number 626-356-3100				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts \$	G Gross receipts \$ 2,723,525.			
	□Amen	, , , , , , , , , , , , , , , , , , , ,	7211 Of Toroight postal code		H(a) Is this a gr				
	☐return ☐Applic ☐tion	F Name and address of principal officer: JULIA RODRIGUEZ-ELLIOTT			for subord				
	pendir	same as C above					cluded? Yes No		
			(inpart no.) 4047(a)(1)	or	1				
		empt status: X 501(c)(3) 501(c)(e: www.anoisewithin.org) ◀ (insert no.) 4947(a)(1)	or 527	1		list. See instructions		
			ssociation Other	I Veen	H(c) Group exe		·		
	orm of I rt I	organization: X Corporation Trust A Summary	association Utilei	L Year	of formation: 199	<u> </u>	1 State of legal domicile: CA		
		Briefly describe the organization's mission or mos	t cignificant activities: A Nois	e Within	produces cla	ssic			
Se		theatre as an essential means to enri			PICAGOD CIA				
Governance			ontinued its operations or dispos	sed of more	than 25% of its r	net ass	ets		
Ver		Number of voting members of the governing body	·			1 1	21		
Ĝ		Number of independent voting members of the go				\rightarrow	19		
		Total number of individuals employed in calendar					126		
<u>ţ</u> į		Total number of volunteers (estimate if necessary)				6	19		
Activities &		Total unrelated business revenue from Part VIII, co				7a	0.		
¥		Net unrelated business taxable income from Form				7b	0.		
		Tot annotated business taxable interine from terms			Prior Year	1.2	Current Year		
	8	Contributions and grants (Part VIII, line 1h)			1,409,	111.	2,421,865.		
Jue					1,142,317.		124,510.		
Revenue			service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3, 4, and 7d)		3,624.		346.		
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8d			107,		160,351.		
		Total revenue - add lines 8 through 11 (must equa			2,662,746. 0. 0.		2,707,072.		
		Grants and similar amounts paid (Part IX, column					0.		
		Benefits paid to or for members (Part IX, column (0.		
		Salaries, other compensation, employee benefits			1,887,998.		1,162,260.		
Expenses		Professional fundraising fees (Part IX, column (A),			0.		0.		
en		Total fundraising expenses (Part IX, column (D), lir							
Ä		Other expenses (Part IX, column (A), lines 11a-11c			1,518,	085.	892,898.		
		Total expenses. Add lines 13-17 (must equal Part			3,406,		2,055,158.		
		Revenue less expenses. Subtract line 18 from line			-743,		651,914.		
-Se		Teveride less experises. Oubtract line 10 from line	. 12	Be	ginning of Current		End of Year		
t Assets or d Balances	20	Total assets (Part X, line 16)		50	12,123,		12,904,846.		
Asse	21	Total liabilities (Part X, line 26)			1,414,		1,543,851.		
Net.		Net assets or fund balances. Subtract line 21 from	line 20		10,709,		11,360,995.		
	rt II	Signature Block	1 1110 20		· · · · ·				
Und	er pena	Ities of perjury, I declare that I have examined this return	, including accompanying schedule:	s and stateme	ents, and to the bes	t of my	knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than offic				-	•		
			,						
Sign	1	Signature of officer			Date				
Her		JULIA RODRIGUEZ-ELLIOTT, Co-Arti	stic Dir.						
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	1		neck	PTIN		
Paid		Karen Lo	Karen Lo	0:	3/17/22 if	elf-employe	P02141262		
Prep		Firm's name CliftonLarsonAllen LLP	•		Firm's E		41-0746749		
Use		Firm's address 301 North Lake Avenue,	Suite 900						
	•	Pasadena, CA 91101			Phone n	0.(62	6) 793-3600		
Max	tha II	? So discuss this return with the preparer shown abo	avo? Saa inatruationa		1 . 110110 11		X Ves No		

A Noise Within 95-4443878 <u> Page</u> **2** Form 990 (2020) Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III 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. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? _______ Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 1,039,639. including grants of \$ 24,972. 4a) (Expenses \$) (Revenue \$ A Noise Within (ANW) is one of the nation's leading repertory theatre producers. In a typical season, ANW presents over 180 performances of 7 classic plays, serving 51,000 patrons (including 18,000 students and teachers). In response to the pandemic, A Noise Within adopted a model of "responsive producing," offering audiences a robust slate of virtual performances, panels, education programs, and events; this included two fully filmed productions for audiences to stream from the comfort of their homes. 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; continued on schedule O 539,807. including grants of \$ 99,838. 4h (Code:) (Expenses \$) (Revenue \$ In a typical season, ANW's Education Program reaches 18,000 students and teachers from nearly 200 schools in 40+ school districts. During the pandemic, our staff and teaching artists were quick to adapt these programs to a distance-learning format. Our Education Program consists of a thoughtfully designed suite of transformational theatre arts learning experiences, including: a. 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 performance, and post-show discussion with the artists (facilitated by our Director of Education). Continued on schedule O) (Expenses \$) (Revenue \$ including grants of \$ ANW's community-driven program, Noise Now, includes readings adaptations, multi-genre performances, dance, art installations, non-traditional theatre presented collaboratively with innovative organizations working in and around Los Angeles. Many of these collaborations serve to either develop or present work that centers communities of color, including projects that reimagine white/western work through a BIPOC lens, projects that explore international mythologies, and projects that bring visibility to displaced and/or systemically oppressed cultures. Over 2,000 audience members attended Noise Now performances in our first year of programming, 36% of whom had never been to ANW. Continued on schedule O Other program services (Describe on Schedule O.)

See Schedule O for Continuation(s)

1,579,446.

including grants of \$

Form **990** (2020)

Total program service expenses

10210317 131839 006-001848

) (Revenue \$

95-4443878 Page 3

Form 990 (2020) A Noise Within Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	-10		
••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C		11c		x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	21	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	- 21	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the constitution maintain on office constitution and the the the the the the Chatego	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
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	ا ـ ا		,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Pai	rt 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	l l		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ıt		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J			Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization have a tax-exempt below the organization has been also below the organization have a tax-exempt belo	he		
	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			Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contr	olled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II	y 27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		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			х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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			
٠.		34		x
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			-
b				
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.			x
27	If "Yes," complete Schedule R, Part V, line 2	36	+	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_ v	
	Note: All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9					
b	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 re	portab	le gaming					
	(gambling) winnings to prize winners?			1c				

| Part 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	126					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns? .		2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	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).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file.			5b				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			60		х		
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a				
D				6b				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			OD				
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices r	nrovided to the payor?	7a		Х		
b				7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?	•		7c		Х		
d		7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х		
f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e					
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
а				9a				
b				9b				
10	Section 501(c)(7) organizations. Enter:	1						
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	 11a	1					
a L	Gross income from members or shareholders	11a						
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b						
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	ıza				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120						
	In the constant in Page and to income well find be all to a large in grown the constant of			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
	Did the consideration which are a second of the fact that a second or a second of the fact that			14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or					
	excess parachute payment(s) during the year?			15		Х		
	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	t incor	ne?	16		Х		
	If "Yes," complete Form 4720, Schedule O.							

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes on schedule 0. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
	1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6_		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			,,
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		**	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Γ
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	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	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Λ	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?	45.	Х	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
10-	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	40-		х
	taxable entity during the year?	16a		
D	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	401		
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed CA			la I a
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)	avaıla	ela
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website X Another's website X Upon request Other (explain on Schedule O)	ı.e	-1-1	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	itinano	ciai	
	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 Mighael Rateman - 626-356-3100			
	Michael Bateman - 626-356-3100			
	3352 E FOOTHILL BLVD, PASADENA, CA 91107			

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

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

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

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

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

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

(A)	(B)	J			C)			(D)	(E)	(F) Estimated
Name and title	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	amount of other			
	(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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Julia Rodriguez-Elliott	40.00	_								
CO-ARTISTIC DIRECTOR		Х		Х				104,561.	0.	2,063.
(2) Geoff Elliott	40.00	1								
CO-ARTISTIC DIRECTOR		Х		Х				103,359.	0.	5,101.
(3) Michael Bateman	40.00	1								
MANAGING DIRECTOR		<u> </u>		Х				81,101.	0.	5,522.
(4) William Kennedy	1.00	1								
PRESIDENT		Х		Х				0.	0.	0.
(5) Margaret Sedenquist	1.00	1								
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) Chris Burt	1.00	1								
TREASURER		Х		Х				0.	0.	0.
(7) Gail Samuel	1.00	1								
SECRETARY		Х		Х				0.	0.	0.
(8) Molly Bachmann	1.00	1								
DIRECTOR		Х						0.	0.	0.
(9) William Bogaard	1.00	4						_	_	_
DIRECTOR		Х						0.	0.	0.
(10) Julie Daniels	1.00	4						_	_	_
DIRECTOR		Х						0.	0.	0.
(11) Patrick Garcia	1.00	4						_	_	_
DIRECTOR		Х						0.	0.	0.
(12) Armando Gonzalez	1.00	l							_	
DIRECTOR	1 00	Х						0.	0.	0.
(13) Diane Grohulski	1.00	ł							•	
DIRECTOR	1 00	Х						0.	0.	0.
(14) David Holtz	1.00	 							•	_
DIRECTOR	1 00	Х						0.	0.	0.
(15) Robert Israel	1.00	 							•	_
DIRECTOR	1 00	Х						0.	0.	0.
(16) Jay Lesiger	1.00	 							^	_
DIRECTOR	1 00	Х						0.	0.	0.
(17) Julie Markowitz	1.00	х							0.	_
DIRECTOR		Λ						0.	0.	0. Earm 990 (2020)

032007 12-23-20 Form **990** (2020)

Part VII Section A. Officers, Directors, Trus	(B)					(D)	(E)			(F)			
Name and title	Average	١		Pos				Reportable	Reportable	able		imate	d
	hours per			heck ss per				compensation	compensation		amount o		of
	week					r/trus	tee)	from	from related		C	other	
	(list any	ector						the	organizations		comp	ensat	ion
	hours for	or dir	a.			ted		organization	(W-2/1099-MISC)	fro	m the)
	related	stee	truste			bens		(W-2/1099-MISC)				ınizati	
	organizations below	ıal tru	onal t		oloye	ee com						relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer				orgar	nizatio	ıns
(18) Terri Murray	1.00	드	트	0	포	工品	Œ			\dashv			
DIRECTOR		x						0.		0.			0.
(19) Cynthia Nunes	1.00												
DIRECTOR		Х						0.		٥.			0.
(20) Richard Roberts	1.00	1											
DIRECTOR	1 00	Х						0.		0.			0.
(21) Jeanie Kay DIRECTOR	1.00	x						0.		0.			0.
(22) Liz Trussell	1.00							0.		•			
DIRECTOR		х						0.		0.			0.
(23) Bill Kennedy	1.00												
DIRECTOR		х						0.		0.			0.
(24) Susan Toler Car	1.00	ļ											_
DIRECTOR		Х						0.		0.			0.
1b Subtotal								289,021.		0.	ļ	12,686.	
c Total from continuation sheets to Part V								0.		0.		10	0.
d Total (add lines 1b and 1c)							<u> </u>	289,021.	200 of reportable	٠.		12,	300.
compensation from the organization	iot iiiiiitea to tii	1056	IISLE	ual	ove	;) vvii	o re	eceived more than \$100,0	500 of reportable				2
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	кеу є	empl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the si													х
and related organizations greater than \$15Did any person listed on line 1a receive or											4		
rendered to the organization? If "Yes," con	•				•			•	lual for services		5		Х
Section B. Independent Contractors	ipiete deriedan	001	Or St	<u>acii ş</u>	<i>J</i> C/13	OII .							
1 Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsat	tion fro	m	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin	the organization's tax ye	ear.				
(A) Name and business	addroop	370						(B) Description of s	orvioos	_	(C) compen		
Name and business	auuress	NO	NE				\dashv	Description of s	ervices		Unipen	Satioi	
							_						
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lir	nited	d to		se lis 0	ted	above) who received mo	ore than				
A LULLING OF COURSEINED TROM THE ORASH	/ ALION ->				,	_							

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Form 990 (2020) A Noise With Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any line	e in this Part VIII			
				100001100		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	a	Federated campaigns						
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues	1a 1b					
رة <u>و</u>			Fundraising events	1c	105,368.				
fts,				1d					
ية إق				1e	853,452.				
ons,			Government grants (contributions)		033, 432.				
utic		T	All other contributions, gifts, grants, and	1 1	1 463 045				
ĕ			similar amounts not included above	1f	1,463,045.				
ont		-	Noncash contributions included in lines 1a-1f	1g \$	66,073.	2 421 065			
O g		n	Total. Add lines 1a-1f		Business Code	2,421,865.			
	_		Educational Duamena		Business Code	00 020	00.030		
<u>ic</u> e	2		Educational Programs		611710	99,838.	99,838.		
Program Service Revenue		b	Ticket Sales		711110	24,672.	24,672.		
S en		С							
ran Sev		d							
90 F		е							
<u>-</u>		f	All other program service revenue .						
		g	Total. Add lines 2a-2f		>	124,510.			
	3		Investment income (including divide						
			other similar amounts)			346.			346.
	4		Income from investment of tax-exer						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a	7,533.					
		b	Less: rental expenses 6b	0.					
			Rental income or (loss) 6c	7,533.					
			Net rental income or (loss)		•	7,533.			7,533.
			` -	Securities	(ii) Other				,
	•	_	assets other than inventory 7a		.,				
		h	Less: cost or other basis						
Φ		U							
her Revenue		_	and sales expenses 7b Gain or (loss) 7c						
eve			· /						
r R			Net gain or (loss)						
the	8	а	Gross income from fundraising events (
ŏ			including \$ 105,368.	- 1					
			contributions reported on line 1c). S						
			Part IV, line 18		160,555.				
			Less: direct expenses		16,453.				
		С	Net income or (loss) from fundraisin	g events	>	144,102.			144,102.
	9	а	Gross income from gaming activitie	s. See					
			Part IV, line 19						
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming as	ctivities					
	10	а	Gross sales of inventory, less return	ıs					
			and allowances	10a					
		b	Less: cost of goods sold 10b						
		С	Net income or (loss) from sales of in	ventory	_				
					Business Code				
Miscellaneous Revenue	11	а	Other Income		900099	8,716.			8,716.
ane Duc		b							
elle		С							
<u>sc</u>			All other revenue						
Σ			Total. Add lines 11a-11d			8,716.			
	12		Total revenue. See instructions			2,707,072.	124,510.	0.	160,697.
032009					····· F 1	•	•	•	Form 990 (2020)

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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 respons	(A)	nis Part IX(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	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				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	339,167.	254,050.	63,038.	22,079
	Compensation not included above to disqualified	·	·	·	•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	674,650.	430,606.	83,863.	160,181
	Pension plan accruals and contributions (include	-	-	·	-
	section 401(k) and 403(b) employer contributions)	19,484.	18,896.		588
	Other employee benefits	41,338.	31,716.	4,923.	4,699
	Payroll taxes	87,621.	62,759.	9,273.	15,589
	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	18,035.		18,035.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	2,814.	2,533.	281.	
12	Advertising and promotion	36,699.	31,540.	552.	4,607
	Office expenses	57,299.	38,027.	13,047.	6,225
	Information technology	24,483.	22,035.	2,448.	
	Royalties	10,252.	10,252.		
	Occupancy	93,672.	84,305.	9,367.	
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	16,627.	14,964.	1,663.	
21	Payments to affiliates				
	Depreciation, depletion, and amortization	359,628.	323,665.	35,963.	
23	Insurance	51,338.	46,204.	5,134.	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Artistic and Technical	81,134.	81,134.	0.	0
~	Bank Charges	50,130.	40,139.	5,018.	4,973
С	Production Supplies	43,792.	43,792.	0.	C
d	Repairs and Maintenance	41,657.	37,491.	4,166.	C
е	All other expenses	5,338.	5,338.		
.5	Total functional expenses. Add lines 1 through 24e	2,055,158.	1,579,446.	256,771.	218,941
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X Balance Sheet 95-4443878 A Noise Within Page **11**

Pai	rt X	Balance Sneet		" · " · " · D · I · V			
		Check if Schedule O contains a response or	note to any	/ line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,024,613.	1	1,682,780.
	2	Savings and temporary cash investments	, ,	2	, ,		
	3	Pledges and grants receivable, net	40,152.	3	212,263.		
	4	Accounts receivable, net	48,194.	4	241,257.		
	5	Loans and other receivables from any curren	,				
	ັ	trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu					
	"	under section 4958(f)(1)), and persons descri	•	,		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	Donata in the second second statement of the second		l	53,937.	9	18,913.
		Land, buildings, and equipment: cost or other			55,257.	9	20,520.
	lua	basis. Complete Part VI of Schedule D		13 512 021			
	b		1 1	3,136,038.	10,725,295.	10c	10,375,983.
	11	Less: accumulated depreciation Investments - publicly traded securities		· · · · ·	20,720,	11	20,0,0,000.
	12	Investments - other securities. See Part IV, lin				12	
				13			
	13	Investments - program-related. See Part IV, li		14			
	14	Intangible assets	231,625.	15	373,650.		
	15	Other assets. See Part IV, line 11			12,123,816.	16	12,904,846.
	16 17	Total assets. Add lines 1 through 15 (must e		74,019.	17	47,944.	
	18	Accounts payable and accrued expenses	, 1, 013.	18	17,511.		
	19	Grants payable		383,210.	19	401,171.	
	20	Deferred revenue				20	101,111
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Comple		of Calandula D		21	
	22	Loans and other payables to any current or f				-21	
Liabilities	22	trustee, key employee, creator or founder, su					
≣		controlled entity or family member of any of t				22	
<u>E</u>	23	Secured mortgages and notes payable to un		Г	316,481.	23	327,347.
	24	Unsecured notes and loans payable to unrela			409,400.	24	393,739.
	25				105,100.	24	333,733.
	23	Other liabilities (including federal income tax, parties, and other liabilities not included on li					
		of Schedule D	1165 17-24).	Complete Fart X	231,625.	25	373,650.
	26	Total liabilities. Add lines 17 through 25			1,414,735.	26	1,543,851.
	20	Organizations that follow FASB ASC 958,	chock bord	X	2,121,700.	20	2,010,001.
S		and complete lines 27, 28, 32, and 33.	CHECK HEIG				
ű	27				10,600,066.	27	11,047,984.
ala	28	Net assets with donor restrictions	109,015.	28	313,011.		
P	20	Organizations that do not follow FASB AS				20	,
Ξ		and complete lines 29 through 33.	O 330, Cite	CK Here			
<u></u>	29	Capital stock or trust principal, or current fur			29		
ets	30	Paid-in or capital surplus, or land, building, o				30	
\ss	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			10,709,081.	32	11,360,995.
Ž					12,123,816.	33	12,904,846.
	33	Total liabilities and net assets/fund balances			12,123,010.	აა	12,501,040

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	707,	072.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	055,	,158.	
3	Revenue less expenses. Subtract line 2 from line 1	3		651,	914.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,	709,	,081.	
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 on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	11,	360,	995.	
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	Э.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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	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 on Scho	edule O.				
За	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?		За		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2020)	

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization A Noise Within 95-4443878 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Total

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.)

	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) 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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
	organization, check this box and stop						>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ne 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	<u>%</u>
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box o	on line 13, and line	14 is 33 1/3% or m	nore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	າ			▶∟
b	33 1/3% support test - 2019. 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 the	is box
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a p	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circun	nstances test, che	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	ie organization qu	alifies as a publicly	/ supported organi	zation	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17l	b, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sect	qualify under the tests listed be ion A. Public Support	elow, please compl	ete Part II.)				
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 (Gifts, grants, contributions, and						-
r	nembership fees received. (Do not						
i	nclude any "unusual grants.")	976,985.	1,379,081.	1,526,970.	1,409,111.	2,568,413.	7,860,560.
r f	Gross receipts from admissions, merchandise sold or services per- ormed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,626,664.	1,701,716.	2,018,244.	1,142,317.	124,510.	6,613,451.
3 (Gross receipts from activities that						
	are not an unrelated trade or bus- ness under section 513						
i	Fax revenues levied for the organ- zation's benefit and either paid to or expended on its behalf						
f	The value of services or facilities urnished by a governmental unit to he organization without charge						
6 1	Fotal. Add lines 1 through 5	2,603,649.	3,080,797.	3,545,214.	2,551,428.	2,692,923.	14,474,011.
	Amounts included on lines 1, 2, and B received from disqualified persons			250,620.	236,242.	315,218.	802,080.
fi	Amounts included on lines 2 and 3 received rom other than disqualified persons that exceed the greater of \$5,000 or 1% of the unount on line 13 for the year						0.
	Add lines 7a and 7b			250,620.	236,242.	315,218.	802,080.
	Public support. (Subtract line 7c from line 6.)						13,671,931.
	ion B. Total Support						
Calend	dar year (or fiscal year beginning in) ► 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 /	Amounts from line 6	2,603,649.	3,080,797.	3,545,214.	2,551,428.	2,692,923.	14,474,011.
(Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	214.	274.	6,525.	17,549.	346.	24,908.
(Unrelated business taxable income less section 511 taxes) from businesses acquired after June 30, 1975						
11 N	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	214.	274.	6,525.	17,549.	346.	24,908.
C	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	336,069.	139,800.	51,085.	101,764.	169,271.	797,989.
	Total support. (Add lines 9, 10c, 11, and 12.)	2,939,932.	3,220,871.	3,602,824.	2,670,741.	2,862,540.	15,296,908.
14 F	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
							>
Sect	ion C. Computation of Public	c Support Per	centage				
15 F	Public support percentage for 2020 (li	ne 8, column (f), di	vided by line 13, co	olumn (f))		15	89.38 %
	Public support percentage from 2019					16	90.03 %
Sect	ion D. Computation of Inves	tment Income	Percentage			T	
	nvestment income percentage for 20					17	.16 %
	nvestment income percentage from 2					18	.16 %
	33 1/3% support tests - 2020. If the						
	nore than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the						▶ X
I	ine 18 is not more than 33 1/3%, chec	ck this box and sto	p here. The organ	ization qualifies as	a publicly suppo	rted organization	
20 F	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	, or 19b, check thi	s box and see inst	tructions	

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
-[1		
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1	2-		
Ì	3a		
I	3b		
ŀ	3c		
l	4a		
	4b		
	4c		
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	9b		
	9с		
	90		
	10a		
ac	10b	n-F7)	2020

Par	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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,			
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion of Type it Supporting Organizations		I.,	
			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	_		
800	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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		i
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.	I.		
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 governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b 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 line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		3a		
b	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	1 3 II 100, GOSCHOCIII the fole played by the organization in this regard.			

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	y		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must of		•			
Sect	ion 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				
Sect	ion 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				
c	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 Part VI):					
_2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount	_		Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
_2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
_4	Enter greater of line 2 or line 3.	4				
_5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

	Type in Non-Functionally integrated 509	artor capporting orga	ilizations (continu	uea)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				
Schedule A, Part III, Line 12, Explanation for Other Income:				
Special Event Income				
2016 Amount: \$ 336,069.				
2017 Amount: \$ 139,800.				
2018 Amount: \$ 51,085.				
2019 Amount: \$ 61,020.				
2020 Amount: \$ 160,555.				
Other Income				
2019 Amount: \$ 40,744.				
2020 Amount: \$ 8,716.				

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

A 1	Noise Within	95-4443878				
Organization type (check o	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not 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					
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule. See instructions.				
General Rule						
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions one contributor. Complete Parts I and II. See instructions for determining a con					
Special Rules						
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% s and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1 or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the file of the complete Parts I and II.	3, 16a, or 16b, and that received from				
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						
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Sched Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization

Employer identification number

A Noise Within

95-4443878

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$86,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$81,900.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$50,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5_		\$50,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

A Noise Within

95-4443878

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 8	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$63,434.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, auu ess, amu ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

A Noise Within

95-4443878

I GILII	(see instructions). Ose duplicate copies of Part II II	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Alphabet Google Stocks		
		\$\$	07/13/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	Alphabet Google, GAP and Bed Bath and Beyond		
		\$\$	01/21/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	rganization				Employer identification number	
A Noise	Within				95-4443878	
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	through (e) and the following lin charitable, etc., contributions of \$1,00	e entry. For or	rganizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
		(e) Transfer of	gift			
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
		(e) Transfer of	f gift			
	Transferee's name, address, and ZIP + 4		Re	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
		(e) Transfer of	f gift			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
		(e) Transfer of	f gift			
	Transferee's name, address, ar		Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number A Noise Within 95 - 4443878

Par	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(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 w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreating	ion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organization during the tax
_	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it I		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	ervation easements during the year
7	Amount of expanses included in monitoring increasing handli	ing of violations, and enforcing concernation	an accompante during the year
7	Amount of expenses incurred in monitoring, inspecting, handli > \$	ing of violations, and emorcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	seatisfy the requirements of section 170/h)	\(A\\\B\\(i\)
Ü			
9	In Part XIII, describe how the organization reports conservation		
Ū	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	ste to the organization o mandar statemen	no that describes the
Par		Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in furt	therance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 958	3, 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 furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
	The state of the s		. .
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2020

Sche	dule D	O (Form 990) 2020 A Noise Wi	thin						95-444	3878	Р	age 2
Pai	t III	Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Simila	r Assets	(conti	nued)	
3	Using	g the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make sig	nificant ı	use of its	•	,	
	collec	ction items (check all that apply):										
а		Public exhibition	c	i	Loan or exc	hange progra	am					
b		Scholarly research	e	,	Other							
С		Preservation for future generations										
4	Provi	ide a description of the organization's co	ollections and explair	n how th	ey further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.		
5		ng the year, did the organization solicit o								_		_
_		sold to raise funds rather than to be ma								Yes		No
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or											
		reported an amount on Form 990, Pa	rt X, line 21.									
1a		e organization an agent, trustee, custod		•					_	_	_	_
		orm 990, Part X?							L	Yes		No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fol	llowing t	able:							
										Amoun	t	
	-	nning balance						1c				
d		tions during the year						1d				
е		ibutions during the year						1e				
f		ng balance						1f		7		٦
		he organization include an amount on F						y?	∟	Yes	H	∐ No
Pa		es," explain the arrangement in Part XIII.										
Га	LV	Endowment Funds. Complete	T T							() =		h l .
4.	D	aning of control	(a) Current year	(a) ⊢	Prior year	(c) Two yea	rs dack (a) Three y	ears back	(e) FOU	years	раск
1a	-	nning of year balance										
D		ributions										
C		nvestment earnings, gains, and losses										
a		ts or scholarships										
е		r expenditures for facilities										
		programs										
		inistrative expenses of year balance										
g 2		of year balance ide the estimated percentage of the curi	•	e (line 1c	r column (a	// hold as:						
_		d designated or quasi-endowment	•	% %	y, coluitiii (a	jj ricia as.						
h		nanent endowment										
c												
·		percentages on lines 2a, 2b, and 2c sho	•									
За	-	here endowment funds not in the posse	•	ation tha	t are held ar	nd administer	ed for the	organiza	ation			
	by:		osion or and organiza					o. ga			Yes	No
	-	Unrelated organizations								3a(i)		
		Related organizations								3a(ii)		
b		es" on line 3a(ii), are the related organiza								3b		
4		cribe in Part XIII the intended uses of the										
Pai	t VI	Land, Buildings, and Equipm										
		Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990	, Part X, li	ne 10.				
		Description of property	(a) Cost or o			t or other (other)		cumulate reciation		(d) Boo	k valu	е
12	Land	 	- ` ` 	7		,013,000.				2	013	000.
		lings	I			,308,127.		2,447,	464.			663.
		ehold improvements	I			634,300.		274,				014.
		pment				531,594.		389,				306.
u	-quip	v			-	,						

Schedule D (Form 990) 2020

10,375,983.

25,000.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)

25,000.

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(A) =:	(b) Dook value	(c) Method of Valuation. Cost of end	1-01-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	5 000 D 1 N/ II - 4	14 O E 000 B 1 V II 40	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line 1 (b) Book value	(c) Method of valuation: Cost or end	A of year market value
	(b) Dook value	(c) Wethod of Valuation. Cost of end	1-01-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
	F 000 D-+ N/ E 4	Idal Oca Farra 000 Back V Proc 45	
Complete if the organization answered "Yes"	Description	Td. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Dook value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>e 15.) </u>		
Complete if the organization answered "Yes"	on Form 000 Part IV line 1	110 or 11f Soo Form 900 Part V line 25	
1. (a) Description of liability	orr orr 550, rarry, mic	110 01 111. Gee 1 01111 330, 1 art X, iii10 23	(b) Book value
(1) Federal income taxes			(b) Book value
(2) Deferred Compensation Liability			373,650
(-)			373,030
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	25)	.	373,650
Total. (Column (b) must equal Form 990, Part X, col. (B) line Liability for uncertain tax positions. In Part XIII. provide	•		•

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 A Noise Within 95-4443878 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.	1 age -
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements1	2,707,072.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	0.
3 Subtract line 2e from line 1	2,707,072.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	_
c Add lines 4a and 4b	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 5	2,707,072.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	0.055.150
1 Total expenses and losses per audited financial statements	2,055,158.
Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities 2a	
b Prior year adjustments 2b	
c Other losses 2c	
d Other (Describe in Part XIII.)	0
e Add lines 2a through 2d 2e	2,055,158.
3 Subtract line 2e from line 1 3	2,033,130.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b	
	0.
c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	2,055,158.
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; line 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; line 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; line 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; line 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; line 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; line 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; line 4; Part X, line	 Part XI.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
Part X, Line 2:	
The Organization is a nonprofit, tax-exempt organization as described in	
Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt	
from federal income and state franchise taxes on related income pursuant	
to Section 501(a) of the Code and similar provisions of the California	
Franchise Tax Code. The Organization does not engage in any significant	
unrelated trades or businesses. Accordingly, no provision for income taxes	
is required.	
U.S. GAAP provide accounting and disclosure guidance about positions taken	
U.S. GAAP provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management	
by an organization in its tax returns that might be uncertain. Management	

Part XIII Supplemental Information (continued)	Schedule D (Form 990) 2020 A Noise Within	95-4443878	Page 5
	Part XIII Supplemental Information (continued)		
examination.	·		
	examination.		

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

A Noise Wit	thin				95-444387	8
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr	ion of ion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organization		ontrib	▶ utions	or has been notified	it is exempt from re	gistration
or licensing.						

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

Schedule G (Form 990 or 990-EZ) 2020

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) Event #2 (c) Other events (d) Total events None (add col. (a) through Dinner on Stage col. (c)) (event type) (total number) (event type) 160,555. 160,555. 1 Gross receipts 2 Less: Contributions 105,368 105,368. Gross income (line 1 minus line 2) 55,187 55,187. 4 Cash prizes 5 Noncash prizes 15. Direct Expenses 6 Rent/facility costs 9,767. 9,767. 7 Food and beverages 8 Entertainment 6,332. 6,332. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 16,114. 39,073. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _ Schedule G (Form 990 or 990-EZ) 2020 032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 A Noise within 95-	44438/8	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$		
C	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9,	9b, 10b,
-			
_			

Schedule G (Form 990 or 990-EZ) A Noise Within	95-4443878	Page 4
Schedule G (Form 990 or 990-EZ) A Noise Within Part IV Supplemental Information (continued)		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

Name of the organization Employer identification number A Noise Within $95 \!-\! 4443878$

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	3
4	Art Works of ort		Items contributed	Tomin 550, Fait Vill, line 1g				
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	x	6	66,072.	FMV			
9	Securities - Publicly traded	^A	·	00,072.	1			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
40	trust interests							
12 13	Securities - Miscellaneous Qualified conservation contribution -							
13	TRACT TO A							
14	Qualified conservation contribution - Other							
15								
16	Real estate - Residential 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	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	/ 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	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	quires the review o	of any nonstandard contribu	tions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

Employer identification number A Noise Within 95 - 4443878

Form 990, Part I, Line 1, Description of Organization Mission:	
by embracing universal human experiences, expanding personal awareness,	
and challenging individual perspectives. Our company of resident and	
guest artists performing in rotating repertory immerses student and	
general audiences in timeless, epic stories in an intimate setting.	
Form 990, Part III, Line 4a, Program Service Accomplishments:	
our history of achievement prompted the Los Angeles Times to declare	
ANW "an oasis for those who love classic theatre."	
Form 990, Part III, Line 4b, Program Service Accomplishments:	
In our 2020/21 season, performances were streamed on-demand into	
classrooms. Based on demonstrated need and availability, schools	_
receive flexible scholarships that can be used on tickets,	
transportation, and/or program fees.	
b. STUDY GUIDES	
Free, comprehensive study guides are available to educators via ANW's	
website, designed to help teachers bring plays and classic text to life	
in a classroom setting. Activities integrate analysis of themes,	
context, and characters with music, visual arts, and history, all	
aligned with California State standards.	
c. PROFESSIONAL DEVELOPMENT	
ANW offers two free professional development opportunities for teachers	
each year. Our late summer seminar, the Educator Extravaganza, previews	Schedule O (Form 990 or 990, E7) 2020

032211 11-20-20

enhances acting and public speaking skills, builds self-confidence, and

offers invaluable experience in the crafts of the theatre. This camp

was fully virtual for the first year of the pandemic and was hybrid

live/virtual in 2021.

f. RELAXED PERFORMANCES

our upcoming season and includes workshops led by professional teaching

10210317 131839 006-001848

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
A Noise Within	95-4443878
centers on our annual Shakespeare production. During the pandemic,	
these activities happened virtually.	
onese decivities happened virtualii.	
WORKSHOPS & RESIDENCIES	
Professional teaching artists conduct hands-on exercises and	
interactive analysis, allowing students to connect with the play's	
language and gain a deeper understanding of its universal themes.	
In-class workshops are one-day intensive courses; residencies are often	
eight-week engagements where teaching artists conduct one or two	
classes per week. Programs are tailored in terms of length, scale, and	
location to the individual needs of the school or class, and can take	
place virtually as needed.	
SUMMER WITH SHAKESPEARE	
A five-week theatre camp for students 6-18, Summer With Shakespeare	
gives students the opportunity to work with professional actors and	
technicians, gaining an appreciation of Shakespeare's verse as well as	
a unique exposure to a variety of classic plays. Designed to challenge	
young artists to be scholars and performers of The Bard, this program	
enhances acting and public speaking skills, builds self-confidence, and	
offers invaluable experience in the crafts of the theatre.	
RELAXED PERFORMANCES	
ANW's sensory-friendly "Relaxed Performances" are designed for patrons	
with Autism and other Disorders of Social Interaction and	
Communication. These performances maintain the recognized excellence	
that is a hallmark for ANW and are delivered by the same professional	

10210317 131839 006-001848

cast while employing reduced lighting, sound, and a sensory friendly

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
A Noise Within	95-4443878
environment.	
Form 990, Part III, Line 4c, Program Service Accomplishments:	
Survey results indicate that Noise Now audiences included 22% more	
people of color, 12% more patrons under 30, and 16% more low-income	
patrons than ANW's subscriber season audiences. Another aspect of our	
accessible programming is our Resident Artist Reading series, which	
offers staged readings of seldom-performed classical plays to the	
general public at no admission cost.	
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	

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization A Noise Within	Employer identification number 95-4443878
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.	
Form 990, Part VI, Section C, Line 19:	
The Organization's Audited Financial Statements are available at both the	
Organization's website and the California Dept. of Justice - Charity	
Registry. The other documents described in this request were not made	
available to the public.	
Form 990, Part XII, Line 2c:	
The process has not changed from prior year.	